

Toronto District School Board

Operational Procedure PR563

Title: **ANAPHYLAXIS MANAGEMENT**
Adopted: November 1, 2000
Effected: November 1, 2000
Revised: November 5, 2005; January 20, 2010; **April 16, 2019**
Reviewed: April 2012; **April 16, 2019**
Authorization: Director's Council

1.0 RATIONALE

The Anaphylaxis Management Procedure ("The Procedure") supports the implementations of the Student Health Support Policy (P092) in the management of anaphylaxis in schools in accordance with Section 2 of *Sabrina's Law*.

2.0 OBJECTIVE

To provide instructions for anaphylaxis management in schools.

3.0 DEFINITIONS

Anaphylaxis is a severe systemic allergic reaction which can be fatal, resulting in circulatory collapse or shock.

Epinephrine is the drug form of a hormone (adrenaline) that the body produces naturally and is the treatment or drug of choice to treat anaphylaxis. This treatment is life-saving.

Prevalent Medical Conditions are conditions that have the potential to result in a medical incident or a life-threatening medical emergency, which include, but are not limited to, anaphylaxis, asthma, diabetes, epilepsy, and sickle cell disorder.

4.0 RESPONSIBILITY

Associate Director, Equity, Well-Being, and School Improvement.

5.0 APPLICATION SCOPE

This procedure applies to all school staff and others that have contact with students on a regular basis.

6.0 PROCEDURES

6.1. Creating an Allergen-Safe School/Learning Environment

Efforts will be made to control the school/learning environment in order to minimize the exposure of identified causative allergens/agents as part of a prevention plan, whenever possible. This must be a collaborative process involving parents/guardians, school staff, students and the community.

Despite efforts to reduce the risk of exposure to zero, the Board cannot ensure an allergen/agent-free school/learning environment. There is no legal responsibility in any jurisdiction to reduce the risk of exposure to zero.

6.2. Special Consideration for Secondary Schools

Procedures must be developed that take into consideration the age, maturity and responsibility level of students with potential anaphylaxis. Young students may be at greatest risk of accidental exposure, but current statistics indicate that more deaths occur amongst teenagers and young adults. Students who have a history of both asthma and anaphylaxis may experience more severe reactions. Secondary students may possess the necessary level of maturity and responsibility to monitor their allergens. However, the three major reasons for secondary students to be at higher risk are:

- they need to navigate a larger and more complex school environment with less consistency of monitoring;
- they are more vulnerable to peer influences; and
- they may, at this stage of their development, deny their vulnerability.

Therefore, the need for vigilance in secondary settings and for secondary school age students should not be overlooked.

Secondary students with a risk of anaphylaxis should be responsible for carrying/having immediate access to an epinephrine auto-injector device at all times.

6.3. Effective Practices in Schools

Ensuring the safety of students with anaphylaxis in a school setting depends on the cooperation of the entire school community. To minimize risk of exposure, and to ensure rapid response to an emergency, parents, students and school personnel must all understand and fulfill their responsibilities.

School principals and school staff should:

- (a) provide for the presentation of information on allergies and anaphylaxis through school assemblies and parent information;

- (b) allow for information of anaphylaxis to be presented throughout the curriculum;
- (c) ensure all staff including teachers, cafeteria staff, lunchroom supervisors, other staff and volunteers are aware of students with anaphylaxis and are included in anaphylaxis training;
- (d) promote staff, student and parent collaboration to help to prevent anaphylaxis.
- (e) promote hygienic practices associated with hands, surfaces, toys, equipment sharing and food; and
- (f) be aware that no person should be expected, during a reaction, to be fully responsible for self-administration of an epinephrine auto-injector.

6.4. Roles and Responsibilities for Elementary and Secondary Schools

(a) School Principal

Operational Duties

- (i) Reviews Operational Procedure PR.563 SCH: Anaphylaxis, with entire staff each year in September and throughout the school year when required.
- (ii) Obtains a back-up epinephrine auto-injector for emergency use in the school.
- (iii) Requests the school community consult with the school or teacher before sending in food to a classroom where there are food-allergic students
- (iv) Notifies cafeteria staff, lunchroom supervisors, other staff and volunteers of the individual student plan.
- (v) Ensures that all occasional teachers review the individual plans for students in their assigned classroom.
- (vi) Ensures that the student is transported to a hospital or emergency medical facility following the administration of epinephrine. Give used device to the EMS and provide the time of administration. It is suggested that the backup epinephrine auto-injector should accompany the student.
- (vii) Designates a staff person is to accompany the student to the hospital.

- (viii) Consent and Parental Involvement
- (ix) Ensures that upon registration, parents, guardians, caregiver and students are asked to supply information on life-threatening allergies and any other prevalent medical conditions.
- (x) Obtains informed consent from parent/guardian/student prior to displaying and sharing emergency intervention practices information with staff and other approved individuals related to the student's prevalent medical condition. This information is to be posted in a non-public area of the school (e.g. staff room and/or school office in a sealed non-descriptive envelope, etc.) in accordance with applicable privacy legislation.
- (xi) Obtains consent to administer medication and complete Form 536A, Administration of Prescribed Medication and Form 536B, Management of Emergency Medical Concerns.
- (xii) Convenes a meeting with parents and/or guardians, student at risk for anaphylaxis, and appropriate school staff, to gather medical information related to the condition including: identified allergen(s), severity of allergy, past incidents of anaphylactic reactions, and other health considerations such as asthma etc.
- (xiii) Works closely with the parents/guardians and student with anaphylaxis to provide ongoing support.
- (xiv) Ensures parent/guardian provide an epinephrine auto-injector to designated person as soon as possible. Parents are encouraged to provide two single-dose epinephrine auto-injectors or one dual-dose epinephrine auto-injector.
- (xv) Requests parent to provide a carrier for transporting an epinephrine auto-injector with the student and in addition suggest a Medic Alert® identification.
- (xvi) Requests an ingredient list for any food or craft material provided by parents or community members at a school-planned event

Documentation

- (i) Develops and maintains a file for each student including but not limited to:
- current management and treatment;
 - a copy of any prescriptions and instructions from the student's physician or nurse;
 - a current emergency contact list; and

- develops an individual plan for each student. (Form 536B)
- (ii) Develops a communication plan for the dissemination of information on life-threatening allergies to parents/guardians, students, employees and volunteers. Reviews this plan annually and updates as appropriate.
- (iii) Develops and maintains a prevention and management plan that is consistent with this document.
- (iv) Ensures that Form 536B, Management of Emergency Medical Concerns, is posted in a non-public area of (i.e. staff room and/or school office, classroom etc.) and the Teacher's Day Book.
- (v) Ensures that the cafeteria staff keeps a copy of the Management of Emergency Medical Concerns (Form 536B) in the food preparation area where staff can review it discretely while respecting the privacy and confidentiality of the student with food allergies.

Training

- (vi) Confirms that training on dealing with life threatening allergies has been provided for all employees and others who are in direct contact with students on a regular basis.

(b) Teachers and Classroom Support Staff

Preparation

- (i) Reviews and maintains Form 536B, Management of Emergency Medical Concerns, in the Teacher's Day Book and is posted in a non-public area of the classroom according to the individual plan.
- (ii) Reviews emergency response protocol and regularly reviews the administration of auto-injectors.
- (iii) Leaves information in an organized, prominent and accessible format for occasional teachers.
- (iv) Avoids using causative allergens in crafts.
- (v) Ensures that the individual student emergency response plan is adhered to during school-sanctioned excursions and that it is readily accessible to other individuals as required.

Work with Students

- (i) Discusses allergen awareness with the class, in age-appropriate terms.
 - (ii) Encourages students with anaphylaxis to eat only what he/she brings from home.
 - (iii) Encourages students not to share lunches or trade snacks and avoid isolating the allergic student during lunch or snack time whenever possible.
 - (iv) Reinforces with all students the importance of proper hygiene and effective hand washing.
 - (v) Enforces school rules about bullying and threats related to allergens.
 - (vi) Requests an ingredient list for any food or craft material provided by parents or community members at a school-planned event.
- (c) Parent(s)/Guardian(s) of a Student with Anaphylaxis
- (i) Informs the school of their child's allergies and completes Form 536A, Administration of Prescribed Medication, Form 536B, Management of Emergency Medical Concerns and Form 536C, Student Medical Alert.
 - (ii) Provides the principal with up-to-date information and any change to diagnoses and the medications that the child is taking.
 - (iii) Provide an epinephrine auto-injector to designated person as soon as possible. One single-dose is essential, however, two single-dose epinephrine auto-injectors or one dual-dose epinephrine auto-injector is highly recommended. Devices must be clearly labeled with student's name.
 - (iv) Provides a safe means to carry epinephrine auto-injector and additionally suggest that they provide MedicAlert® identification.
 - (v) Provides their child with allergen-appropriate foods.
 - (vi) Encourages their child to be allergen-aware and self-protecting.
- (d) All Parent(s)/Guardian(s) within the School Community
- (i) Support a safe and caring school environment for all members of the school community.

- (ii) Respond co-operatively to requests from the school to reduce the risk of causative allergens in the school environment.
 - (iii) Are encouraged to participate in parent information sessions.
 - (iv) Encourage their children to respect students with anaphylaxis and school prevention and management plan.
- (e) Students with Anaphylaxis
- (i) Has an age appropriate understanding of his/her allergy and its triggers and symptoms.
 - (ii) Learns how to inform others of the allergy and its consequences. Assumes responsibility, where appropriate, for allergen avoidance.
 - (iii) Complies with taking prescribed medication.
 - (iv) Promptly informs an adult as soon as accidental exposure occurs or symptoms appear.
 - (v) Responsible for carrying/having immediate access to an epinephrine auto-injector device at all times.
 - (vi) Practices proper hygiene and effective hand washing.
- (f) Public Health/Nurse
- Provides consultation to school administration and staff regarding the school's anaphylaxis plan.

7.0 EVALUATION

This procedure will be reviewed as required, but at a minimum every four (4) years after the effective date.

8.0 APPENDICES

Appendix A: What is Anaphylaxis?
Appendix B: Supplementary Materials
Appendix C: Communication – Sabrina's Law
Appendix D: Anaphylaxis Emergency Plan (new)

9.0 REFERENCE DOCUMENTS

Policies

- Student Health Support Policy (P091)

Forms:

- 536A: Administration of Prescribed Medication

- 536B: Management of Emergency Medical Concerns
- 536C: Student Medical Alert
- 563A: Sample Letters and Newsletters

Other Documents:

- *Sabrina's Law*

Other Resources

- Food Allergy Canada (416-785-5666 : www.foodallergycanada.ca)

What is Anaphylaxis?

Anaphylaxis (pronounced anna-fill-axis) is a serious allergic reaction that is rapid in onset and may cause death. An allergen is a substance capable of causing an allergic reaction. Upon first exposure, the immune system treats the allergen as something to be rejected and not tolerated. This process is called sensitization. Re-exposure to the same allergen in the now-sensitized individual may result in an allergic reaction which, in its most severe form, is called anaphylaxis.

Sampson H. et al. Second Symposium on the Definition and Management of Anaphylaxis: Summary Report – Second National Institute of Allergy and Infectious Disease/Food Allergy and Anaphylaxis Network Symposium. Journal of Allergy and Clinical Immunology 2006: 117(2) 391-397.

*The information in the appendices is based on a consensus statement entitled Anaphylaxis in Schools & Other Setting: 2nd Edition 2009, Canadian Society of Allergy and Clinical Immunology.

Whom does it affect?

While the exact prevalence is unknown, it has been estimated that more than 600,000 or 2% of Canadians are at risk of anaphylaxis. Food allergy alone affects up to 6% of young children and up to 4% of adults. In any given Canadian school, approximately two children per 100 have an allergy to peanuts; however, peanuts should not be considered the only food allergen that can cause anaphylaxis.

Symptoms may include any of the following

Face: itchiness, redness, swelling of the face and tongue

Airway: coughing, trouble breathing, swallowing or speaking

Stomach: stomach pain, vomiting, diarrhea

Total Body: hives, rash, itchiness, swelling, weakness, paleness, sense of doom, loss of consciousness.

Breathing difficulties (the airway) and loss of consciousness are considered the most severe symptoms. Because of the unpredictability of reactions, early symptoms should never be ignored, especially if the person has suffered an anaphylactic reaction in the past.

Supplementary MaterialB.1 Websites:

Anaphylaxis: A Handbook for School Boards www.cdnsba.org

Food Allergy Canada. Information as well as webcasts are available.
www.foodallergycanada.ca

Canadian MedicAlert Foundation www.medicalert.ca

Collaborative of five organizations working together to promote allergy-safe communities. www.allergysafecommunities.ca and
www.safe-4kids.ca/content/schools/schools.asp

Health Canada, Nine most common food allergens pamphlets
http://www.hc-sc.gc.ca/fn-an/secrit/allerg/allergen_con_info_e.html
[www.ontla.on.ca/documents/Bills/38 Parliament/Session1/b003repe.htm](http://www.ontla.on.ca/documents/Bills/38_Parliament/Session1/b003repe.htm)

Information on Epinephrine Auto-injectors: www.epipen.ca and
www.epipen.com; www.twinject.ca

Ontario Ministry of Education. E-learning module for teachers and others in regular contact with pupils. Covers requirements to be in compliance with Sabrina's Law. Contains avoidance strategies, emergency procedures and online videos on administration of auto-injectors.
www.eworkshop.on.ca/allergies

B.2 Additional Resources for School Principals and Staff

Additional information and tools available are;

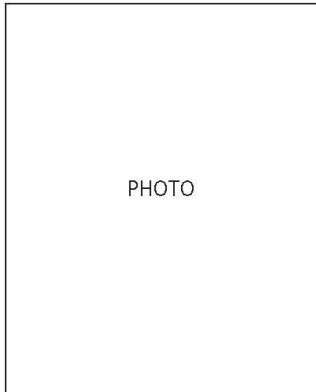
- Sabrina's Law: An Information Manual for TDSB Schools and Staff 2009
- Sabrina's Law: Presenter/Facilitator Notes for School Presentations on TDSBweb
- Managing Anaphylaxis in Our Schools, a PowerPoint, on TDSBweb
- Epinephrine Auto-injectors Purchase Information:
- <http://tdsbweb/site/ViewItem.asp?siteid=61&menuid=4000&pageid=3331> (purchase epi-pen)

Communication: Sabrina's Law

WHO	WHAT	WHEN
Parents	Newsletters	Ongoing
	Personal interviews with school staff	At registration and on request
	School Council	At beginning of year and at regular intervals
	Letters from School Principal re: Anaphylaxis	At regular intervals
Students	Student Planners	Ongoing
	Class Information	Ongoing
	Class Discussion	Ongoing
	Food Safety Discussions	Beginning of the year and at regular intervals
Principals	New Principal Orientation	August annually
	Annual Procedure Review with Staff	At beginning of the school year
	Principals' Website	Ongoing
	Direct Line Announcements for Training	Twice a year
	Posted Emergency Plans for Students	Ongoing
Staff	Staff Meetings	At least once per year
	Personal meetings as students are identified	As required
	Meetings and information for cafeteria staff when students are identified	As required
	Posted Emergency Plans for Students	Ongoing
Community	Newsletters	Ongoing
	On request	Ongoing

Anaphylaxis Emergency Plan: _____ (name)

This person has a potentially life-threatening allergy (anaphylaxis) to:



(Check the appropriate boxes.)

- Peanut Other: _____
 Tree nuts Insect stings
 Egg Latex
 Milk Medication: _____

Food: The key to preventing an anaphylactic emergency is absolute avoidance of the allergen. People with food allergies should not share food or eat unmarked / bulk foods or products with a "may contain" warning.

Epinephrine Auto-Injector: Expiry Date: _____ / _____

- Dosage:** EpiPen® Jr 0.15 mg EpiPen® 0.30 mg
 Twinject™ 0.15 mg Twinject™ 0.30 mg

Location of Auto-Injector(s): _____

- Asthmatic:** Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.

A person having an anaphylactic reaction might have ANY of these signs and symptoms:

- **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

Early recognition of symptoms and immediate treatment could save a person's life.

Act quickly. The first signs of a reaction can be mild, but symptoms can get worse very quickly.

1. **Give epinephrine auto-injector** (e.g. EpiPen® or Twinject™) at the first sign of a reaction occurring in conjunction with a known or suspected contact with allergen. Give a second dose in 10 to 15 minutes or sooner **IF** the reaction continues or worsens. (See second page for instructions.)
2. **Call 911.** Tell them someone is having a life-threatening allergic reaction. 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 ER physician. The reaction could come back.
4. **Call contact person.**

Emergency Contact Information				
Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned patient, parent, or guardian authorizes any adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as described above. This protocol has been recommended by the patient's physician.

Patient/Parent/Guardian Signature

Date

Physician Signature

Date



How to use the EpiPen® / EpiPen® Jr. (Epinephrine) Auto-Injectors



- 1 Remove yellow or green cap from carrying case
- Grasp the Auto-Injector with black tip pointing downward
 - Pull off grey safety cap



- 2 Place black tip against mid-outer thigh and press firmly until the Auto-Injector activates. Hold while counting for several seconds, then remove
- Massage the injected area for 10 seconds

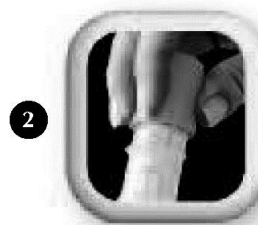


- After administration**
Call 911 or have someone take you to the emergency room

After using EpiPen® / EpiPen® Jr. follow 3 easy safety steps:



- 1 Carefully place used Auto-Injector, needle-end first, into storage tube



- 2 Screw cap of carrying case on completely
- This automatically bends needle back and secures pen so it won't fall out of tube



- 3 Give any used Auto-Injectors to emergency responders or emergency room personnel



EpiPen Auto-Injectors are indicated for the emergency treatment of anaphylactic reactions and for patients determined by a physician to be at increased risk for anaphylaxis.

For additional information, please visit www.EpiPen.ca



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