

# Edmonton Islamic Academy

## School Anaphylaxis Plan

### Elementary School Environment

The Edmonton Islamic Academy (EIA) strives to provide a safe environment for all its students. There are students attending this academy who are allergic to specific foods and or insects. The following article details the school's policy and protocol for handling such students. The official stance of the EIA is that we provide an "allergy-aware" environment. This is NOT an "allergy-free" or "nut-free" environment.

### Key Concepts

In order to provide a safe environment

1. Proper data gathering and consent.
2. Teacher and staff education
3. School wide Anaphylaxis plan

### Data Gathering and Consent

Administrators should collect information about a student's medical condition at the time of registration. Ideally this should be reviewed before the new school year and before special activities such as field trips. Once a student is identified with a serious allergy, an individual "Anaphylaxis Emergency Plan" (See Appendix A) must be filled out for that student. The Anaphylaxis Emergency Plan should be signed by the parent or guardian, and if required, by the child's physician. This document should be readily available in the main office, and child's classroom(s). The plan should be reviewed by the teacher and parent and any special instructions for risk reduction or treatment should be provided by the child's physician in writing. An instruction sheet specific to EpiPen or Allerject should be attached to this plan. (See Appendix B).

If the child is at risk for an anaphylactic reaction, the parent or guardian is required to provide an epinephrine Auto-Injector (EpiPen or Allerject) with the proper dosage. The Auto-ejector is to be stored in the child's classroom unless that child has demonstrated maturity then he/she is required to keep it on hand. The Auto-ejector expiry date must be noted and replaced when required. EIA will also have an Auto-Ejector available in both doses in the main office emergency kit. [remove?:] *Ideally there should be two sets of injectors, one set to be used for field trips.* It is important that each student has their own injector for initial dose. Ideally the EIA supplied Auto-Injector is only to be used if a second dose is required (see Anaphylaxis Plan).

The teacher must have posted and easily accessible the following documents in the classroom:

1. A copy of “Allergic Reactions Poster” (see Appendix C)
2. Individual Anaphylaxis Emergency Plan for each student identified in the classroom with a serious allergy. (see Appendix A)
3. “How-to” poster for both EpiPen and Allerject (See Appendix B).

## **Teacher and Staff Education**

All school staff, including supply or substitute teachers and volunteers, must be aware of students at risk for anaphylaxis. have access to their allergy information and anaphylaxis plan (as appropriate), and be instructed in the proper management strategies including the correct use of an epinephrine auto-injector. A process should be in place to ensure that all staff receives regular training. [WHAT IS THAT PROCESS?] Elementary grade teachers are encouraged to provide an eating table in class marked “Allergy-Free” as a safe place for effected students to eat without worry.

## **Training**

- Each year there will be training for staff which includes an overview of anaphylaxis, signs and symptoms and a demonstration on the use of epinephrine. Staff will have an opportunity to practice using an auto-injector trainer (i.e. device used for training purposes) and are encouraged to practice with the auto-injector trainer throughout the year, especially if they have a student at risk in their class.
- Ideally, a follow-up refresher training session should be given mid-year.
- Substitute teachers will be advised to review the Anaphylaxis Emergency Plan for children in their class. The principal will speak with substitute teachers about the procedure for responding to emergency situations.
- Students will learn about anaphylaxis in a general assembly or special class presentations.

## **School wide Anaphylaxis Plan**

### **Overview**

In our school, we have several children who are at risk for potentially life-threatening allergies. Some children are at risk for insect sting allergy, while most are allergic to food. Food-allergic individuals can experience a life-threatening reaction from ingesting a very small amount of their allergen. Exposure through skin contact or inhalation can cause allergic reactions, but generally not anaphylaxis. Anaphylaxis (pronounced anna-fill-axis) is a severe allergic reaction that can be caused by foods, insect stings, medications, latex or other substances. While anaphylaxis can lead to death if untreated, anaphylactic reactions and fatalities can be avoided. Education and awareness are key to keeping students with potentially life-threatening allergies safe.

Our school anaphylaxis plan is designed to ensure that children 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.

## Symptoms of an anaphylactic reaction

Symptoms of anaphylaxis generally include two or more of the following body systems: skin, respiratory, gastrointestinal and/or cardiovascular. However, low blood pressure alone (i.e. cardiovascular system), in the absence of other symptoms, can also represent anaphylaxis. Breathing difficulties and low blood pressure are the most dangerous symptoms and both can lead to death if untreated. (see Appendix C)

- **Skin:** hives, swelling (face, lips, tongue), itching, warmth, redness
- **Respiratory (breathing):** coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing
- **Gastrointestinal (stomach):** nausea, pain or cramps, vomiting, diarrhea
- **Cardiovascular (heart):** paler than normal skin colour/blue colour, weak pulse, passing out,
- dizziness or lightheadedness, shock
- **Other:** anxiety, sense of doom (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste

## Emergency Protocol

- An individual Anaphylaxis Emergency Plan should have been filled out for all students with known allergies. 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® or Allerject™) 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 in 5 to 15 minutes** IF the reaction continues or worsens.
  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 (generally about 4-6 hours).
  5. **Call emergency contact person** (e.g. parent, guardian).

## Creating an Allergy-Safe School

Individuals at risk of anaphylaxis must learn to avoid specific triggers. While the key responsibility lies with the students at risk and their families, the school community must also be aware. Special care is taken to avoid exposure to allergy-causing substances. Teachers are to inform parents which foods cannot be brought into their classrooms. Elementary grade teachers are encouraged to provide an eating table in class marked "Allergy-Free" as a safe place for effected students to eat without worry. There should be a conversation between the teacher, allergic child and parent to decide if and when this table should be used. The risk of accidental exposure to a food allergen can be significantly diminished by means of such measures.

## Summary of Roles and Responsibilities

### Parents/Guardians

Parents/guardians should make every effort to teach their allergic child to self-protect.

- Educate allergic child on avoidance strategies
- Responsible to inform school about child's allergies, update school on any changes and provide epinephrine auto-injector.
- Complete Anaphylaxis Emergency Plan and review with teacher.
- For food allergic children, should provide non-perishable food (in case child's lunch is forgotten at home) and safe snacks for special occasions.
- Meet with food service staff if the child is to eat foods prepared at the school.

### Children at Risk

Children who have been diagnosed at being at risk of anaphylaxis should:

- Auto-injector with their name on it, readily accessible in an **unlocked** location
- Carry their own auto-injector when age appropriate (usually age 6 or 7)
- Refrain from eating if they do not have their auto-injector with them
- Avoid eating foods prepared by others or be very cautious if doing so
- No sharing of food or utensils
- Wash hands with soap and water before and after meals
- Wear MedicAlert bracelet or similar. (discretion of parent)
- Inform somebody, ideally an adult, immediately after accidental exposure to an allergen or as soon as symptoms occur.

### School Community

- All school staff should be aware of children who have an allergy that may trigger an anaphylactic reaction and be prepared to treat them in accordance with the emergency protocol.
- School staff must consult with the parent before posting the child's plan. Should be easily accessible.
- Entire student population should be educated regarding the seriousness of anaphylaxis and be taught how to help their peers.

- School should have readily available first-aid kits that contain an epinephrine auto-injector.
- Food service staff should take measures to reduce the risk of cross-contamination through purchasing, handling, preparation or serving of food.

**Secondary School Students**

The secondary or high school student must be able to take on primary responsibility for allergen avoidance at school and in other environments.