XXXX: Anaphylaxis Administrative Procedure (A/P)

Reviewed: 25 01 14
Amended: 25 10 07

BACKGROUND

In British Columbia, all school boards are required to establish policies, procedures, and training strategies in accordance with the *Anaphylaxis Protection Order (M232/07)* and the *BC Anaphylactic and Child Safety Framework*. The prevention and management of anaphylaxis is a shared responsibility among school staff, parents, students, and the broader school community.

Pacific Rim School District is committed to providing as safe a learning and teaching environment as practicable for anaphylactic students. While an allergen-free school is not achievable, schools must strive to become "allergy-aware" through education and collaboration among students, parents, and staff to minimize exposure risks. Each child's allergies are unique; therefore, consistent strategies must be implemented without depriving anaphylactic children of peer interactions or imposing unreasonable restrictions on other students. Parental involvement in all planning phases is encouraged to foster community acceptance and success.

DEFINITION

For the purpose of this policy, anaphylaxis is defined as a sudden and severe allergic reaction that requires immediate treatment to prevent death from suffocation or cardiac arrest.

ROLES AND RESPONSIBILITIES

The prevention and management of anaphylaxis involves the following responsibilities:

School Board: Anaphylaxis policies must include allergy awareness, prevention and avoidance strategies, staff training, communication strategies and emergency protocol.

School & Support Staff:

- All staff members (teaching and non-teaching) should be aware of students at risk for anaphylaxis, and the location of their emergency plans.
- All staff members (teaching and non-teaching) must be informed on how to treat students at risk for anaphylaxis as per their emergency plans. School administration will review this information annually, and the district will provide resources as available.
- Specific staff members (teaching and non-teaching) working directly with students at risk for anaphylaxis will receive additional training.
- School administration will implement standardized procedures for maintaining allergy lists, emergency plans, and communication with parents.

Parents:

- Provide accurate and up-to-date information about their child's allergies.
- Collaborate with a physician and school personnel to develop an individualized written emergency plan.
- Provide current epinephrine auto-injectors to the school in properly labelled containers, and liaise as needed regarding foods sent to school, school food services, field trips, and special occasions.
- Educate their allergic children on how to protect themselves and use avoidance strategies (e.g., washing hands before eating, not sharing food or utensils).

Students:

- Secondary students are encouraged to take on primary responsibility for managing their allergies.

School Community:

- Support students at risk for anaphylaxis, and their peers through education and collaboration.

PROCEDURE

1. Recognizing Anaphylaxis

1.1 **Signs and Symptoms**

Signs and symptoms of an anaphylactic reaction can occur within minutes of exposure to an offending substance. Reactions usually occur within two hours of exposure but, in rare cases, they can develop hours later.

1.2 **Symptom Variability**

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. An anaphylactic reaction can present as any of the following symptoms, which may appear alone or in combination, regardless of the triggering allergen:

- **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 color, weak pulse, passing out, dizziness/lightheaded, shock.
- **Other**: anxiety, feeling of "impending doom," headache, uterine cramps.

1.3 **Critical 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. If allergic student expresses concern about a potential reaction, the student must always be taken seriously.

1.4 **Life-Threatening Symptoms**

The most dangerous symptoms involve:

- **Breathing difficulties** caused by swelling of the airways.
- **A drop in blood pressure**, indicated by dizziness, light-headedness, or feeling faint/weak.
  Both of these symptoms can lead to death if untreated.

1.5 **Immediate Response**

When a reaction begins, it is critical to respond immediately.

---

2. Identification and Planning

2.1 **Identification of Students**

Parents must inform the school about their child's life-threatening allergies at the time of registration or as soon as an allergy diagnosis is made. Parents must provide updates annually, at the start of each school year, thereafter.

Schools must maintain up-to-date records of anaphylactic students, including emergency contact and personalized Anaphylaxis Emergency Plan, as part of the Permanent Student Record.

2.2 **Emergency Plans**

Each anaphylactic student will have a personalized Anaphylaxis Emergency Plan (see APPENDIX 1) developed in consultation with parents/guardians, the student's physician, and school principal (or designate).

Emergency plans must outline a list of the student's allergens, symptoms and emergency procedures, medication protocols, contact information for parents and healthcare providers, and designated staff responsibilities.

2.3 **Accessibility and Standardization**

- Emergency plans and allergy lists must follow a standardized format across the district.
- Emergency plans should be kept in accessible locations (e.g., staff room, office).
- With parental consent, relevant information (e.g., student photo, allergen list) may be posted in non-student areas.

3. Prevention Strategies

3.1 **School Environment**

Schools must create an "allergy-aware" environment. It is unrealistic to expect an allergen-free school, but measures can be implemented to reduce accidental exposure risks without imposing unenforceable or unrealistic rules.

Designated allergen-aware eating areas and specific classroom rules may be developed, as needed, in consultation with parents, staff, and healthcare providers. These measures will be determined based on the student's exposure risks, including sensitivity to airborne allergens or contact exposure.

Students with food allergies should not trade or share food, food utensils, or food containers.

Students and staff should wash their hands with soap and water before and after eating.

The use of food in crafts and cooking classes may need to be modified or restricted depending on the allergies of the children.

3.2 **Allergy-Aware Practices**

Food restrictions alone are insufficient; education, awareness, and training are required to minimize risks and respond effectively to emergencies.

Schools should encourage regular handwashing, thorough cleaning of eating surfaces with grease-cutting detergents, and safe practices around shared spaces.

3.3 **Epinephrine Auto-Injectors**

Epinephrine is the primary treatment for anaphylaxis. Auto-injectors should:

- Be labeled with the child’s name and expiry date.
- Be kept in an easily accessible, unlocked location.

Children who are at risk of anaphylaxis should carry their auto-injector when mature enough (generally 6 or 7 years old), and a backup auto-injector should be available on-site.

3.4 **School Food Programs and Cafeterias**

Students with severe food-induced anaphylaxis are encouraged to eat only food prepared at home unless the cafeteria or school food program can guarantee allergen-free options.

Cafeteria staff must be trained to avoid cross-contamination and label food items clearly when allergens are present.

3.5 **Field Trips and Extracurricular Activities**

Risk assessments must consider the availability of allergen-free food and emergency access to auto-injectors. Parents must be informed about risks and safety measures for their child's participation. Staff must carry auto-injectors and be prepared to respond to emergencies during trips and activities.

3.6 **Special Occasions and Celebrations**

Limit the use of food-based treats for celebrations. Encourage non-food treats or pre-approved allergen-free options. All classroom celebrations must follow the same allergen-awareness protocols as regular school days.

3.7 **Insect Venom Allergies**

Outdoor areas should be regularly inspected, and any nests of bees, wasps, or other stinging insects removed promptly. Students with insect venom allergies should avoid open drink containers outdoors and remain indoors during high-risk seasons when necessary.

---

4. Emergency Response Protocol

4.1 **Immediate Action**

- Administer the epinephrine auto-injector immediately at the first signs of anaphylaxis.
- Call 911 and inform emergency responders of the student's condition.
- Notify parents/guardians.

4.2 **Follow-Up Actions**

- Administer a second dose of epinephrine if symptoms persist after 5-15 minutes.
- Document the incident and debrief with staff to evaluate the response.

---

5. Training and Education

5.1 **Staff Training**

All staff members (teaching and non-teaching) must participate in an annual review of anaphylaxis procedures. This review should cover:

- Recognizing signs and symptoms of anaphylaxis.
- Proper use of epinephrine auto-injectors.
- Emergency response protocols.

This annual review does not require certification, but schools must maintain a record of staff participation.

Specific staff members (teaching and non-teaching) working directly with students at risk for anaphylaxis will receive additional training. Records of this training must also be maintained.

Training may be delivered through a recognized anaphylaxis education program (online or in-person), resources provided by health authorities, or district-approved materials. The district will provide or recommend training resources as available.

5.2 **Student and Community Education**

Age-appropriate education should be provided to all students to promote understanding of anaphylaxis and how to assist peers. Principals must communicate preventative strategies and allergen-related rules to parents and the school community, as needed.

---

6. Monitoring and Reporting

6.1 **Incident Reporting & Standardized Practices**

- Principals must track and report data on anaphylactic incidents to assess policy effectiveness.
- Schools must maintain uniform records of allergies and emergency plans, ensuring they are reviewed annually.
- Refer to 7100: Accident/Injury Procedures (AP) for additional information.

6.2 **District Compliance and Review**

- The Board will periodically review this procedure to ensure compliance with current legislation and best practices.
- The district will conduct regular reviews to ensure all schools adhere to the *Anaphylaxis Administrative Procedure*.

RESOURCES AND REFERENCES

- Anaphylaxis Protection Order (M232/07)
- Anaphylactic and Child Safety Framework
- Vancouver School Board Administrative Procedure 317: Anaphylaxis
- Allergy Aware Resources for School Communities – Island Health
- Pacific Rim School District 7100: Accident/Injury Procedures (AP)
- Pacific Rim School District XXX: Anaphylaxis (P)
- Food Allergy Canada

AP XXXX: Appendix I – Anaphylaxis Emergency Plan

Anaphylaxis Emergency Plan: _____ *(name)*

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

PHOTO

(Check the appropriate boxes.)

☐ Food(s): _____

_____

_____

☐ Insect stings ☐ Other: _____

Epinephrine Auto-Injector: Expiry Date: _____ / _____

Dosage:

☐ EpiPen Jr® 0.15 mg ☐ EpiPen® 0.3 mg ☐ ALLERJECT® 0.15 mg ☐ ALLERJECT® 0.3 mg

☐ Emerade™ 0.3 mg ☐ Emerade™ 0.5 mg

Location of Auto-Injector(s): _____

☐ **Previous anaphylactic reaction:** Person is at greater risk.

☐ **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 system:** hives, swelling (face, lips, tongue), itching, warmth, redness
- **Respiratory system (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 system (stomach):** nausea, pain or cramps, vomiting, diarrhea
- **Cardiovascular system (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

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®, ALLERJECT®, Emerade™) at the first sign of a known or suspected anaphylactic reaction. (See attached instructions.)
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** as early as 5 minutes after the first dose if there is no improvement in symptoms.
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).**

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 ☐ On file _____ Date _____

Allergy Quebec · Canadian Allergy, Asthma and Immunology Foundation · Food Allergy Canada · Canadian Society of Allergy and Clinical Immunology · AAIQ Association of Allergists and Immunologists of Quebec

October 2022

Blue to the sky. Orange to the thigh.

How to use EpiPen® and EpiPen Jr® (epinephrine) Auto-Injectors

Remove the EpiPen® Auto-Injector from the carrier tube and follow these 2 simple steps:

- Grasp with orange tip pointing downward
- Remove blue safety cap by pulling straight up – do not bend or twist
- Place the orange tip against the middle of the outer thigh
- Swing and push the auto-injector firmly into the thigh until it "clicks"
- Hold in place for 3 full seconds

Built-in needle protection
After injection, the orange cover automatically extends to ensure the needle is never exposed.

After using EpiPen®, you must seek immediate medical attention or go to the emergency room. For the next 48 hours, you must stay close to a healthcare facility or be able to call 911.

Visit **EpiPen.ca.**

EpiPen® and EpiPen Jr® (epinephrine) Auto-Injectors are indicated for the emergency treatment of anaphylactic reactions in patients who are determined to be at increased risk for anaphylaxis, including individuals with a history of anaphylactic reactions. Selection of the appropriate dosage strength is determined according to patient body weight.

EpiPen® and EpiPen Jr® Auto-Injectors are designed as emergency supportive therapy only. They are not a replacement for subsequent medical or hospital care. After administration, patients should seek medical attention immediately or go to the emergency room. For the next 48 hours, patients must stay within close proximity to a healthcare facility or where they can call 911. To ensure this product is right for you, always read and follow the label. Please consult the Consumer Information leaflet in your product package for warnings and precautions, side effects, and complete dosing and administration instructions.

Pfizer

REVIEWED BY PAAB

MEMBER OF INNOVATIVE MEDICINES CANADA

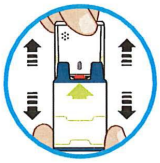
Scan the code to access the EpiPen® Video Gallery, including a video on how to use EpiPen®

EPIPEN® (Epinephrine) Auto-Injectors 0.3/0.15mg

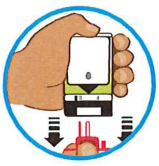
Trusted for over 35 years.

Listen up! Allerject® Epinephrine Injection, USP is now available

ALLERJECT® is a portable epinephrine auto-injector with built-in voice assistance, designed to be easy to use in an allergic emergency



STEP 1 | Pull ALLERJECT from the outer case.
Do not go to step 2 until you're ready to use ALLERJECT.
If you're not ready to use it, put it back in the outer case.



STEP 2 | Pull off the red safety guard.
The safety guard is meant to be tight. *Pull firmly to remove.*

To reduce the risk of accidentally injecting yourself, do not touch the black base of the auto-injector (where the needle comes out). If an accidental injection happens, seek immediate medical attention.

STEP 3 | Place the black end against the middle of the outer thigh (through clothing if necessary), then press firmly and hold in place for 5 seconds.
Only inject into the middle of the outer thigh (upper leg). Do not inject into any other location.

If you're administering ALLERJECT to a young child, hold the leg firmly in place while administering the injection.

ALLERJECT makes a distinct "click and hiss" sound when you press it against your leg. This is normal and means that ALLERJECT is working correctly.

STEP 4 | Seek immediate medical or hospital care.
Replace the outer case and take your used ALLERJECT with you to your doctor or pharmacist for proper disposal and replacement.

kaléo®

ALLERJECT is available in 2 doses

ALLERJECT 0.15 mg
For children 15 kg to 30 kg

ALLERJECT 0.3 mg
For anyone 30 kg or more

Talk to your doctor or pharmacist to discuss treatment options for anaphylaxis and whether ALLERJECT is right for you. Always read and follow the patient information leaflet that comes with your ALLERJECT device for warnings and precautions, side effects, and complete dosing and administration information.

Learn more at Allerject.ca

Safety information

ALLERJECT is for the emergency treatment of serious allergic reactions (anaphylaxis) and is intended for people who are at risk and for people with a history of serious allergic reactions (anaphylaxis).

ALLERJECT should be used immediately to treat yourself or your child when experiencing a severe allergic reaction. This is emergency treatment. It does not replace seeing a doctor or going to the hospital. After injection, seek immediate medical attention. Even if you have sought medical help, you must stay within close proximity to a hospital or where you can easily call 911 for the next 48 hours.

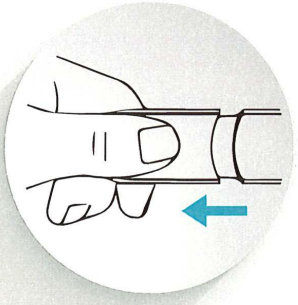
Allerject® Epinephrine Injection, USP

kaléo®

NOW AVAILABLE

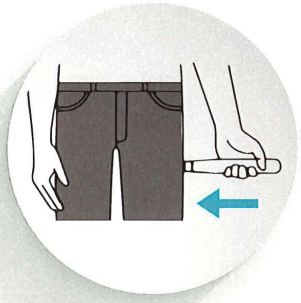
How to use Emerade™

To view our instructional video go to **emerade.ca**



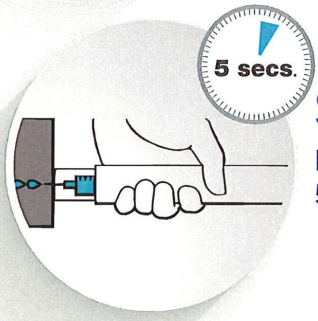
STEP 1

Remove needle shield.



STEP 2

Press tip against outer thigh until a "*click*" can be heard.



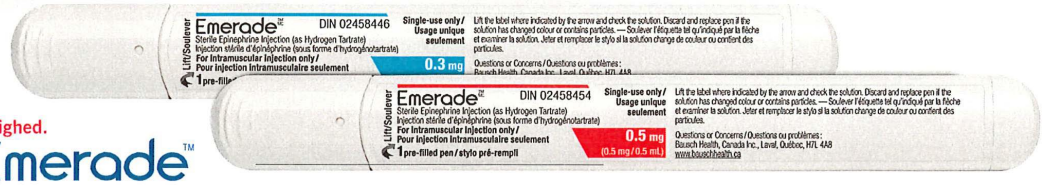
STEP 3

Hold for 5 seconds.

Call 911 right away

STEP 4

Ask for an ambulance. Say "*a sudden and severe allergic reaction*".



Get Weighed.
Get Emerade™

Indications and clinical use: Emerade™ is indicated for the emergency treatment of serious allergic reactions (anaphylaxis) in people who are determined to be at increased risk for anaphylaxis, including people with a history of serious allergic reactions (anaphylaxis). Emerade™ should be used right away when you or your child is having a severe allergic reaction. This is emergency treatment. Using it does not replace seeing a doctor or going to the hospital. You must get medical help right away after you or your child has used it. To ensure Emerade™ is right for you, speak to your healthcare professional and always read and follow the information leaflet in your product package.

For complete dosing and instructions for use, please refer to the Patient Medication information in the Emerade™ Product monograph.