Sample School Anaphylaxis Plan (elementary)

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.

Identification of Children at Risk

At the time of registration, parents are asked about medical conditions, including whether children are at risk of anaphylaxis and asthma. All staff must be aware of these children.

It is the responsibility of the parent to:

- Inform the school principal of their child's allergy (and asthma).
- In a timely manner, complete medical forms and the Anaphylaxis Emergency Plan which includes a photograph, description of the child's allergy, emergency procedure, contact information, and consent to administer medication. The Anaphylaxis Emergency Plan should be posted in key areas such as in the child's classroom (posted on the wall or inside a cupboard door), the office (bulletin board), the teacher's daybook, and school cafeterias (inside the food preparation area). Parental permission is required to post the child's plan.
- Advise the school if their child has outgrown an allergy or no longer requires an epinephrine auto-injector. (A letter from the child's allergist or primary healthcare provider is required.)
- Have the child wear medical identification (e.g. MedicAlert® bracelet). The identification could alert others to the child's allergies and indicate that the child carries an epinephrine auto-injector. Information accessed through a special number on the identification jewelry can also assist the local emergency medical services (e.g. paramedics) to access important information quickly.

Availability and Location of Epinephrine Auto-injectors ("auto-injectors")

- Children at risk of anaphylaxis who have demonstrated maturity should carry one auto-injector with them at all times and have a back-up available in the school. Most children are able to carry their

own auto-injector and asthma inhaler (if needed) by grade one to two. For children with stinging insect allergy, this would not have to be for the full year but during insect season (warmer months).

- Posters which describe signs and symptoms of anaphylaxis and how to give an epinephrine auto-injector will be placed in relevant areas, e.g. classrooms, office, staff room, lunch room or cafeteria. Additional auto-injectors should be brought on field trips. It is recommended that the organizer of the field trip carry a cell phone and know the location of the closest medical facility.

Emergency Protocol

- An individual Anaphylaxis Emergency Plan can be signed by the child's physician, if required. 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®) 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** 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).**

Body Position

After giving epinephrine, place the person on their back with their legs raised. If they feel sick or are vomiting, they should be placed on their side so that the airway is clear and they do not choke on vomit. It is important to avoid having an individual immediately sit up or stand after receiving epinephrine as these sudden changes of position may lower their blood pressure, worsen their condition, and potentially result in death. Additionally, emergency responders should be directed to the person's location and transport the person on a stretcher. The person should not be made to walk to emergency responders.

Important notes

- A person should stay with the child at all times.
- It is important to note the time of administration of the first epinephrine auto-injector so that you know how long it has been since the child received the first dose of epinephrine.
- The use of epinephrine for a potentially life-threatening allergic reaction will not harm a normally healthy child, even if epinephrine was not required.
- If an anaphylactic emergency occurs, both the school anaphylaxis plan and the child's Anaphylaxis Emergency Plan should be reviewed and amended as necessary.

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.

Creating an Allergy-Safe School Environment

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. The risk of accidental exposure to a food allergen can be significantly diminished by means of such measures.

Given that anaphylaxis can be triggered by minute amounts of an allergen when ingested, children with food allergy must be encouraged to follow certain guidelines:

- Eat only food which they have brought from home unless it is packaged, clearly labelled and approved by their parents.
- Wash hands with soap and water before and after eating.
- Not share food, utensils or containers.
- Place food on a napkin or wax paper rather than in direct contact with a desk or table.