

<b>Kelsey School Division Box 4700 The Pas, MB R9A 1R4</b>	<b>CODE: JHCE</b>
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## **ANAPHYLAXIS**

### **A. Introduction**

1. The Kelsey School Division is committed to meeting the special health care needs of students attending its schools. A comprehensive approach to school health is critical to ensure that the health care needs of students are met in school settings and programs. Health and medical interventions, including the administration of medication in a school setting by school personnel, may be necessary for the health of a student.
2. Parents should make arrangements with their physician to have interventions and medications administered outside of school hours. Procedures for the assessment and delivery of services and clarification of roles and responsibilities must be defined in order to provide for the health care needs of students in the School Division. The effective delivery of health care services requires teamwork with parents/guardians, students, teachers, support staff, health care professionals, and social service agencies.
3. Failure by parents/guardians to comply with the procedures outlined in health care policies will result in the refusal by School Division staff to administer medication or the student being requested to remain at home.

### **B. Known Risk of Anaphylaxis/Life Threatening Allergies**

1. This policy reflects the guidelines and procedures outlined in the provincial Unified Referral and Intake System's (URIS) Manual.
2. Anaphylaxis – sometimes called “allergic shock” or “generalized allergic reaction”, is a severe allergic reaction that can lead to rapid death if untreated. Sufferers of anaphylaxis respond with an extreme body reaction. The reaction may begin with itching, hives, vomiting, diarrhea, or swelling of the lips or face; within moments the throat may begin to close, restrict breathing and lead to unconsciousness and death.
3. Although peanuts may be the most common allergen causing anaphylaxis in school children, there are many others. School personnel must be aware that anaphylaxis is a life-threatening condition regardless of the substance which triggers it.

4. Despite the best efforts of parents and schools, no individual or organization can guarantee an “allergy-free” environment. The only way to protect children who are known to be at risk of anaphylaxis is to avoid the allergen. As it is a matter of life and death, schools must have a clear plan for responding to an anaphylactic emergency. When an anaphylactic emergency occurs, the injection of epinephrine usually allows enough time to get the child to a hospital. Without epinephrine, death can occur within minutes. Epinephrine will only be administered in schools through the use of an Adrenaline Auto-Injector.
5. Anaphylaxis is life threatening, but it can be treated. A student suffering anaphylaxis must be diagnosed by a physician, who is responsible for prescribing the appropriate treatment for the individual’s condition. Schools should never assume responsibility for treatment in the absence of an Individual Health Care Plan/Emergency Response Plan (IHCP) for a specific treatment protocol prescribed by the student’s physician.
6. Avoidance of the allergen is the only way to protect students known to be at risk of anaphylaxis, however, no individual or organization can guarantee an allergy-free environment. Clear procedures for an emergency response to anaphylaxis must be in place at each school site.
7. The first plan of action calls for the administration of adrenaline (epinephrine) by auto-injection immediately, at the first sign of a reaction, followed by immediate transportation to hospital, by ambulance if possible. Developmental factors such as age and physical or cognitive ability, may affect a student’s ability to:
  - Safely carry an adrenaline auto-injector
  - Take responsibility to avoid allergens
  - Recognize and communicate symptoms of anaphylaxis
  - Use an auto-injector.

Whenever possible, responsibility should be encouraged, recognizing that students who are able to take responsibility for their own care are probably the safest. The severity of a reaction may hamper anyone in adrenaline self-administration, regardless of their age, and assistance may be required.