

## APPENDIX

### SECTION 1 - DEFINITIONS

**Anaphylaxis is a sudden and severe allergic reaction which can be fatal requiring immediate medical emergency measures be taken.**

#### Symptoms

Signs and symptoms of a severe allergic reaction can occur within minutes of exposure to an offending substance. Reactions usually occur within two hours of exposure, but in rarer cases can develop hours later. 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. (Canadian Society of Allergy and Clinical Immunology, *Anaphylaxis in Schools and Other Settings*, pp. 6-7).

**At-Risk Anaphylaxis is a condition that is diagnosed and/or stipulated by a Physician and communicated in writing by the Physician to the principal of the school that the student attends.**

#### Symptoms

An anaphylactic reaction can involve any of the following symptoms, which may appear alone or in any 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 colour, weak pulse, passing out, dizzy/lightheaded, shock
- **Other:** anxiety, feeling of “impending doom”, headache, uterine cramps

**The most dangerous symptoms of an allergic reaction involve (both of these symptoms may lead to death if untreated):**

- Breathing difficulties caused by swelling of the airways
- A drop in blood pressure indicated by dizziness, lightheadedness or feeling faint/weak.

### SECTION 2 – AVOIDANCE & AWARENESS OF ALLERGENS IN THE SCHOOL SETTING

The following recommendations should be considered in the context of the anaphylactic student's age and maturity:

- As a student matures they should be expected to take increasing personal responsibility for avoidance of their specific allergens.
- The balance to be achieved in allergen avoidance is to find ways to minimize the risk of exposure without depriving the anaphylactic student of normal peer interactions or placing unreasonable restrictions on the activities of other students in the school.
- It is understood that schools and classrooms will exercise discretion in adapting to the needs of individual students and the allergens which trigger reactions.

#### Ideas for Providing Allergen-Aware Areas

While it is impossible to eliminate all potential allergens from the school environment, it is expected that the principal will develop realistic strategies with parents and staff to create an allergen-aware environment to minimize risk for all members of the school.

- Where the classroom is used as a lunch room, establish it as an allergen aware area, using a cooperative approach with students and parents. Discourage the sharing of food, utensils and containers.
- Develop strategies for monitoring allergen-aware areas including safe eating areas. Such strategies may include hand and surface washing routines.
- Identify high-risk areas for anaphylactic students.
- Sources of contamination may exist outside designated eating areas within the school. The anaphylactic child, the child's teacher and the child's parent should also consider possible sources of allergens such as:
  - Curricular materials such as: play-dough, stuffed toys, science projects, and other manipulatives possibly contaminated in normal use.
  - Foods or beverages brought to school for seasonal events including traditional Canadian holidays, celebrations and/or multi-cultural events.
  - School equipment, including computer keyboards, musical instruments, locks/lockers, and trash containers.

#### **Field Trips Ideas**

In addition to the usual school safety precautions applying to field trips, the following procedures should be in place to protect the anaphylactic child:

- Require all supervisors, staff and parents be aware of the identity of the anaphylactic child, the allergens, symptoms and treatment.
- Ensure that the auto-injector is brought on the field trip.

#### **SECTION 3 - TRAINING**

On an annual basis the Principal will ensure that:

- All school-based staff who are reasonably expected to have supervisory responsibility are provided an orientation/in-service on anaphylaxis, including, but not limited to, administrators, clerks, teachers, teacher assistants, noon hour supervisors, and volunteers.
- All school-based staff are trained on how to respond to an anaphylaxis emergency.
- Training on anaphylaxis includes, but not be limited to, the following:
  - An overview of the emergency plan(s), including emergency protocols to deal with an anaphylaxis episode, and the use of epinephrine auto-injector.
  - Information on which students in the school have been diagnosed with anaphylaxis.
  - Signs, symptoms and information about the potential sources of specified allergens including visible and hidden food sources of allergens such as prepared foods.

The training noted above must be prepared in consultation with an expert in anaphylaxis and should be completed prior to the beginning of the school year

Ensure that any and all staff, including teachers, teacher assistants, school clerical staff and bus drivers who have a student diagnosed with anaphylaxis, receive specific information and training concerning the student.