

AP 317 APPENDIX – ANAPHYLAXIS EMERGENCY RESPONSE PROTOCOL

Background

Even when precautions are taken, an anaphylactic student may come into contact with an allergen while at school. It is essential that the school develops a response protocol, and that all staff is aware of how to implement it. A separate emergency plan shall be developed for each anaphylactic child, in conjunction with the child's parents and physician, and kept in a readily accessible location. The plan must clearly identify individual roles.

Students with anaphylaxis usually know when a reaction is taking place. School personnel are encouraged to listen to the child. If the student complains of any symptoms, which could signal the onset of a reaction, staff must immediately implement the emergency response. There is no danger in reacting too quickly, but grave danger in reacting too slowly.

The Division shall be aware of local ambulance regulations and take them into account when developing procedures. In some cases, ambulance attendants are not qualified to administer epinephrine.

Procedures

1. Emergency Plans – Every emergency plan should include procedures to:
 - 1.1 Communicate the emergency rapidly to a staff person who is trained in the use of the auto-injector;
 - 1.2 Administer the auto-injector (Note: Although most anaphylactic children learn to administer their own medication by about age eight (8), individuals of any age may require help during a reaction because of the rapid progression of symptoms, or because of the stress of the situation. Adult supervision is required);
 - 1.3 Telephone 911 or an ambulance (Inform the emergency operator that a child is having an anaphylactic reaction; in some areas, hospitals will send a physician on the ambulance to begin emergency treatment at once);
 - 1.4 If no ambulance service is available, transport the child to hospital at once;
 - 1.4.1 Telephone the hospital to inform them that a child having an anaphylactic reaction is en route;
 - 1.4.2 Notify the provincial police and provide them with a description of the vehicle and license number if transportation is by car;
 - 1.5 Telephone the parents of the child;
 - 1.6 Re-administer epinephrine every ten to fifteen (10 to 15) minutes while waiting for the ambulance and en route to the hospital, if breathing does not improve or if symptoms reoccur; and
 - 1.7 Assign a staff person to take extra auto-injectors, accompany (or follow, if necessary) the child to the hospital, and stay with him or her until a parent or guardian arrives.

2. Location of Auto-injectors

- 2.1 Auto-injectors should be kept in a covered and secure area, but unlocked for quick access. Although epinephrine is not a dangerous drug, the sharp needle of the self-injector can cause injury, especially if injected into the fingertip.
- 2.2 As soon as they are old enough, students should carry their own auto-injectors. Many young children carry an injection kit in a fanny pack around their waist at all times.
- 2.3 An up-to-date supply of auto-injectors, provided by the parents, should be available in an easily accessible, unlocked area of the child's classroom and/or in a central area of the school (office or staff room).

Note: Auto-injectors are expensive. If families have difficulty supplying the school with an adequate supply, the Division will consider seeking financial assistance to ensure that medication is available, whenever and wherever it is required.

- 2.4 All staff should know the location of the auto-injectors. Classmates should be aware of the location of the auto-injector in the classroom.

3. Training older Students to Assist

- 1.1 Older students may be trained to administer the auto-injector, and can play a role in the emergency response, particularly in a secondary school setting. Information about anaphylaxis and auto-injector training may be included in the health curriculum.

4. Role-playing

- 4.1 The school may occasionally simulate an anaphylactic emergency – similar to a fire drill – to ensure that all elements of the emergency plan are in place.

5. Review Process

- 1.1 School emergency procedures for each anaphylactic student should be reviewed annually with staff and parents. In the event of an emergency response, an immediate evaluation of the procedure should be undertaken.

Reference: Sections 85, 87, 108, 109, 175, 188, 190 Education Act
Emergency Medical Aid Act
Anaphylaxis in Schools and Other Child Care Settings by Canadian Society of Allergy and Clinical Immunology, 2005 (www.csaci.ca/schools.html)