

Anaphylaxis Policy Contents

Section I ...New Policy with copy of updated Epipen Order, and protocol

Section II...Anaphylaxis Management Algorithm

Section III...Demonstration of Epipen use for all staff members and certificate of demonstration

Section IV...Copies of: medication release form, Food Allergy and Bee Sting Emergency Care Plan, health history, and new physical form.

Section V...Copy of online power point ‘Caring for Students with Life-Threatening Allergies

Formed 10/08

McGraw Central School Anaphylaxis Policy

Policy statement and purpose:

The McGraw Central School District believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole community responsibility. The school is committed to:

- Providing as far as practical, a safe and healthy environment.
- Raising awareness about allergies and anaphylaxis among the school community and children in attendance.
- Ensuring each staff member and other relevant adults has adequate knowledge of allergies, anaphylaxis and emergency procedures.
- Facilitating communication between all staff, students and families to ensure the wellbeing of children at risk for anaphylaxis.

Scope:

This policy applies when a child is diagnosed as being at risk for anaphylaxis and is enrolled in school. It applies to the whole school community, students, parents/guardians and school volunteers.

Background:

Anaphylaxis is a severe, life-threatening allergic reaction. Up to two percent of the general population and up to five percent of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow milk, bee or other insect stings, and some medications.

Young children may not be able to express the symptoms of anaphylaxis.

A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline auto-injector called an EpiPen.

The school recognizes the importance of staff responsible for the child/ren at risk of anaphylaxis undertaking training that includes preventative measure to minimize the risk of an anaphylactic reaction, recognition of the signs and symptoms of anaphylaxis and emergency treatment, including administration of an EpiPen.

Staff and parents/guardians need to be made aware that it is not possible to achieve a completely allergen-free environment in any school that is open to the general community. Staff should not have a false sense of security that an allergen has been eliminated from the environment. Instead the school recognizes the need to adopt a range

of procedures and risk minimization strategies to reduce the risk of a child having an anaphylactic reaction, including strategies to minimize the presence of the allergen in the school.

Definitions:

Allergen: A substance that can cause an allergic reaction.

Allergy: An immune system response to something that the body has identified as an allergen. People genetically programmed to make an allergic response will make antibodies to particular allergens.

Allergic reaction: A reaction to an allergen. Common signs and symptoms include one or more of the following: hives, tingling feeling around the mouth, abdominal pain, vomiting and/or diarrhea, facial swelling, cough or wheeze, difficulty swallowing or breathing, loss of consciousness or collapse (child pale or floppy), or cessation of breathing.

Anaphylaxis: A severe, rapid and potentially fatal allergic reaction that involves the major body systems, particularly breathing or circulation systems.

Anaphylaxis action plan: A medical management plan prepared and signed by a doctor providing the child's name and allergies, with clear instructions on treating an anaphylactic episode. A sample form will be included at the end of this policy.

Anaphylaxis management training: Training provided at the McGraw School District yearly by the registered nurses in each building. Training includes but is not limited to return demonstration, power point presentation sent to each staff member for review, confidential health history summary for staff in each building including a section for students with epi pens.

Children at risk of anaphylaxis: Those children whose allergies have been medically diagnosed and who are at risk of anaphylaxis.

EpiPen: A device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered.

EpiPen kit: An insulated container, for example an insulated lunch pack. The kit should contain a current EpiPen, a copy of the child's anaphylaxis action plan, and telephone contact details for the child's parents/guardians, the doctor/medical service and the person to be notified in the event of a reaction if the parents/guardians cannot be contacted.

Intolerance: Often confused with allergy, intolerance is a reproducible reaction to a substance that is not due to the immune system. (i.e. lactose intolerance)

No food sharing: The practice where the child at risk of anaphylaxis eats only that food that is supplied or permitted by the parents/guardians, and does not share food with, or accept other food from any other person.

Nominated staff member: The nurse in each building is responsible for obtaining EpiPen's and keeping them current.

Risk minimization: A practice of reducing risks to a child at risk of anaphylaxis by removing, as far as is practicable, major sources of the allergen from the school and developing strategies to help reduce risk of an anaphylactic reaction.

Emergency Care plan: A plan specific to the school that specifies each child's allergies, the ways that each child at risk of anaphylaxis could be accidentally exposed to the allergen while in the care of the school, practical strategies to minimize those risks, and who is responsible for implementing the strategies. The risk minimization plan should be developed by families of children at risk of anaphylaxis and staff at the school and should be reviewed at least annually, but always upon the enrollment or diagnosis of each child who is at risk of anaphylaxis.

Pathophysiology and Treatment:

Signs and Symptoms of Anaphylaxis Include:

Anaphylaxis can affect any part of the body and cause various symptoms. The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock, which are potentially fatal. Other signs and symptoms are hives, itching, red water eyes, runny nose, vomiting, diarrhea, stomach cramps, change of voice, coughing, wheezing, throat tightness or closing, difficulty swallowing, difficulty breathing, sense of doom, dizziness, fainting or loss of conscience, change of skin color.

Medications:

- Epinephrine
- Antihistamines (Benadryl)

Treatment is centered on treating the rapidly progressing effects of histamine release in the body with epinephrine. The allergen should also be removed immediately.

The health offices will have standing orders written by the district's MD to administer Epi-pens in the event of unsuspected anaphylaxis and those students who we are aware of.

EpiPen Administration Protocol

If student is known allergic, follow protocol as per physician order. If no instructions are on file and/or this is a previously undiagnosed student:

1. If signs and symptoms of anaphylaxis – instruct someone to **call 911. If no one else is around administer to the student first.**
2. Follow Anaphylaxis Management Tree.
3. Inject EpiPen into fatty part of outer thigh (through clothes is fine). **HOLD FOR 10 SECONDS.** A child weighing between 30-60 pounds will be given EpiPen Jr. A child weighing over 60 pounds will be given EpiPen.
4. Immediate evacuation to the nearest medical facility. A copy of the student's emergency record should be sent with the EMS.
5. A repeat injection may be given in 15-20 minutes if symptoms do not improve or before medical assistance arrive by a **licensed health care provider only.**
6. Monitor blood pressure. Elevate legs if the blood pressure is low.
7. Cover with blankets if necessary to keep warm; don't allow blankets to interfere with handling or observation.
8. Notify parents/guardians.
9. Notify school Md.

The general standing order must be renewed each school year by the Health Office.

School Physician

Date

Updated 10/08

Action Steps for Anaphylaxis Management

Nursing Obligations

- Identify students at risk.
- Nurse is responsible to check for outdated Epipens each quarter.
- Confidential Food list will be prepared for Dietary Staff, along with MD documentation of allergy
- Communicate with all staff members. Including bus drivers.
- When identified with children at risk, only specific buses will get Epipens.
- Train all staff in recognizing anaphylaxis and administering Epipens. This will be done on the first day of school in each building.
- Open line of communication between staff and parents especially with the Health Office.
- Parents are responsible to provide their child's epi-pen. *Each Health Office will have an Epipen on hand for each student who can not provide one.
- Have individual Emergency Care plans completed per each student who has a Medical Provider documented anaphylaxis. Overseen by each nurse.
- Collaborate with Dietary Staff and provide necessary documentation regarding students and food allergies.
- In the high school setting-allow self directed students as assessed by the school nurse to carry life saving medication with prior approval by the medical provider, and according to health practice and procedures, as long as duplicate life saving medication is also maintained in the health office in the event that the self-carrying student misplaces their medicines.
- At recess staff members will have a walkie-talkie and an Epipen for recess. The Health Office will initiate this for safety until the nurse can get out to the playground.
- Each Nursing office will have a walkie-talkie while recess and outside Physical Education classes are occurring. As well as the staff that this affects.
- For Physical Education classes that occur in the 'upper field', the teacher will be provided with an Epipen and 'walkie-talkie'.
- In the event that an Epipen is used, all children will be transported to Cortland Regional Medical Hospital.

Dietary Staff

- Ensure that foods are stored in separate containers
- Minimize cross contamination of foods
- Tables are wiped down in between meals with disinfectant
- Confidential food list will be obtained from school nurse by first day of school
- Students will be supervised during eating
- Students will be reminded of 'no food sharing'

Teachers

- Obtain confidential health history lists from nurse pertaining to all important health issues.
- Teachers will also collaborate with parents to create a safe environment at school
- Teachers can specify a range of foods that parents/guardians may send for snack or parties and note particular foods and ingredients that should **not** be sent.
- Will make sure that they have a 'walkie-talkie' and EpiPen at recess. For both playgrounds.
- Teachers will make sure that when they call in an emergency they will specify what playground they are calling in from..(ie. Creative playground or West playground)

Maintenance

- Regular inspection of play areas to eliminate bees/wasps etc.
- Eliminate shrubs/plants that draw bees at doorways into buildings.

Bus Drivers

- Ensure safety on the bus, ensure that EpiPen is readily available and you have a copy of the Anaphylaxis plan of care that has been reviewed.
- Collaborate as needed with each Health Office.

RESOURCES

- **Student Health History**
- **Individualized Care Plan for Anaphylaxis**
- **Online training course at www.schoolhealthservicesny.com to be emailed to each staff member**
- **Confidential Health History to be completed for the first day of school for appropriate staff. Full list to main office and teachers. Food/ Emergency list to all other personnel.**

