

# Managing Anaphylaxis in Elementary Schools Webcast

## Frequently Asked Questions

**Live Broadcast:** Wednesday, October 22, 2008



### *You asked about....*

#### **Epinephrine Auto-Injectors**

- **Self-administration:** Individuals may not physically be able to self-administer epinephrine when they are suffering from a reaction. They may be anxious about using a needle, may downplay the seriousness of a reaction, or may not want to draw attention to themselves. They may also be confused. Assistance from others is crucial in these circumstances.
- **Contraindications:** There are no contraindications to using epinephrine for a life-threatening allergic reaction. Simply put, this means that in normally healthy individuals, epinephrine will not cause harm if given unnecessarily. Possible side effects from epinephrine can include: rapid heart rate, flushing or pallor (paleness), dizziness, weakness, tremors and headache. These side effects are generally mild and subside within a few minutes.
- **Training devices:** Auto-injector trainers or demonstrators are must-have teaching tools which allow for hands-on learning. The auto-injector trainers look like the real devices but do not contain a needle or medication. Practice with an auto-injector trainer allows people to become familiar with the administration technique.

#### **Anaphylactic Reactions**

- **Onset of 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.
- **Predictability:** Specific warning signs as well as severity and intensity of symptoms can vary from person to person and sometimes from attack to attack in the same person.
- **Most common triggers:** Although many substances have the potential to cause anaphylaxis, the most common triggers are foods and insect stings (e.g. bees, wasps, and hornets). In Canada, the most common food allergens are: peanut, tree nuts (e.g. almond, hazelnut, cashew, pistachio, etc.), milk, egg, fish, shellfish, sesame seeds, soy, and wheat.
- **Anaphylaxis and asthma:** People with asthma who are also diagnosed with anaphylaxis are more susceptible to severe breathing problems when experiencing an anaphylactic reaction. It is extremely important for asthmatic patients to keep their asthma well controlled. In cases where an anaphylactic reaction is suspected but there is uncertainty whether or not the person is experiencing an asthma attack, epinephrine should be used first.
- **Use of antihistamines:** Antihistamines and asthma medications must not be used as first line treatment for an anaphylactic reaction. While they will do no harm when given as additional or secondary medication, they have not been proven to stop an anaphylactic reaction. The main benefit of antihistamines is in treating hives or skin symptoms.

**Disclaimer:** The information provided is not intended to give medical or legal advice. Consult with a physician about concerns/questions specific to your situation. References to websites and other organizations are for information only and do not represent an endorsement.

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## School Issues

- **Staff Training:** Standardized training should be provided once a year at a minimum, preferably around the start of the school year. Training should include ways to reduce the risk of exposure, recognition of signs and symptoms of anaphylaxis and when and how to give the epinephrine auto-injector.
- **Creating awareness:** The entire student population should be educated regarding the seriousness of anaphylaxis and be taught how to help their peers. This could be achieved through general awareness sessions in an assembly or a special health lesson. Peers should be taught that bullying and teasing students at risk of anaphylaxis is unacceptable. Bullying and teasing incidents should be dealt with immediately.
- **Legal issues:** Parents should sign a consent form allowing the school staff to use epinephrine when it considers it necessary, in an allergic emergency. Parents should **not** sign a waiver absolving the school of responsibility if epinephrine was not injected. Schools should not ask parents to sign such a waiver.
- **Location of epinephrine auto-injectors:** Auto-injectors must be kept in locations which are easily accessible and not in locked cupboards or drawers. These locations should be known to all staff members and caregivers. Individuals who are at risk of anaphylaxis should always carry an auto-injector with them (i.e. on their person) and tell others where they are kept, in case of an emergency.
- **Back up auto-injector:** Having a back-up dose of epinephrine available as a precautionary measure is advisable. It is beneficial for schools to have an epinephrine auto-injector as a standard item in their emergency first-aid kit.
- **Food in the classroom:** The use of food in crafts and cooking classes may need to be modified or restricted depending on the allergies of the children. Food should not be left out where young children with food allergy can help themselves. Non-food items such as stickers and pencils should be considered for some class and school celebrations where young children are involved. If teachers have a system in place to reward students, they should consider non-food items or extra time for a special activity.
- **Providing ingredient lists:** Ingredients of food brought in for special events by the school community, served in school cafeterias, or provided by catering companies should be clearly identified. Parents of food-allergic children should be consulted when food is involved in class activities.
- **Insect sting allergy:** General guidelines to reduce the risk of exposure to insect stings include keeping garbage cans covered with tightly fitted lids in outdoor play areas and restricting eating areas to designated locations inside the school building during daily routines.
- **School bus strategies:** All children should be encouraged to comply with a 'no eating' rule during daily travel on school buses.