

ANAPHYLAXIS (SEVERE ALLERGIES)

Background

The Division believes that every effort should be made to minimize the risk of exposure to potentially life threatening allergens for students with severe allergies, without depriving them of normal peer interactions, or placing unreasonable restrictions on the activities of other students in the school.

Anaphylaxis is the medical term for “allergic shock” which can be very rapid and deadly. While peanut is by far the most common allergen causing anaphylaxis in school-aged children, tree nuts, cow’s milk, eggs, fish and shellfish are relatively common lethal allergens as well. Other foods can trigger anaphylactic reactions in some individuals as well as some non-food allergens including insect venom, medications and latex.

An anaphylactic reaction can develop within seconds of exposure. It may begin with itching, hives or swelling of the lips or face; within moments, the throat may begin to close, choking off breathing and leading to death. Because there is no way of ensuring that schools can provide a peanut-free or allergen-free environment, this administrative procedure outlines procedures for responding to an anaphylactic emergency, including the training of school personnel in the use of an epinephrine auto-injection device like EpiPen®.

The three major areas covered in this administrative procedure include the following:

1. information and awareness
2. responsibilities of parents, students, principal, staff members and supervisors
3. emergency response procedures in case of accidental exposure

Definitions

1. “allergen” means a substance which provokes an allergic response and includes bee or wasp venom, certain foods, and latex and other chemicals;
2. “injector” means a syringe and needle which contains a pre-measured dose of epinephrine or adrenaline and includes EpiPen®, Anakit® and other pre-loaded auto-injectors;
3. “severe allergy” means a severe allergic reaction or anaphylactic response to an allergen which, if left untreated, can lead to sudden death.
4. “anaphylaxis” means a severe systemic allergic reaction which can be fatal, resulting in circulatory collapse or shock, and “anaphylactic” has a corresponding meaning;

Procedures

Section A: Educating the School Community

1. As soon as possible at the start of each school year, the Principal will arrange for the public health nurse to in-service members of the school community, regarding background

information about allergies and anaphylaxis, recognition of severe allergic reactions, use of injectors and safety procedures.

2. Division Office personnel will provide in-service for bus drivers.
3. After being notified by parents of an anaphylactic situation, the Principal must ensure that all relevant members of the school community have appropriate information about each student's condition and appropriate responses. The Principal may recall the public health nurse to help in any situations applicable.
4. With the consent of the parent, the Principal and the classroom teacher will ensure that the student's classmates are provided with information on severe allergies in a manner that is appropriate for the age and maturity level of the students. Strategies to reduce teasing and bullying should also be incorporated in this information.
5. With the consent of the parent or guardian, the Principal will post a picture of the student with severe allergies, with a description of the allergy and the student's emergency plan in a central, but not a public, location at the school.

Section B: Responsibilities

1. Parents or guardians of students with severe allergies must:
 - a. advise the Principal, home-room teacher, bus driver and out-of-classroom volunteers regarding the student's severe allergy,
 - b. provide and keep emergency contact information current,
 - c. assist the Principal by asking the student's medical doctor to complete the Severe Allergy Alert Form,
 - d. provide the Principal with a recent photograph of the student,
 - e. provide the student with a Medic Alert bracelet or other suitable identification,
 - f. provide the student with a case containing at least one unexpired injector or other medication as prescribed by a physician and ensure that the student has the case or medication readily available, while at school, on field trips, or at other school events and activities,
 - g. check expiry dates of medication and injectors and replace them as necessary,
 - h. provide snacks and lunches for the student in the case of severe food allergies,
 - i. work in conjunction with the public health nurse and the Principal to provide educational information about severe allergies to other parents and the school community.
2. Students with severe allergies must:
 - a. eat only foods brought from home unless authorized by the parents in writing,
 - b. wash their hands before eating,
 - c. learn to recognize symptoms of a severe allergic reaction,
 - d. promptly inform a teacher or an adult as soon as accidental ingestion or exposure to an allergen occurs, or symptoms of a severe allergic reaction appear,
 - e. keep an injector or medication handy at all times,
 - f. when age appropriate, know how to use an injector or take medication.
3. The Principal is responsible for planning the coordination and management of students who have severe allergies and must:
 - a. advise the parents of the student with severe allergies of this policy,
 - b. consult with and advise the parents of the student with severe allergies, the school

- council and the school community, of any school specific procedures regarding severe allergies,
- c. request that the parents or guardians sign the Authorization to Administer Medication form,
 - d. advise all staff members and volunteers (classroom and out-of-classroom), regarding students who have severe allergies, as early as possible in the school year.
 - e. ensure that an emergency plan is developed for each student with severe allergies, in cooperation with the parents, and ensure that the emergency plan and contact information are kept in a readily accessible location at the school;
 - f. ensure that the various components identified in *Section A: Educating the School Community and Section C: Emergency Response Protocol*, are carried out.
4. The classroom teacher of a student with severe allergies should:
- a. discuss anaphylaxis with the class, in age-appropriate terms (the public health nurse will assist or present when requested),
 - b. discourage allergenic foods and substances for classroom events,
 - c. facilitate communication with other parents,
 - d. provide information about students with severe allergies in an organized, prominent and accessible format for substitute teachers,
 - e. ensure that appropriate medication is taken on field trips,
 - f. ensure that appropriate and knowledgeable adults accompany field trips, and
 - g. be knowledgeable in the recognition of a severe allergic reaction, the use of injectors and the emergency plan for that student.
5. Staff and volunteers (including those involved with serving food to students) who supervise students with severe allergies in a lunchroom or playground setting must:
- a. know the school's emergency response protocol,
 - b. encourage students not to share or trade food,
 - c. encourage the student with severe allergies to eat only what is brought from home,
 - d. reinforce hand-washing before and after eating,
 - e. follow school policies for reducing risk in classrooms and common areas, and
 - f. encourage an empathetic understanding of severe allergies and the seriousness of the consequences.
 - g. even if not preauthorized to do so under section 6(1) of BILL 201, an employee may administer an epinephrine auto-injector or other medication prescribed to a student for the treatment of an anaphylactic reaction if the employee has reason to believe that the student is experiencing an anaphylactic reaction.
 - h. no action lies or may be commenced against a person for anything done or omitted to be done by that person in good faith in response to an anaphylactic reaction in accordance with this Act (BILL 201) unless it is established that the act or omission was caused by gross negligence on the part of that person. (2) For greater certainty, nothing in subsection (1) affects any protection available to a person under the Emergency Medical Aid Act.
6. A board shall ensure that a minimum of one epinephrine auto-injector is maintained in accordance with the regulations in each school operated by the board.

Section C: Emergency Response Protocol

1. The Principal must ensure that a separate emergency response plan for each student with severe allergies, is cooperatively developed by school personnel and the child's parents.
2. The emergency plan shall include a rapid response procedure to:

- a. administer epinephrine,
 - b. contact 911 to transport child to hospital if necessary,
 - c. contact the child's parents
 - d. include a familiar and trusted adult to accompany the child,
 - e. ensure puffers, Epipens®, Anakits® are readily available for classroom and outdoor access.
3. Any injectors which are not in the child's possession are stored in a covered, secure and accessible location at the school. All teaching and non-teaching staff should be aware of the location of the injectors.

December 2003

Updates: June, 2013; January 2020

References

BILL 201 – Legislative Assembly of Alberta
Section 11, 33, 52, 53, 196, 197, 222 Education Act