

ANAPHYLAXIS

Background

The District, in keeping with its responsibility to provide a safe and caring environment for students and staff, acknowledges its responsibility to provide a safe environment for students who are identified as being susceptible to anaphylactic reactions due to individual, life-threatening allergies.

Accordingly, and recognizing that it is not possible to guarantee an allergen-free environment, it is expected that schools in the District will create "allergy-aware" or "allergy-safe" environments that minimize the extent to which students with severe allergies are at risk of exposure to potentially life-threatening allergens. Notwithstanding, it is also expected that Principals will enable normal peer interactions that do not place unreasonable restrictions on the activities of others in the school.

These responsibilities can best be met, and the development of response protocols to situations involving students who are at risk of life-threatening allergies can best be undertaken, in a collaborative environment including individual students or staff members, parents, health care providers and District personnel.

At times, it may be necessary to provide an appropriate emergency medical response in the event of an anaphylactic reaction. This Administrative Procedure authorizes District employees to provide such a response.

Definitions

Allergen means a substance capable of inducing allergy or hypersensitivity. Examples include pollens, moulds, animal dander, house dust mites, foods, insect stings, medications, and natural latex. It is also the purified protein(s) used to test hypersensitivity.

Allergen-free environments mean school sites that provide assurance that life-threatening allergens are not present at the site.

Allergy means an abnormal reaction of the body to a previously encountered allergen introduced by inhalation, ingestion, injection, or skin contact, often manifested by itchy eyes, runny nose, wheezing, skin rash, or diarrhea; also hypersensitivity to the reintroduction of an allergen.

Allergy-aware or allergy-safe environments mean school sites that provide comprehensive information about allergens, allergies and anaphylaxis to students, parents and staff members, and that minimize the extent to which individuals at the site who have severe allergies are at risk of exposure to potentially life-threatening allergens.

Anaphylaxis means a severe systemic allergic reaction to any stimulus that has a sudden onset, involves one or more body systems with multiple symptoms, and can be life threatening. As such, it requires avoidance strategies as well as an immediate response and intervention in the event of an emergency.

Procedures

1. Each Principal shall establish and maintain comprehensive school-wide anaphylaxis plans and individual anaphylaxis plans for students and staff members identified as having anaphylactic reactions to life-threatening allergens. These plans shall be consistent with the terms of this Administrative Procedure.
2. A school-wide Anaphylaxis Plan shall include:
 - 2.1 Strategies that reduce the risk of exposure to anaphylactic causative agents in classrooms and common school areas, as well as in non-traditional settings such as field trips and extra-curricular activities. Avoidance strategies are to be appropriate for the developmental age of students and the particular allergen.
 - 2.2 A communication strategy for the dissemination of information, education and awareness on life-threatening allergies.
 - 2.3 Provision for parents and when appropriate, students, to supply information on life-threatening allergies when completing the District's Student Registration Form.
 - 2.4 Provision for the notation, on the District's Student Information System, of information received from parents and students.
 - 2.5 Provision for the development of a medical/ emergency response plan for each person who has an anaphylactic allergy.
 - 2.6 Provision for regular training on dealing with life-threatening allergies for employees and volunteers who are in direct contact with students on a regular basis.
 - 2.7 Strategies to respond to anaphylactic reactions in classrooms and common school areas, as well as in non-traditional settings such as field trips and extra-curricular activities.
3. Individual Anaphylaxis Plans
 - 3.1 Each person's anaphylactic reaction to life-threatening allergens is unique and must be dealt with on an individual basis.
 - 3.2 Individuals are encouraged to have an identification system, such as a Medic-Alert® bracelet, to identify their allergy.
 - 3.3 An individual plan for a student with an anaphylactic allergy shall be consistent with this Administrative Procedure and shall include:
 - 3.3.1 Written diagnosis, current treatment, emergency procedures, emergency contact information and appropriately signed consent form for administration of medication.
 - 3.3.2 Details informing employees who are in contact with the individual on a regular basis of the type of allergy, symptoms, monitoring, avoidance strategies, standard treatment and medical/ emergency response plan.

- 3.3.3 Emergency procedures that are readily accessible and include emergency contact information.
 - 3.3.4 Instructions and provision for safe and accessible storage of epinephrine auto-injectors.
 - 3.3.5 A requirement that, in the event of an anaphylactic reaction, Emergency Services (911) be contacted and individuals receiving emergency epinephrine be transported to hospital immediately for evaluation and observation.
 - 3.3.6 The parent's written agreement with the plan.
 - 3.3.7 Provision for annual review of each individual plan.
4. The student's parent and the student as appropriate, shall be requested to undertake the following responsibilities:
- 4.1 Keep the school informed regarding diagnosis, treatment, emergency procedures and contact information.
 - 4.2 Supply auto-injectors as needed.
 - 4.3 Ensure that information in the student's individual plan is kept up-to-date.
5. Administration of Medication:
- 5.1 In accordance with the terms of Administrative Procedure 313 – Medical Treatment of Students, employees may be authorized to administer medication or to supervise a student while he or she takes medication in response to an anaphylactic reaction, if the school has up-to-date treatment information and the consent of the parent, or student.
 - 5.2 When a parent provides consent for school personnel to administer medication to a child, the parent shall provide the needed medication to the Principal and the Individual Anaphylaxis Plan shall include written instructions for use.
 - 5.3 Provision for the consent for the administration of medication shall be incorporated within the Individual Anaphylaxis Plan outlined in section 3.
 - 5.4 When a student is known to have a life-threatening allergy, but no pre-authorization to administer an epinephrine auto-injector or other medication prescribed to the student for the treatment of an anaphylactic reaction has been provided to the Principal, an employee may administer an epinephrine auto-injector or other medication prescribed to the student for the treatment of an anaphylactic reaction, if the employee has reason to believe that a student is experiencing an anaphylactic reaction.
 - 5.5 Employees shall not administer medication to individuals for whom a diagnosis of a life-threatening allergy has not been provided to the Principal, unless otherwise directed by Emergency Services personnel.
 - 5.6 Notwithstanding clauses 5.4 and 5.5 above, employees who encounter situations that require the emergency administration of medication and/ or medical assistance, and who do so acting in good faith, are advised of the protection that is afforded to them under the Emergency Medical Aid Act.

6. Incident Debriefing:

- 6.1 Following an anaphylaxis event, there shall be a debriefing session with regard to exposure, response and lessons learned in order to enhance the school's capacity to reduce risk in the future.
- 6.2 Debriefing sessions are to minimally include participation by:
 - 6.2.1 The student's parent;
 - 6.2.2 The student (where age appropriate);
 - 6.2.3 Relevant school personnel; and
 - 6.2.4 A nurse or other appropriate health professional.
- 6.3 Where appropriate, information gained through the debriefing session is to be shared with other schools to enhance overall capacity throughout the District.

Approved: January 2019

Reference: Section 12, 16.2, 18, 20, 45, 45.1, 60, 61, 113 School Act
Freedom of Information and Protection of Privacy Act
Emergency Medical Aid Act
Occupational Health and Safety Act
Guidelines for Child/Student Focused Medication Management (CSFMM) In Preschool and School Settings - Alberta Health Services
Allergy Anaphylaxis Information Response (resource kit), Alberta Education, 2008
Anaphylaxis in Schools and Other Settings, Canadian Society of Allergy and Clinical Immunology, 2005
[Anaphylaxis: A Handbook for School Boards-Canadian School Boards Association](#)
ATA Provision of Medical Services to Medically Fragile Students