

ANAPHYLAXIS (SEVERE ALLERGIES)

Background

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, dairy products, eggs, fish and shellfish are relatively common lethal allergens as well. Other foods trigger anaphylactic reactions in some individuals as well as some non-food allergens including insect venom, medications and latex. In rare cases, vigorous exercise has also triggered anaphylaxis.

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 document 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: information and awareness; responsibilities of parents/guardians, students, Principal, teachers and supervisors and emergency response procedures in case of accidental exposure.

Every effort is to be made to be an allergy aware school and to minimize 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. Our schools are to make every effort to be free of allergens.

Any school or Division owned property is to be an "Allergy Aware" area for the benefit of all members of our community.

Definitions

Allergen means a substance that provokes an allergic response and includes bee or wasp venom, certain foods and latex and other chemicals.

Injector means a syringe and needle which contain a pre-measured dose of epinephrine or adrenaline and includes EpiPen™ and other pre-loaded auto-injectors.

Severe allergy means a severe allergic reaction or anaphylactic response to an allergen which, if left untreated, can lead to sudden death.

Allergy Aware means that members of the community within a building have received training and awareness of all those with life threatening allergies and understand their roles and responsibilities.

Procedures

1. Educating the School Community

- 1.1 The Principal must ensure that:
 - 1.1.1 All teaching and non-teaching school staff, and all playground and lunchroom supervisors receive training on an annual basis, regarding the recognition of a severe allergic reaction, the use of injectors and the emergency plan.
 - 1.1.2 The annual training courses that MUST be completed are:
 - M-161: Epinephrine Auto-Injector Use
 - C-104: Allergy and Anaphylaxis
 - 1.1.3 These on-line training courses, managed by EICS' OH&S Coordinator, are available at the following link: <https://www.theworks-intl-ca.com/LMS/login.php?url=http%3A%2F%2Fwww.theworks-intl-ca.com%2FLMS%2FflmsPersonCourses.php&di=50024>

If you have questions about these on-line courses, please contact EICS' OH&S Coordinator at Central Learning Services 780-449-6466.
 - 1.1.4 Transportation personnel are aware of students with allergies and will have medical aid available.
 - 1.1.5 All members of the school community have appropriate information about severe allergies including background information on allergies, anaphylaxis and safety procedures. This will include strategies that reduce risk to exposure to anaphylactic causative agents, monitoring and avoidance strategies, and appropriate treatments.
 - 1.1.6 The student's classroom teacher and 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 are also to be incorporated in this information.
 - 1.1.7 A picture of the student with severe allergies may be posted, with a description of the allergy and the student's emergency plan in a central, but not a public, location at the school.

2. Responsibilities

- 2.1 Parents/guardians of students with severe allergies must:
 - 2.1.1 Advise the Principal and homeroom teacher about the student's severe allergy.
 - 2.1.2 Provide and keep emergency contact information current.
 - 2.1.3 Assist the Principal by asking the student's physician to complete the [Life Threatening Allergy Alert Form 316-5](#).
 - 2.1.4 Provide the Principal with a recent photograph of the student.
 - 2.1.5 Provide the student with a Medic Alert bracelet or other suitable identification.

- 2.1.6 Provide the student with a case containing at least one (1) unexpired pre-loaded 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.
- 2.1.7 Check expiry dates of medication and injectors and replace them as necessary.
- 2.1.8 Provide snacks and lunches for the student.
- 2.1.9 Assist the Principal by supporting the provision of educational information about severe allergies to other parents/guardians and the school community.
- 2.1.10 Advise the school bus driver of the student's severe allergies.
- 2.1.11 Sign applicable consent form in accordance with this administrative procedure.
- 2.2 Students with severe allergies must:
 - 2.2.1 Eat only foods brought from home unless authorized by the parents/guardians in writing.
 - 2.2.2 Wash their hands before eating.
 - 2.2.3 Learn to recognize symptoms of a severe allergic reaction.
 - 2.2.4 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.
 - 2.2.5 Ensure that a pre-loaded injector is accessible.
- 2.3 The Principal is responsible for planning the co-ordination and management of students who have life-threatening allergies and must:
 - 2.3.1 Ensure that a minimum of one epinephrine auto-injector is maintained in a secure location in the school office.
 - 2.3.2 Advise the parents/guardians of the student with severe allergies of this administrative procedure.
 - 2.3.3 Consult with and advise the parents/guardians of the student with severe allergies, the School Council and the school community of any school specific procedures regarding severe allergies.
 - 2.3.4 Request that the parents/guardians sign the [Administration of Medication / Medical Treatment to Student Approval Form 316-1](#)
 - 2.3.5 Advise all staff members of students who have potentially life threatening allergies as soon as possible.
 - 2.3.6 Implement avoidance strategies to reduce the risk of an anaphylaxis reaction; such as:
 - 2.3.6.1.1 Provide adult supervision of young children who are eating.
 - 2.3.6.1.2 Encourage individuals with food allergies not to trade or share food, food utensils, or food containers.

- 2.3.6.1.3 Ensure parents, and staff supervising students work closely together to ensure that food served during lunch and snack programs are appropriate according to policies around food.
 - 2.3.6.1.4 The use of food in crafts or cooking classes may need to be modified or restricted depending on the allergies of children.
 - 2.3.6.1.5 Require staff to find alternatives to using food as a reward.
 - 2.3.6.1.6 Ensure that food brought in for special events by the school community, served in the cafeteria, or provided by catering companies be clearly identified.
 - 2.3.6.1.7 Encourage all children to wash their hands with soap and water before and after eating.
 - 2.3.6.1.8 Ensure that all tables, toys be carefully cleaned of contaminating foods.
 - 2.3.7 Request the consent of the parents/guardians to post the student's picture and display the emergency care plan.
 - 2.3.8 Ensure that an emergency plan is developed for each student with severe allergies, in co-operation with the parents/guardians and the student's physician, and see to it that the emergency plan and contact information are kept in a readily accessible location at the school.
- 2.4 The classroom teacher of a student with severe allergies must:
- 2.4.1 Discuss anaphylaxis with the class, in age-appropriate terms.
 - 2.4.2 Facilitate communication with other parents/guardians.
 - 2.4.3 Provide information about students with severe allergies in an organized, prominent and accessible format for substitute teachers.
 - 2.4.4 Ensure that appropriate pre-loaded injector medication is taken on field trips.
 - 2.4.5 Ensure that appropriate and knowledgeable adults accompany field trips.
 - 2.4.6 Be knowledgeable in the recognition of a severe allergic reaction, the use of injectors and the emergency plan for that student.
- 2.5 Staff and volunteers who supervise students in a lunchroom or playground setting must:
- 2.5.1 Know the school's emergency response protocol.
 - 2.5.2 Encourage students not to share or trade food.
 - 2.5.3 Encourage the student with severe allergies to eat only what they bring from home.
 - 2.5.4 Reinforce hand washing before and after eating.
 - 2.5.5 Follow school procedures for reducing risk in classrooms and common areas.

- 2.5.6 Encourage an empathetic understanding of severe allergies and the seriousness of the consequences.

3. Emergency Response Protocol

- 3.1 The Principal must ensure that a separate emergency response plan for each student with severe allergies is co-operatively developed by school personnel, the child's parents/guardians and the child's physician and/or health nurse.
- 3.2 The emergency plan shall include a rapid response procedure to:
 - 3.2.1 Administer epinephrine.
 - 3.2.2 Call 911 to contact an ambulance and respond as per their recommendation.
 - 3.2.3 Contact the health care facility.
 - 3.2.4 Contact the child's parents/guardians.
- 3.3 Any pre-loaded injectors provided by parents/guardians and the school division, and 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 are to be aware of the location of the pre-loaded injectors.

The following symptoms of a severe allergic reaction can occur within minutes or several hours after exposure to an allergy trigger:

- **Mouth:** itching, swelling of the lips and/or tongue
- **Throat*:** itching, tightness, closure, hoarseness
- **Skin:** itching, hives, redness, swelling
- **Gut:** vomiting, diarrhea, cramps
- **Lung*:** shortness of breath, cough, wheeze
- **Heart*:** weak pulse, dizziness, passing out (due to low blood pressure)

Within minutes, an allergic reaction may turn into a life-threatening severe allergic reaction. Sometimes the reaction can occur in two phases, with another reaction occurring up to 38 hours after the initial reaction.

In a severe allergic emergency, quick symptom recognition and immediate treatment are vital.

Using epinephrine immediately after a student has been exposed to an allergic trigger may prove to be life-saving!

Reference: Section 11, 33, 52, 53, 196, 197, 222 Education Act
Bill 201, Protection of Students with Life-Threatening Allergies Act
Emergency Medical Aid Act
Occupational Health and Safety Act
Alberta School Boards Association Policy Advisory: Anaphylaxis
Anaphylaxis in Schools & Other Settings. 3rd Edition Revised. 2005 – 2016 Canadian Society of Allergy and Clinical Immunology; www.allergyaware.ca

The following Forms may be applicable to this Admin Procedure:

- Form 316-1 Administration of Medication/Medical Treatment to Student Approval Form
- Form 316-3 Student Focused Medication Management Record Form
- Form 316-4 Asthma Alert
- Form 316-5 Life Threatening Allergy Alert