

Students with Severe (Anaphylactic) Allergies

AP 50-26

Background

The Division recognizes the dangers faced by students with severe or anaphylactic reactions (allergies). While the Division cannot guarantee an allergen-free environment, the Division will take reasonable steps to create an allergy-safe and allergy-aware setting.

These procedures align with the provisions in the *Education Act* for students' entitlement to "welcoming, caring, respectful and safe learning environments" and, the recognition of "the importance of an inclusive education system that provides each student with the relevant learning opportunities and supports necessary to achieve success."

The responsibility for communicating concerns about students with severe or anaphylactic reactions belongs to parents and to the students themselves, depending on the student's age and maturity. The management of students who are at risk of life-threatening allergies is a shared responsibility among the individual, parents, the school system, and health care providers.

Definition

Anaphylaxis is defined in Bill 201 (2019) as "a severe systemic allergic reaction which can be fatal, resulting in circulatory collapse or shock."

Epinephrine or Epi-pen auto-injector provides a dose of epinephrine which will offer up to fifteen (15) minutes time to get the affected person to emergency care at a hospital.

Medical Support Plan is a section of the individual program plan (IPP) that specifically addresses student medical needs. This is created by school staff in collaboration with parents and adds any additional information that is not covered by the anaphylaxis emergency plan.

Anaphylaxis Emergency Plan is a brief document that contains medical direction from the child's doctor, identifies allergens that trigger an anaphylactic reaction, and provides essential information needed in an emergency. This document should be easily accessible to all adults who come in contact with the student.

Roles and Responsibilities

Anaphylaxis management is a shared responsibility that includes allergic children, their parents, caregivers and the entire school community.

Parents

1. Parents are to make every effort to teach their allergic children to self-protect. Good safety habits are to be established from an early age. Parents:
 - a. Must educate the allergic child on avoidance strategies.
 - b. Are responsible for informing the school about the child's allergies, updating the school on any changes (e.g. diagnosis of an additional allergy or outgrowing an allergy). This need should be identified at enrolment in the school or as soon as possible after being identified by a medical practitioner.

- c. Must provide the child/school with an epinephrine auto-injector which is not expired.
- d. Must provide an anaphylaxis emergency plan from their doctor which provides allergy information, emergency contact numbers, and an emergency protocol.
- e. Need to provide consent allowing school staff to use an epinephrine auto-injector when they consider it necessary in an allergic emergency.
- f. Must provide non-perishable foods and safe snacks for special occasions (for food-allergic children).
- g. Are to communicate with school staff about field trip arrangements.
- h. Are to meet with food service staff to inquire about allergen management procedures and menu items, if their child is to eat foods prepared at school.

Children at Risk

1. Allergic children who have been diagnosed as being at risk of anaphylaxis must:
 - a. Have one (1) auto-injector with the child's name on it, kept in a readily available location, which is unlocked (preferably carried on the person).
 - b. Be encouraged to carry their own auto-injector when age-appropriate.
 - c. Be discouraged from eating foods that may cause an allergic reaction if they do not have an auto-injector with them.
 - d. Be very cautious when eating foods prepared by others.
 - e. Wear medical identification, such as a Medic Alert bracelet (or necklace for older children) which clearly identifies their allergy, or a special badge in the case of very young children in the nursery setting.
2. If required, the student's auto-injector should be used first and the school's used as the back-up.
3. Parents must be contacted anytime an epinephrine auto-injector is used.

Principal and Teachers

1. The Principal must ensure that all school staff receives training on an annual basis, regarding the recognition of a severe allergic reaction, the use of injectors and the emergency plan.
 - a. Recommended training courses from Public School Works are M-408 Anaphylaxis Awareness and Response and M-161 Epinephrine Auto-Injector Use: Canada.
 - b. Additionally, Allergyaware.ca has a program for school employees, it is free and also produces a certificate when completed.
2. The Principal should ensure that the general school auto-injectors have not expired.
3. The Principal ensures that the epinephrine auto-injector is kept in an easily accessible location and that all staff are aware of the location.
 - a. Principals may contact the Director of Student Services if new epinephrine auto-injectors are required during the school year.
4. Principals should provide bus drivers of regular bus riders with a copy of the anaphylaxis emergency plans.
5. Principals must ensure that an Individualized Program Plan (IPP) that includes the Medical Support Plan is completed for the student.
 - a. This Medical Support Plan must include current treatments, copies of prescriptions, instructions from health professionals, and a list of emergency contacts.
 - b. School staff are to consult with the parent before posting the child's plan. It is to be kept in areas which are accessible to staff, while respecting the privacy of the child (e.g. office, staff room, lunchroom or cafeteria).
 - c. Older children are often more reluctant to have their plan posted in the classroom where it is visible to all.

- d. The principal should ensure that coaches and volunteers who are working with children at risk of severe anaphylactic reactions are aware of and can implement the appropriate responses.
6. All school staff need to be aware of children who have an allergy that may predispose them to anaphylaxis and be prepared to treat an allergic reaction.
 - a. Information about children with life-threatening allergies is to be made available.
 - b. Many teachers keep a copy of their student's anaphylaxis emergency plans in their day book; this is where important information is organized for substitute teachers.
7. Principals need to ask parents to complete Form 5-23 Medication – Parent Consent.
 - a. All parties should be aware that Bill 201, section 7, provides that if an anaphylactic reaction is suspected, school staff may administer epinephrine or other prescribed medicine to the student even if there is no pre-authorized consent.
 - b. Staff should understand that Bill 201, section 8(1), provides protection from liability for a person acting in good faith in response to an anaphylactic reaction unless they were grossly negligent.
8. Teachers must collaborate with the parents of students of concern when planning for off-campus experiences and or any field trips, excursions or tours.
9. As part of the strategies that reduce the risk of exposure to anaphylactic causative agents in classrooms and school common areas, the Principal shall ask other parents of students in the affected student's class or bus to refrain from sending foods to school that contains the allergen.
 - a. Regular reminders shall be sent to staff, students, and parents regarding the problematic foods.
 - b. If parents or catered food is provided for special occasions, they shall provide complete ingredient lists.
 - c. Lists of ingredients should also be made available to older students in CTS classes that involve food.
10. The entire school population is to 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 health lesson.
 - a. Peers are to be taught that bullying and teasing students at risk of anaphylaxis is unacceptable. Bullying and teasing incidents are to be dealt with immediately.
 - b. Students shall be taught of the dangers to anaphylactic students of sharing or trading lunches.

Director of Transportation

1. Ensure bus drivers receive a list of all students on their buses who have been identified with severe allergies.

Director of Student Services

1. The Director of Student Services will ensure that all schools receive a new epinephrine auto-injector at the start of each school year.
2. Elementary schools will receive two epinephrine auto-injectors to accommodate the weight range of their students.

Reference:

[Education Act](#)

[Bill 201: Protection of Students with Life-Threatening Allergies Act](#)

[Emergency Medical Aid Act](#)

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

[Guidelines for Child/Student Focused Medication Management \(CSFMM\) In Preschool and
School Settings – Alberta Health Services](#)

[Form 5-23 Medication – Parent Consent](#)