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 do 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.

Schools will make every effort to promote awareness of allergies and to minimize risk of exposure to potentially life-threatening allergens for students with severe allergies without depriving these students of normal peer interactions or placing unreasonable restrictions on the activities of other students. Schools are to make every effort to be free of allergens.

Definitions

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

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 a regular basis, regarding the recognition of a severe allergic reaction, the use of injectors and the emergency plan.

        1.1.2 Transportation personnel are aware of students with allergies and will have medical aid available.

        1.1.3 All members of the school community have appropriate information about severe allergies including background information on allergies, anaphylaxis and safety procedures.

        1.1.4 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.

        1.1.5 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 location at the school that is central but not accessible to the public.

        1.1.6 School staff consult with the parent before posting the student's anaphylaxis emergency plan. It is to be kept in areas which are accessible to staff, while respecting the privacy of the student, e.g. office, staff room, lunchroom or cafeteria.

2. Responsibilities

    2.1 Parents/guardians of students with severe allergies

        2.1.1 Advise the Principal and homeroom teacher about the student's severe allergy.

        2.1.2 Develop an Anaphylaxis Emergency Plan that includes:

            A) Current emergency contact information for parent(s)/guardian

            B) A completed Severe Allergy Alert Form (Form 316-1) from the student's physician,

            C) A recent photograph of the student.

            D) A MedicAlert bracelet or other suitable identification.

E) A case containing at least one (1) unexpired pre-loaded injector or other medication as prescribed by a physician and confirmation that the student has the case or medication readily available while at school, on field trips, or at other school events and activities.

2.1.3 Providing snacks and lunches for the student.

2.1.4 Assist the Principal by supporting the provision of educational information about severe allergies to other parents/guardians and the school community.

2.1.5 Advise the school bus driver of the student's severe allergies.

2.1.6 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 parent(s)/guardian 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 Be encouraged to carry their own auto-injector when age appropriate.

2.2.6 Ensure that an EpiPen™ or other pre-loaded injector is accessible.

2.2.7 Wear medical identification, such as a Medic Alert bracelet (or necklace for older children) which clearly identifies their allergy.

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 Advise the parents/guardians of the student with severe allergies of this administrative procedure.

2.3.2 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.

2.3.3 Maintain a file for each anaphylactic student including any prescriptions, any instructions from health professionals and a current emergency contact list.

2.3.4 Request that the parents/guardians sign the Authorization to Administer Medication form (Form 315-1).

2.3.5 Advise all staff members of students who have potentially life-threatening allergies as soon as possible.

2.3.6 Request the consent of the parents/guardians to post the student's picture and display the emergency care plan.

2.3.7 Ensure that an emergency plan is developed for each student with severe allergies, in co-operation with the parent(s)/guardian 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.

2.3.8 Ensure that a minimum of one epinephrine autoinjector is maintained in 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 students with severe allergies to eat only what they bring from home.

2.5.4 Reinforce the need for 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 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.

Reference: Section 3, 7, 11, 33, 52, 53, 196, 197, 222 Education Act
Emergency Medical Aid Act
Occupational Health and Safety Act
ATA Provision of Medical Services to Medically Fragile Students
Anaphylaxis: A Handbook for School Boards, Canadian School Boards Association
Alberta School Boards Association Policy Advisory: Anaphylaxis