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### STUDENTS WITH SEVERE LIFE THREATENING (ANAPHYLACTIC) ALLERGIES

#### Background

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

These procedures align with the provisions in the *Education Act* (preamble 5, 9) 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.

#### Procedures

1. It is the responsibility of parents with anaphylactic children to identify their children to the Principal and bus driver and to ensure that their child wears an allergy alert bracelet. This need should be identified at enrolment in the school or as soon as possible after being identified by a medical practitioner. Parents must complete Anaphylaxis Alert Form (Form 317-01).
2. All staff members (certified and non-certified), including bus drivers, must be made aware that a child with anaphylaxis is attending their school or riding their bus and that child will be identified, individually before or immediately after the child registers at the school. Principals will provide a list of students who have been identified with severe allergies and a copy of the Anaphylaxis Alert Form 317-01 to the Transportation Department. The Transportation Department will ensure bus drivers receive a list of all students on their buses who have been identified with severe allergies.

3. As part of the strategies that reduce the risk of exposure to anaphylactic causative agents in classrooms and school common areas, the Principal will ask parents and students in the affected student's class or bus to refrain from sending/bringing allergen containing foods to school.
  - a) Regular reminders will be sent to staff, students, and parents regarding the problematic foods.
  - b) If parents provide food for special occasions, they will provide complete ingredient lists.
  - c) The Principal will avoid using the classroom(s) of an anaphylactic child as a lunch room. If the classroom must be used for that purpose, it must be established as an "allergen-free" area, using a cooperative approach with students and parents.
4. The Principal will request from the parents written information regarding:
  - the foods and/or allergens which trigger an anaphylactic reaction;
  - a treatment protocol, signed by the child's physician;
  - permission to post and/or distribute photographs and medical information in key locations such as classrooms, school bus, staff room, etc; and
  - parents must complete the Medical Care Application and Release Form (Form 316-01).

Staff and parents should be aware that Bill 201, section 7, provides that if an anaphylactic reaction is suspected, an employee may administer epinephrine or other prescribed medicine to the student even if there is no pre authorized consent. Staff and parents 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.

5. An Individualized Support Plan (ISP) must be completed for the student that includes the Medical Support Plan. This Medical Support Plan must include current treatments, copies of prescriptions, instructions from health professionals, and a list of emergency contacts.
6. Parents must be contacted anytime an epinephrine auto-injector is used on their child.
7. Photos and details regarding the needs of such students must be posted in prominent staff areas of the school. This should be readily accessible and include emergency procedures for each student, including emergency contact information.
8. Students will be taught the dangers of sharing or trading lunches or snacks.
9. Parents will communicate to staff and individual bus drivers the signs of anaphylactic shock and show them how an Epi-Pen (the pen-shaped syringe loaded with adrenalin which many allergic children carry in case they have a reaction) is to be used.

10. Principals will ensure that all staff receive regular training in recognizing the symptoms of an anaphylactic reaction and in the proper administration of the epinephrine auto-injector. The Transportation Department will likewise ensure training of bus drivers. Training courses from Public School Works - M-408 Anaphylaxis Awareness and Response and M-161 Epinephrine Auto-Injector Use: Canada will be assigned to all staff.
  
11. The Director of Inclusive Learning will ensure that all schools receive a new epinephrine auto-injector each school year. Elementary schools will receive two epinephrine autoinjectors to accommodate the weight range of their students. Principals are responsible for ensuring that the epinephrine auto-injector is kept in an easily accessible location and that all staff are aware of the location. Principals must contact the Director of Learning Services if new epinephrine auto-injector are required during the school year.

**Reference:** Education Act, preamble 5,9  
Bill 201: Protection of Student with Life-Threatening Allergies Act, 2019  
Freedom of Information and Protection of Privacy Act  
Emergency Medical Aid Act  
Occupational Health and Safety 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

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