Christ The Redeemer CATHOLIC SCHOOLS

ADMINISTRATIVE PROCEDURE

Students	Students with Severe (Anaphylactic) Allergies	STU #30

Revised: **December 2022**

Background

Christ the Redeemer (CTR) Catholic School Division recognizes the dangers faced by students and staff with severe allergic or anaphylactic reactions. While CTR Catholic cannot guarantee an allergen-free environment, CTR Catholic will take reasonable steps to ensure an allergy aware environment for students and staff with life-threatening allergies further to the goal of maintaining a safe and caring environment for all students.

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 responsibility for communicating concerns about staff with severe or anaphylactic reactions belongs to the staff member. It may be necessary at times for school staff to provide an appropriate emergency medical response in the event of an anaphylactic reaction.

Definitions:

"Allergen" means a substance capable of inducing allergy or hypersensitivity.

"Allergy" means a hypersensitive state acquired through exposure to a particular allergen, with re-exposure bringing to light an altered capacity to react.

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

"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 systematic 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.

About Anaphylaxis

Anaphylaxis is a serious allergic reaction that can be life threatening. Food is the most common cause of anaphylaxis, but insect stings, medicine, latex, or exercise can also cause a reaction.

Anaphylactic reactions are those severe allergic reactions that involve several body systems and can lead to death unless immediate medical attention is received.

The most distinctive symptoms of anaphylaxis include hives; swelling of the throat, tongue or around the eyes; and difficulty breathing or swallowing. Other common symptoms include a metallic taste or itching in the mouth, flushing/itching of the skin, digestive discomfort, increased heart rate, rapidly decreasing blood pressure, sudden weakness, anxiety, collapse, and loss of consciousness.

There is an urgent need to respond quickly and appropriately to an anaphylaxis as it can threaten life within a very short period of time. Most commonly, an injection of epinephrine via an auto-injector (*EpiPen*) will offer a short window of time to get the affected person to emergency care at a hospital.

Procedures:

1. Identifying Individuals at Risk: It is the responsibility of parents of children with severe or anaphylactic allergies to encourage their child to wear an *Allergy Alert* bracelet and preferably carry an epinephrine auto-injector (*EpiPen*) on their person. Parents must also provide information about the diagnosis at the beginning of the school year and a change in diagnosis as it occurs to the principal, home room teacher and bus driver at the beginning of each school year, or when their child changes schools. The principal will ensure that, upon enrollment, parents and students are asked to supply information on life-threatening allergies.

2. Stock Epinephrine Auto-Injectors: A board shall ensure that a minimum of one epinephrine auto-injector is maintained in each school for emergencies in accordance with Section 5 of Bill 201 – Protection of Students with Life-threatening Allergies Act.

3. Anaphylaxis Emergency Response Plan: The principal will ensure that an individual emergency response plan is completed for each student with anaphylactic allergies in cooperation with the parents, the student's physician and where the principal deems it necessary, the public health nurse. The Anaphylaxis Emergency Plan is kept in a readily accessible location at the school and will include:
    - information for employees and others who are in direct contact with the student on a regular basis regarding the type of allergy, monitoring and avoidance strategies and appropriate treatments,
    - a readily accessible emergency procedure for the student, including emergency contact information, and provisions for and information regarding storage for epinephrine auto-injectors, where necessary.
    - permission to post and/or distribute the student's photograph and medical information in key locations such as classrooms, school bus, and staff room.

4. Preauthorized Administration of Medication:
    4.1. An employee may be preauthorized to administer or supervise student administration of medication in response to an anaphylactic reaction, and may do so, if
        4.1.1. the information maintained in the student's file remains current, and
        4.1.2. consent has been given by the parent or student, as applicable, in the manner prescribed by the regulations.
    4.2. Parents and students are responsible for ensuring that the information remains current.

5. Emergency Administration of Medication: Even if not preauthorized to do so under section 4.1, an employee may administer an epinephrine auto-injector or other medication prescribed to a student for the treatment of an anaphylactic reaction if the employee has reason to believe that the student is experiencing an anaphylactic reaction.

6. Communication: Effective and planned communication strategies that target the different participants in a school community will help to reduce fear and uncertainty while building capacity to respond to individuals with severe allergies.
   6.1. All staff members (certified and non-certified) and including bus drivers will be made aware that a child at risk of anaphylaxis is attending their school or riding the bus and that child shall be identified before or immediately after the child registers at the school.
   6.2. With the consent of the parent, the principal and the classroom teacher must ensure that the student's classmates are provided with information on severe allergies in a manner that is appropriate for the age and maturity level of the students, and that strategies to reduce teasing and bullying are incorporated in this information.
   6.3. A general awareness and information package be sent home via newsletter to all parents regarding allergy's and problematic foods.

7. Allergen Avoidance Strategies: Strategies must be based on the developmental age of the student and the particular allergen. Avoidance strategies do not imply that there is zero risk, but strive to create an *allergy safe* as opposed to an *allergen-free* environment.
   7.1. The principal shall ask parents of students who share a classroom or school bus with a student at risk of anaphylaxis, to refrain from sending foods containing the allergen to school.
   7.2. Young children will be supervised by an adult while eating.
   7.3. Individuals with food allergy should not trade or share food, food utensils, or food containers.
   7.4. Parents of a student at risk of anaphylaxis shall collaborate with the principal to inform the food service staff that food served during lunch and snack programs is appropriate.
   7.5. If a classroom is used as a lunchroom, it will be established as an "allergen-free" area, using a cooperative approach with students and parents. The school staff shall develop strategies for monitoring such "allergen-free" areas and for identifying high-risk areas for students at risk of anaphylaxis.
   7.6. If parents provide food to the class for special occasions, they must ensure that the ingredients do not pose a threat to students at risk of anaphylaxis.
   7.7. The principal/maintenance supervisor will have insect nests professionally relocated or destroyed, as appropriate.

8. Training:
   8.1. Principals will ensure that as many teachers, school-based non-teaching staff, and lunch program supervisors as possible receive first aid training so they learn how to recognize and respond to the signs of anaphylaxis. Standardized anaphylaxis training should be provided once a year at a minimum, preferably around the start of the school year.
   8.2. The entire school population will be educated regarding the seriousness of anaphylaxis and taught how to respond appropriately to an anaphylaxis emergency.

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

10. Parents: Parents should make every effort to teach their allergic children to self-protect. Good safety habits should be established from an early age. Parents:
    10.1. Must make every effort to teach their allergic children to protect themselves through avoidance strategies.
    10.2. Are responsible for informing the school about the student's allergies, and updating the school on any changes (e.g. diagnosis of an additional allergy, outgrowing an allergy).
    10.3. Must provide the child/school with an epinephrine auto-injector which is not expired.

10.4. Will complete an Anaphylaxis Emergency Plan and provide allergy information, emergency contact numbers, emergency protocol, and signature of the parent/guardian and if possible physician.
10.5. Will provide consent to allow school staff to use an epinephrine auto injector when they consider it necessary in an anaphylaxis emergency.
10.6. For food-allergic children, will provide non-perishable foods and safe snacks for special occasions.
10.7. Will communicate with school staff about field trip arrangements.
10.8. Will meet with the principal/food service staff to inquire about allergen management policies and menu items, if their child is to eat foods prepared at school.

11. Students at Risk:
    11.1. Will have one epinephrine auto-injector with their name on it, kept in a readily available, unlocked location as designated by the school principal. Students should be encouraged to carry their own auto-injector when age appropriate.
    11.2. Will avoid eating if they do not have ready access to an epinephrine auto injector.
    11.3. Will be very cautious when eating foods prepared by others.
    11.4. Will be encouraged to wear medical identification, such as a *Medic Alert* bracelet or necklace which clearly identifies their allergy, or a special badge in the case of very young children.

12. School Community:
    12.1. All school staff (including volunteers in supervision of students at risk of anaphylaxis) will be made aware of children who are at risk of anaphylaxis and be trained to respond to an allergic reaction. Teachers will keep a copy of their student's Anaphylaxis Emergency Response Protocol in their day planner or emergency binder where it will be available for substitute teachers.
    12.2. Teacher/Supervisor in consultation with parents will ensure that sufficient epinephrine (auto-injector-*EpiPen)* are available for off-campus field trips.
    12.3. The child's Emergency Response information shall be kept in areas which are accessible to staff, while respecting the privacy of the student (e.g. office, staff room, lunch room or cafeteria).
    12.4. The entire school population will be educated regarding the seriousness of anaphylaxis and be taught how to respond appropriately in the case of anaphylaxis.

13. Food Service and Bus Contractors/Drivers:
    13.1. Food service personnel will be aware of the risk of cross contamination through purchasing, handling, preparation, and serving of food.
    13.2. When possible, contractors shall include anaphylaxis training as part of the regular first-aid training. It is recommended bus contractors/drivers will establish and enforce a 'no eating' rule during travel on buses that transport students at risk of anaphylaxis.
    13.3. If possible, staff at both food service and bus contractors will participate in the school's anaphylaxis training, which includes the identification of students at risk and how to use an epinephrine auto-injector.

Reference:
Bill 201 – Protection of Students with Life-Threatening Allergies Act
Allergy Anaphylaxis Information Response (AAIR) - (www.aaia.ca)
Anaphylaxis Canada (www.anaphylaxis.ca./)
113 Alberta Emergency Medical Aid Act
Anaphylaxis in Schools and Other Child Care Settings, Canadian Society of Allergy and Clinical Immunology, 2005 (www.csaci.ca/schools.html)
Policy Advisory: Anaphylaxis - Alberta School Boards Association
Alberta Education - Resources
http://www.education.alberta.ca/admin/healthandsafety/aair/resources.aspx