

The Division recognizes the dangers faced by students with severe allergic or anaphylactic reactions. While the Division cannot guarantee an *allergen-free* environment, the Division will take reasonable steps to ensure an *allergy safe* or *allergy aware* environment for students with life-threatening allergies further to the goal of maintaining an appropriate learning 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 Division has a supportive role to play in helping parents of students with severe allergies avoid exposure to pre-identified allergens while the student is at school or on school buses.

Definitions

Anaphylactic reactions are a serious allergic reaction that is rapid in onset and may cause death. While fatalities are rare, anaphylaxis must always be considered a medical emergency requiring immediate treatment

Most common triggers for anaphylaxis include foods such as peanuts, tree nuts, shellfish, fish, milk, soy, wheat and eggs. Venom from bees, wasps, yellow jackets, hornets and some poisonous ants can also cause anaphylaxis. More rarely, vigorous exercise or exposure to certain medications or latex can cause an anaphylactic reaction.

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 skin, digestive discomfort, increased heart rate, rapidly decreasing blood pressure, sudden weakness, anxiety, collapse and loss of consciousness.

Procedures

1. Identifying Individuals at Risk:

It is the responsibility of parents of children with severe or anaphylactic allergies to ensure that their child wears an *Allergy Alert* bracelet and carries epinephrine auto-injector (Epi-Pen). Parents must also provide information about the diagnosis or change in diagnosis to the Principal, homeroom teacher and bus driver at the beginning of each school year or when their child changes school.

2. Information Request

The Principal shall request from the parents written information regarding:

- Proof of diagnosis;
- Allergens which trigger anaphylaxis;
- Treatment protocol, signed by the child's physician;
- Consent form describing and authorizing emergency measures; and
- Permission to post and/or distribute the student's photograph and medical information in key locations such as classrooms, school bus, and staff room.

3. Anaphylaxis Emergency Response Plan (Form 312-7)

The Principal will ensure that an individual emergency response plan is developed for each student with anaphylactic allergies in cooperation with parents, the student's physician and where the Principal deems it necessary, the public health nurse. The plan will:

- Outline the respective roles of the parents, student (when appropriate) and school personnel;
- Describe in detail the steps to be taken in the case of anaphylaxis;
- Include emergency contact information
- Be kept in several readily accessible locations at the school and on the school bus.

4. 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.

- 4.1 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 their bus and that child shall be identified before or immediately after the child registers at the school.
- 4.2 Students who share a classroom or school bus and their parents shall be informed about the presence of a student at risk of anaphylaxis;
- 4.3 Regular reminders shall be sent to school personnel, students and parents regarding problematic foods.

5. Allergy 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. With this in mind, the district endorses the following recommendations of The Canadian Society of Allergy and Clinical Immunology:

- 5.1 Adult supervision of young children who are eating is strongly recommended;
- 5.2 Individuals with food allergy should not trade or share food, food utensils, or food containers;
- 5.3 Principals, parents and food service staff should work closely together to ensure that food being served during lunch and snack programs is appropriate according to their policies around food;
- 5.4 The use of food in crafts and cooking classes may need to be modified or restricted depending on the allergies of the children;
- 5.5 Alternatives to using food as a reward should be considered;
- 5.6 Ingredients of food brought in for special events by the school community, served in school cafeterias, or provided by catering companies should be clearly identified;
- 5.7 All children should be encouraged to comply with a "no eating" rule during daily travel on school buses;
- 5.8 All children should wash their hands with soap and water after eating;
- 5.9 Surfaces such as tables, toys, etc. should be carefully cleaned of contaminating foods;
- 5.10 As much as possible, eating areas are to be restricted to locations inside the school building in order to allow for closer supervision.

6. Training

- 6.1 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.
- 6.2 With the consent of the parent, the Principal and the classroom teacher will ensure that classmates of a student at risk of anaphylaxis are provided, in a manner appropriate for their age and maturity level, with information on severe allergies and the dangers of sharing or trading lunches.
- 6.3 The entire school population will be educated regarding the seriousness of anaphylaxis and taught how to respond appropriately to an anaphylaxis emergency.

7. Roles and Responsibilities

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

7.1 **Parents/Legal Guardians**

- 7.1.1 Must make every effort to teach their allergic children to protect themselves through avoidance strategies;
- 7.1.2 Are responsible for informing the school about the child's allergies, updating the school on any changes (e.g. diagnosis of an additional allergy, outgrowing an allergy), and providing child/school with an epinephrine auto-injector which is not expired (parents should keep a log of expiry dates and replace outdated auto-injectors);
- 7.1.3 Should complete an Anaphylaxis Emergency Plan which has the child's photograph and allergy information, emergency contact numbers, emergency protocol, signature of parent/guardian and, if required the signature of the physician;
- 7.1.4 Should provide consent which allows school staff to use an epinephrine auto-injector when they consider it necessary in an allergic emergency;
- 7.1.5 For food-allergic children, should provide non-perishable foods (in case child's lunch is forgotten at home) and safe snacks for special occasions;
- 7.1.6 Should communicate with school staff about field trip arrangements;
- 7.1.7 Should meet with food service staff to inquire about allergen management policies and menu items, if their child is to eat foods prepared at the school;

7.2 **Children at Risk**

- 7.2.1 Have an auto-injector with their name on it, kept in a readily accessible location, which is **unlocked**.
- 7.2.2 Carry their own auto-injector when age appropriate, usually by the age of 6 or 7;
- 7.2.3 Refrain from eating if they do not have an auto-injector with them;
- 7.2.4 Be very cautious about eating foods prepared by others;
- 7.2.5 Not share foods or utensils;
- 7.2.6 Wash hands with soap and water before and after meals;
- 7.2.7 Wear medical identification, such as a Medic Alert bracelet, which clearly identifies their allergy, or a special badge in the case of very young children in the nursery setting.
- 7.2.8 Inform someone (preferably an adult) immediately after accidental exposure to an allergen or as soon as symptoms occur.

7.3 **School Community**

- 7.3.1 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 students' Anaphylaxis Emergency Response Plan in their day planner or emergency binder where it will be available for substitute teachers.
- 7.3.2 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)
- 7.3.3 The entire school population will be educated regarding the seriousness of anaphylaxis and be taught how to respond appropriately in the case of anaphylaxis.

7.4 **Food Service and Bus Companies/Drivers**

- 7.4.1 Food service personnel will be trained to reduce the risk of cross-contamination through purchasing, handling, preparation, and serving of food. The contents of foods served in school cafeterias and brought in for special events will be clearly identified.
- 7.4.2 When possible, bus drivers shall include anaphylaxis training as part of the regular first-aid training. Bus companies/drivers will establish and enforce a 'no-eating' rule during travel on buses that transport students at risk of anaphylaxis.
- 7.4.3 If possible, staff at both food service and bus companies will participate in the school's anaphylaxis training which includes the identification of students at risk and how to use an epinephrine auto-injector.

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Reference: *Education Act*, SA 2012, c E-0.3
Canadian Society of Allergy and Clinical Immunology: Anaphylaxis in Schools & Other Settings
Emergency Medical Aid Act
Red Deer Catholic Schools AP 323 – Students with Severe (Anaphylactic) Allergies