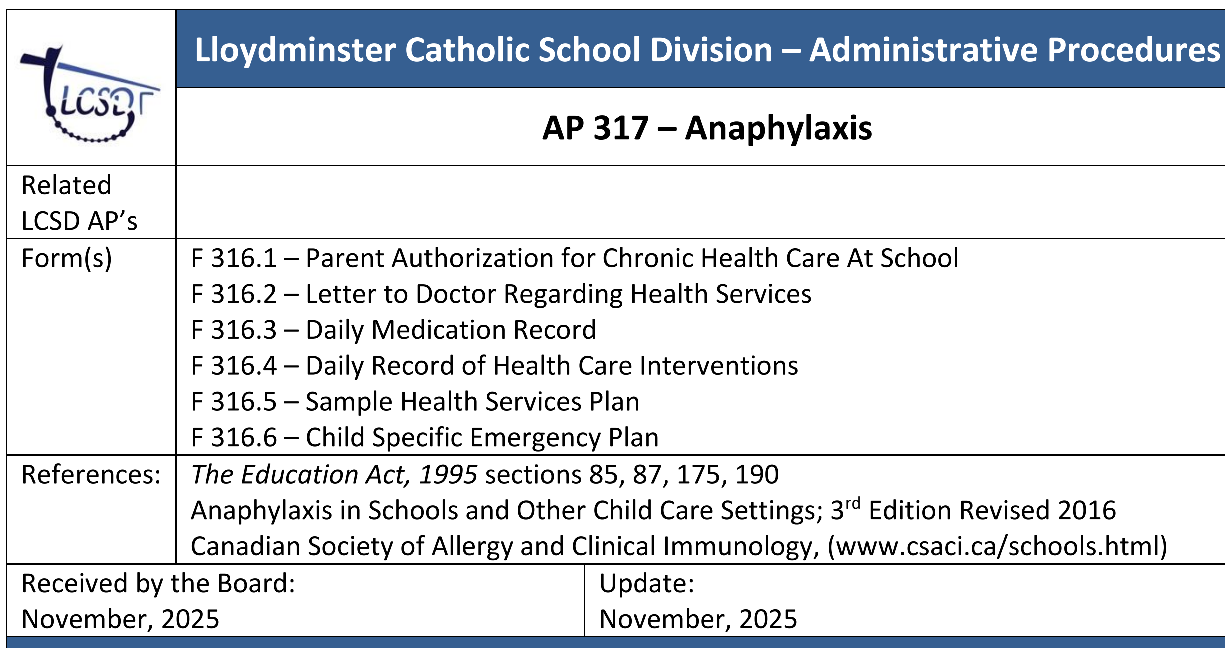

| | Lloydminster Catholic School Division – Administrative Procedures |
|---|---|
| | **AP 317 – Anaphylaxis** |
| Related LCSD AP's | |
| Form(s) | F 316.1 – Parent Authorization for Chronic Health Care At School<br>F 316.2 – Letter to Doctor Regarding Health Services<br>F 316.3 – Daily Medication Record<br>F 316.4 – Daily Record of Health Care Interventions<br>F 316.5 – Sample Health Services Plan<br>F 316.6 – Child Specific Emergency Plan |
| References: | *The Education Act, 1995* sections 85, 87, 175, 190<br>Anaphylaxis in Schools and Other Child Care Settings; 3rd Edition Revised 2016<br>Canadian Society of Allergy and Clinical Immunology, (www.csaci.ca/schools.html) |
| Received by the Board:<br>November, 2025 | Update:<br>November, 2025 |

**Background**

The Division recognizes the dangers faced by students with severe reactions to certain allergens. While the Division cannot guarantee an allergen-free environment, the Division will take reasonable steps to strive for a safe environment for students with life-threatening allergies further to the goal of maintaining an appropriate learning environment for all students.

**Procedures**

1. Identifying Individuals at Risk

    1.1 Parents/Guardians of students with severe allergies must:

        1.1.1 Advise the Principal and home-room teacher about the student's severe allergy when the allergy is diagnosed, at the beginning of each school year, or when the student changes schools;

        1.1.2 Provide and keep emergency information current;

        1.1.3 Submit Parent Authorization for Chronic Health Care at School form (F 316.1). A Letter to Doctor Regarding Medication form (F 316.2), provided by the school, completed by a medical doctor must support this request from the home.

        1.1.4 Submit Health Services Plan Form (F316.5) completed by the Health Care Professional.

        1.1.5 Provide the student with a case containing at least one unexpired injector or other medication as prescribed by a physician and ensure that the student has the injector or medication readily available, while at school, or on off-site school events or activities;

        1.1.6 Provide snacks and lunches for the student; and

1.1.7 Provide the student with a Medic Alert bracelet or other suitable identification.

2. Communication Strategies

2.1 The Principal must:

2.1.1 Advise the parents of the student with severe allergies of this procedure and provide them with a copy and advise them where all Administrative Procedures can be accessed online;

2.1.2 Ensure student allergy information is indicated in Student Information System;

2.1.3 Request signed authorization to administer medication by completing Daily Medication Record Form (F316.3) and Record of Health Care Interventions Form (F316.4);

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

2.1.5 Request the consent of the parent to post the student's picture and display the emergency care plan;

2.1.6 Ensure an emergency plan is developed (refer to: Health Services Plan Form (F316.5) and Child Specific Emergency Plan Form (F316.6)) for each student with severe allergies in cooperation with the parents, and includes emergency contact information and procedures; and

2.1.7 Ensure the emergency plan is kept in a readily accessible location at the school and includes emergency contact information.

2.2 Classroom teachers of a student with a severe allergy must:

2.2.1 Discuss anaphylaxis with the class, in age-appropriate terms. All classmates should know and understand the nature of the specific allergen for the identified student;

2.2.2 Avoid allergenic foods and substances for classroom events;

2.2.3 Communicate the restriction of allergens information with other parents with children in the class;

2.2.4 Leave information about students with severe allergies in an organized, prominent and accessible format for substitute teachers;

2.2.5 Ensure the emergency response protocol and appropriate medication is taken on off-site activities; and

2.2.6 Ensure appropriate and knowledgeable adults accompany all activities outside of classroom. We strongly encourage parents of severely allergic children to accompany and participate in all out of city field trips.

3. Allergy Avoidance Strategies

   3.1 Ingredients on food brought in or prepared for special events by the school community, prepared and served in school cafeteria, or provided by catering companies cannot be guaranteed to be safe. Therefore, students with severe allergies must:

      3.1.1 Eat only foods brought from home unless authorized by the parents in writing; food for school annual events and hot lunches will be included in general parent information regarding the event.

      3.1.2 Wash their hands before eating;

      3.1.3 Learn to recognize symptoms of a severe allergic reaction;

      3.1.4 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;

      3.1.5 Keep an injector or medication handy at all times; and

      3.1.6 When age appropriate, know how to use an injector or take medication.

   3.2 Each school will develop a noon hour supervision plan for Kindergarten to grade 2 children that provides regular and timely monitoring of each classroom (ie approximate three-minute cycle).

   3.3 The classroom teacher will communicate with parents to ensure parent-prepared food being served to the class is appropriate.

   3.4 The use of food in crafts and cooking classes may need to be altered or restricted depending on children's allergies.

   3.5 All children are to be encouraged to comply with a "no eating" rule during daily travel on school buses.

4. Training Strategy

   4.1 The Principal shall ensure that in-service is provided annually to school personnel in schools where students prone to anaphylaxis are enrolled on how to recognize and treat anaphylactic reaction, on the school protocol for responding to emergencies and this administrative procedure.

**B. Response Plan for Anaphylactic Reaction**

**Background**

Even when precautions are taken, an anaphylactic student may come into contact with an allergen while at school. It is essential that the school develops a response protocol, and that all staff is aware of how to implement it. A separate emergency plan shall be developed for each anaphylactic child, in conjunction with the child's parents and physician, and kept in a readily accessible location. The plan must clearly identify individual roles.

Students with anaphylaxis usually know when a reaction is taking place. School personnel are encouraged to listen to the child. If the student complains of any symptoms, which could signal the onset of a reaction, staff must immediately implement the emergency response. There is no danger in reacting too quickly, but grave danger in reacting too slowly.

The Division shall be aware of local ambulance regulations and take them into account when developing procedures. In some cases, ambulance attendants are not qualified to administer epinephrine.

**Procedures**

1. Emergency Plans – Every emergency plan should include procedures to:
   - 1.1 Communicate the emergency rapidly to a staff person who is trained in the use of the auto-injector;
   - 1.2 Administer the auto-injector (Note: Although most anaphylactic children learn to administer their own medication by about age eight (8), individuals of any age may require help during a reaction because of the rapid progression of symptoms, or because of the stress of the situation. Adult supervision is required);
   - 1.3 Telephone 911 or an ambulance (Inform the emergency operator that a child is having an anaphylactic reaction; in some areas, hospitals will send a physician on the ambulance to begin emergency treatment at once);
   - 1.4 If no ambulance service is available, transport the child to hospital at once;
     - 1.4.1 Telephone the hospital to inform them that a child having an anaphylactic reaction is en route;
     - 1.4.2 Notify the provincial police and provide them with a description of the vehicle and license number if transportation is by car;

2. Telephone the parents of the child;
   - 2.1 Re-administer epinephrine every ten to fifteen (10 to 15) minutes while waiting for the ambulance and en route to the hospital, if breathing does not improve or if symptoms reoccur; and
   - 2.2 Assign a staff person to take extra auto-injectors, accompany (or follow, if necessary) the child to the hospital, and stay with him or her until a parent or guardian arrives.

3. Location of Auto-injectors
   - 3.1 Auto-injectors should be kept in a covered and secure area but unlocked for quick access. Although epinephrine is not a dangerous drug, the sharp needle of the self-injector can cause injury, especially if injected into the fingertip.
   - 3.2 As soon as they are old enough, students should carry their own auto-injectors. Many young children carry an injection kit in a fanny pack around their waist at all times.

3.3 An up-to-date supply of auto-injectors, provided by the parents, should be available in an easily accessible, unlocked area of the child's classroom and/or in a central area of the school (office or staff room).

Note: Auto-injectors are expensive. If families have difficulty supplying the school with an adequate supply, the Division will consider seeking financial assistance to ensure that medication is available, whenever and wherever it is required.

3.4 All staff should know the location of the auto-injectors. Classmates should be aware of the location of the auto-injector in the classroom.

4. Training older Students to Assist

4.1 Older students may be trained to administer the auto-injector, and can play a role in the emergency response, particularly in a secondary school setting. Information about anaphylaxis and auto-injector training may be included in the health curriculum.

5. Role-playing

5.1 The school may occasionally simulate an anaphylactic emergency – similar to a fire drill – to ensure that all elements of the emergency plan are in place.

6. Review Process

6.1 School emergency procedures for each anaphylactic student should be reviewed annually with staff and parents. In the event of an emergency response, an immediate evaluation of the procedure should be undertaken.