

TOPIC:	Anaphylaxis
EFFECTIVE:	January 2010
CROSS-REFERENCE:	An Act to Protect Anaphylactic Pupils, 2005, Anaphylaxis Protocol 2006
REVISION DATE:	January 2018
RESPONSIBILITY:	Superintendent of Education

INTENDED PUROSE:

The Halton District School Board is committed to providing direction to school administrators, staff and parents about the appropriate response on both a school-wide and individual person level to minimize the inherent risks to students and others who are identified as being susceptible to anaphylactic reactions due to individual allergy conditions.

The Anaphylaxis Protocol 2006 outlines the comprehensive school-wide plans and individual plans for students and/or staff identified as having anaphylactic reactions to allergens. The intent of the Anaphylaxis Protocol is to create a safe learning and working environment for all persons with severe allergy conditions.

Anaphylaxis is a growing public health concern. To this end An Act to Protect Anaphylactic Pupils, June 2005 was enacted in the Ontario Legislature. In collaboration with patient allergy associations and allied healthcare professionals, the Canadian Society of Allergy and Clinical Immunology developed the resource document Anaphylaxis in Schools & Other Settings, December 2005 to assist school boards with developing sound anaphylaxis management plans.

While there is no universally accepted definition for anaphylaxis, this condition can be described as “a severe allergic reaction to any stimulus, having sudden onset, involving one or more body systems, with multiple symptoms”.¹

Our school communities recognize that each student’s anaphylactic reaction to an allergen(s) is unique and must be dealt with on an individual basis. The Anaphylaxis Protocol 2006 outlines measures in place to reduce the risk of accidental exposure and appropriate emergency responses. With improved student self-management, comprehensive school board policy, standardized school anaphylaxis plans, and annual staff training, a safe learning environment for students with anaphylactic reactions to allergens will be achieved.

PROCEDURE:

The Anaphylaxis Protocol 2006 is a comprehensive resource document which addresses the following legislative requirements:

School-wide comprehensive Plan:

1. strategies that reduce the risk of exposure to anaphylactic causative agents in classrooms and common school areas,
2. a communication plan for the dissemination of information on life-threatening allergies to parents, students and employees,

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Anaphylaxis in Schools & Other Settings, 2005, p.7

3. regular training on dealing with life-threatening allergies for all employees and others who are in direct contact with students on a regular basis,
4. each school will develop an individual plan for each student who has an anaphylactic allergy,
5. on registration, each school principal will ensure that parents, guardians and students be asked to supply information on life-threatening allergies,
6. a file shall be maintained for each anaphylactic student which includes current treatment, evidence of the prescription and current emergency contact list.

Individual Student Plan includes:

1. details informing employees and others who are in direct contact with the student on a regular basis of the type of allergy, monitoring and avoidance strategies and appropriate treatment,
2. a readily accessible emergency procedure for the student including emergency contact information,
3. location and storage of epinephrine auto-injectors

Administration of Medication:

1. Employees are preauthorized to administer medication or supervise a student while he or she takes medication in response to an anaphylactic reaction where the school has up-to-date treatments information and the consent of the parent, guardian or student as applicable.

Obligation to Keep School Informed:

1. It is the obligation of the student's parents or guardian and the student to ensure that the information in the student's file is kept up-to-date with the medication that the student is taking.

Emergency Administration of Medication:

1. If an employee has reason to believe that a student is experiencing an anaphylactic reaction, the employee may administer an epinephrine auto-injector or other medication prescribed to the student for the treatment of an anaphylactic reaction, even if there is no preauthorization to do so.
2. No action for damages shall be instituted respecting any act done in good faith or for any neglect or default in good faith in response to an anaphylactic reaction in accordance with the Act, unless the damages are the result of an employee's gross negligence.