



*"Inspire learners, Integrate sustainability,
Involve community"*

SCHOOL DISTRICT NO. 64

PROCEDURE 3150 Severe Allergies/Anaphylaxis

Section: Facilities and Finance
Dates of Revisions: January 14, 2009
Date of Adoption and
Resolution Number: June 13, 2018 - 76/18

Onset:

1. If an allergic student expresses any concern that a reaction might be starting, the student should always be taken seriously. When a reaction begins, it is important to respond immediately, following instructions in the student's Anaphylaxis Emergency Procedure Plan. The cause of the reaction can be investigated later. The following symptoms may lead to death if untreated: breathing difficulties caused by swelling of the airways; and/or a drop in blood pressure indicated by dizziness, light-headedness or feeling faint/weak.

Identifying Individuals at Risk:

1. At the time of registration, using the district registration form, parents are asked to report on their child's medical conditions, including whether their child has a medical diagnosis of anaphylaxis. Information on a student's life threatening conditions will be recorded and updated on the student's Permanent Student Record annually.
2. Kindergarten registrants and other newly registered students with life-threatening allergies should be referred to the Public Health Nurse as soon as possible, thereby allowing the **Action Plan** to be completed prior to the child's attendance at school.
3. The Student Emergency Procedure Plan should be posted in key areas such as in the child's classroom, the office, the teacher's daybook, and food consumption areas (e.g. lunch rooms, cafeterias).
4. Parental permission is required to post or distribute the plan.
5. It is the responsibility of the parent/guardian to:
 - a. inform the school principal when their child is diagnosed as being at risk for anaphylaxis; and have the child's physician/specialist complete (and update as necessary) a "Request for Administration of Medication at School" card.

- b. in a timely manner, complete medical forms and the Student Emergency Procedure Plan, which includes a photograph, description of the child's allergy, emergency procedures, contact information, and consent to administer medication.
 - c. provide the school with updated medical information at the beginning of each school year, and whenever there is a significant change related to their child;
 - d. inform non School District No. 64 service providers of programs delivered on school property by non-school personnel of their child's anaphylaxis and care plan, as these programs are not the responsibility of the school.
6. The school will contact anaphylactic students and their parents to encourage the use of medical identifying information (e.g. Medic Alert® bracelet). The identifying information could alert others to the student's allergies and indicate that the student carries an epinephrine auto-injector. Information accessed through a special number on the identifying information can also assist first responders, such as paramedics, to access important information quickly.

Record Keeping

7. Monitoring and Reporting:

For each identified student, the school principal will keep a Student Emergency Procedure Plan on file. These plans will contain the following information:

- a. parent consent;
 - b. Student Level Information:
 - i. name
 - ii. contact information;
 - iii. diagnosis
 - iv. symptoms
 - v. emergency response plan
 - c. School-Level Information
 - i. Emergency procedures/treatment
 - ii. Physician section including the student's diagnosis,
 - iii. medication and physician's signature.
8. It is the school principal's responsibility for collecting and managing the information on students' life threatening health conditions and reviewing that information annually to form part of the students' Permanent Student Records.
9. The school principal will also monitor and report information about anaphylactic incidents to the Board of Education in aggregate form (to include number of at-risk anaphylactic students and number of anaphylactic incidents) at a frequency and in a form as directed by the Superintendent.

Emergency Procedure Plans

10. Student Emergency Procedure Plan: The school principal must ensure that the parents and student (where appropriate), are provided with an opportunity to meet with designated staff, prior to the beginning of each school year or as soon as possible to develop/update a Student Emergency Procedure Plan.

11. The Student Emergency Procedure Plan

- a. must be signed by the student's parents and the student's physician. A copy of the plan will be placed in readily accessible, designated areas such as the classroom and office;
- b. will include at minimum:
 - i. the diagnosis;
 - ii. the current treatment regimen;
 - iii. who within the school community is to be informed about the plan -e.g. teachers, volunteers, classmates;
 - iv. current emergency contact information for the student's parents/guardian;
 - v. a requirement for those exposed to the plan to maintain the confidentiality of the student's personal health information;
 - vi. information regarding the parent's responsibility for advising the school about any change/s in the student's condition; and
 - vii. information regarding the school's responsibility for updating records, to be in compliance with the Freedom of Information and Protection of Privacy Act (FOIPPA).

12. School Wide Emergency Procedure. Each school must develop a School Procedure Plan, which must include the following elements:

- a. Student Emergency Response Procedures: When a student is in anaphylactic shock, school personnel will:
 - i. administer the student's auto-injector (single dose) at the first sign of a reaction. A second auto-injector may be administered within 5 to 15 minutes after the first dose is given IF symptoms have not improved (i.e. the reaction is continuing, getting worse, or has recurred) ***Note: The use of epinephrine for a potentially life-threatening allergic reaction will not harm a normally healthy child, if epinephrine was not required.***
 - ii. note time of administration;
 - iii. call emergency medical care (911-where available);
 - iv. contact the child's parent/guardian;
 - v. if an auto-injector has been administered, the student must be transported to a hospital (the effects of the auto-injector may not last, and the student may have another anaphylactic reaction);

- vi. ensure that while one person stays with the child at all times, another person goes for help or calls for help.
- b. The school principal, or designated staff, must ensure that emergency plan measures are in place for scenarios where students are off-site. Auto-injectors must be present for students who may need them.

13. Provision and Storage of Medication.

The location(s) of student auto-injectors must be known to all staff members and caregivers, as follows:

- a. Students who have demonstrated sufficient maturity should carry one auto-injector with them at all times and have a backup auto-injector stored at the school in a central, easily accessible, unlocked location.
- b. auto-injector(s) for students who have not demonstrated sufficient maturity will be stored in a designated school location(s).

14. Parents will be informed that it is the parents' responsibility to:

- a. provide the appropriate medication (e.g. single dose epinephrine auto-injectors) for their anaphylactic child;
- b. to inform the school where the anaphylactic child's medication will be kept (i.e. with the student, in the student's classroom, and/or other locations);
- c. to inform the school when they deem the child sufficiently mature enough and competent to carry their own medication(s);
- d. ensure the child understands their responsibilities in this regard;
- e. to provide a second auto-injector to be stored in a central, accessible, safe but unlocked location;
- f. to ensure anaphylaxis medications have not expired; and to ensure that they replace expired medications.

15. Allergy Awareness, Prevention and Avoidance Strategies.

The school principal should ensure:

- a. that all school staff and persons reasonably expected to have supervisory responsibility of school-age students and preschool-age children participating in early learning programs (e.g. food service staff, volunteers, bus drivers, custodians) receive training annually in the recognition of a severe allergic reaction and the use of single dose auto-injectors and standard emergency procedure plans;

- b. That all members of the school community including substitute employees, employees-on-call, student teachers and volunteers have appropriate information about severe allergies including background information on allergies, anaphylaxis and safety procedures
- 16.** 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 strategy to reduce teasing and bullying are incorporated into this information.
- 17.** Posters which describe signs and symptoms of anaphylaxis and how to administer a single dose auto-injector should be placed in relevant areas, which may include classroom, office, staff room, lunch room and/or the cafeteria.

18. Avoidance/Prevention.

Individuals at risk of anaphylaxis must learn to avoid specific triggers. While the key responsibility lies with the students at risk and their families, the school community must participate in creating an allergy-aware environment. Special care is taken to avoid exposure to allergy-causing substances. Parents are asked to consult with the teacher before sending in food to classrooms where there are food-allergic children. The risk of accidental exposure to a food allergen can be significantly diminished by means of such measures. Given that anaphylaxis can be triggered by minute amounts of an allergen when ingested, students with food allergies must be encouraged to follow certain guidelines:

- a. Eat only food which they have brought from home unless it is packaged, clearly labelled and approved by their parents.
 - b. If eating in a cafeteria, ensure food service staff understands the life-threatening nature of their allergy. When in doubt, avoid the food item in question.
 - c. Wash hands before and after eating
 - d. Do not share food, utensils or containers
 - e. Place food on a napkin or wax paper rather than in direct contact with a desk or table.
- 19.** Non-food allergens (e.g. medications, latex) will be identified and restricted from classrooms and common areas where a child with a related allergy may encounter that substance.

20. Training Strategy.

At the beginning of each school year, a training session on anaphylaxis and anaphylactic shock will be held for all school staff and persons reasonably expected to have supervisory responsibility of school-age students and preschool age children participating in early learning programs (e.g. food service staff, volunteers, bus drivers, custodians).

21. Efforts shall be made to

- a. include the parents, and students (where appropriate), in the training;
- b. involve experts (e.g. public health nurses, trained occupational health and safety staff)

22. The training sessions will include:

- a. signs and symptoms of anaphylaxis;
- b. common allergens;
- c. avoidance strategies;
- d. emergency protocols;
- e. use of single dose epinephrine auto-injectors;
- f. identification of at-risk students (as per individual Student Emergency Procedure Plans);
- g. emergency plans; and
- h. method of communication with and strategies to educate and raise awareness of parents, students, employees and volunteers about anaphylaxis.

23. The Board will report annually to the Ministry of Education with respect to the district's anaphylaxis policy and implementation (Ministerial Order M232/07).

References:

- School Act s. 88 (1) and 168 (2) (t), Anaphylaxis Protection Order
- BC Ministry of Education Ministerial Order M232/07
- BC Anaphylactic and Child Safety Framework (PDF revised 2013),
http://www2.gov.bc.ca/assets/gov/education/administration/kindergarten-to-grade-12/healthyschools/anaphylaxis/bc_anaphylactic_child_safety.pdf
- Province of British Columbia Position on Anaphylaxis
<http://www2.gov.bc.ca/gov/content/education-training/administration/kindergarten-to-grade-12/school-health/anaphylaxis>

Resource:

- SD61 (Greater Victoria). Section Two: Tool Kit for Management of Emergency Medical Conditions. <https://www.sd61.bc.ca/wp-content/uploads/sites/91/2015/04/May-2015-GVSD-Tool-Kit-for-Management-of-Emergency-Medical-Conditions2.pdf>