



## AP S7 Severe Allergic Reaction (Anaphylaxis)

Legislative References: *School Act* 88(1); Anaphylaxis Protection Order M232/07

Policy Reference: 4.20 Severe Allergic Reaction

Collective Agreement References: None

Date: February 5, 2025

### Definition

**Anaphylaxis** means a sudden and severe allergic reaction, which can be fatal, requiring immediate medical emergency measures be taken; **anaphylactic** has a corresponding meaning.

Common examples of potential **allergens** include certain foods, animals, plants, insect stings, or a wide range of other substances, including scented products, cleaners, chemicals, and other materials affecting air quality.

### Processes

#### 1. Onset

- 1.1. 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.

#### 2. Identifying Individuals at Risk of Anaphylaxis

- 2.1. Parents shall provide the school with accurate and timely information about their child's medical condition, both at the time of registration and any time there is a change in the student's medical care plan, including whether their child has a medical diagnosis of anaphylaxis. All life-threatening condition(s) must be recorded as an inclusion record in MyEducation BC and update the student's record annually. The inclusion must appear on the student's Permanent Student Record. The school will maintain all documentation regarding life-threatening conditions in the student's cumulative file.
- 2.2. Kindergarten registrants and other newly registered students with life-threatening allergies should be referred to a medical practitioner as soon as possible, to complete the **Anaphylaxis Action Form** appended to the



administrative practice and the **Administration of Oral/Topical Mediation Form** (if applicable reference AP S6) prior to the child's attendance at school.

- 2.3. The Anaphylaxis Action Form should be readily available to staff such as in the child's classroom, the office, the teacher's daybook, emergency handbook and food consumption areas (e.g. lunchrooms, cafeterias).
  - 2.3.1. Parental permission is required to post or distribute the plan.
  - 2.3.2. While access to student's information is necessary for all staff, efforts will be made to post such information in a manner that maintains the confidentiality of the student's personal health information.
- 2.4. It is the responsibility of the parent/guardian to:
  - 2.4.1. 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 Oral/Topical Medication at School" form;
  - 2.4.2. in a timely manner, complete Medical Care Plan and the Anaphylaxis Action forms which includes a photograph, description of the child's allergy, emergency procedures, contact information, and consent to administer medication;
  - 2.4.3. 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;
  - 2.4.4. inform non-District service providers of programs delivered on school property by non-school personnel of their child's anaphylaxis and medical care plan, as these programs are not the responsibility of the school.
- 2.5. 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.

### 3. Record Keeping

- 3.1. For each student identified with anaphylaxis, the school principal will keep the Medical Care Plan on file. A student's Medical Care Plan will be developed in accordance with Administrative Practice AP S6 Student Medical Care Plan and Medication.



- 3.2. The principal is responsible 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.
- 3.3. The principal will monitor and report information about anaphylactic incidents to the Board 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.
- 3.4. The principal must ensure that 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 Medical Care Plan.

#### 4. Emergency Procedure Plans

- 4.1. Each school must develop a School Emergency Procedures Plan that includes the following:
  - 4.1.1. Student Emergency Response Procedures. When a student is in anaphylactic shock, school personnel will:
    - a. 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.**
    - b. note time of administration;
    - c. call emergency medical care (911-where available);
    - d. contact the child's parent/guardian;
    - e. 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);
    - f. ensure that while one person stays with the child at all times, another person goes for help or calls for help.
  - 4.1.2. Off-site Emergency Response Procedures. The 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.



## **5. Provision and Storage of Medication**

- 5.1. The location(s) of student auto-injectors must be known to all staff members and caregivers, as follows:
  - 5.1.1. 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.
  - 5.1.2. auto-injector(s) for students who have not demonstrated sufficient maturity will be stored in a designated school location(s).
- 5.2. Parents will be informed that it is the parents' responsibility to:
  - 5.2.1. provide the appropriate medication (e.g. single dose epinephrine auto-injectors) for their anaphylactic child;
  - 5.2.2. 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);
  - 5.2.3. to inform the school when they deem the child sufficiently mature enough and competent to carry their own medication(s);
  - 5.2.4. ensure the child understands their responsibilities in this regard;
  - 5.2.5. to provide a second auto-injector to be stored in a central, accessible, safe but unlocked location;
  - 5.2.6. to ensure anaphylaxis medications have not expired; and to ensure that they replace expired medications.

## **6. Allergy Awareness, Prevention and Avoidance Strategies.**

- 6.1. The principal should ensure:
  - 6.1.1. 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;
  - 6.1.2. 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
- 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 strategy to reduce teasing and bullying are incorporated into this information.

- 6.3. 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, lunchroom and/or the cafeteria.

## **7. Avoidance/Prevention.**

- 7.1. 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:
  - 7.1.1. Eat only food which they have brought from home unless it is packaged, clearly labelled and approved by their parents.
  - 7.1.2. 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.
  - 7.1.3. Wash hands before and after eating
  - 7.1.4. Do not share food, utensils or containers
  - 7.1.5. Place food on a napkin or wax paper rather than in direct contact with a desk or table.
- 7.2. 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.

## **8. Training Strategy**

- 8.1. 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).
- 8.2. Efforts shall be made to
  - 8.2.1. include the parents, and students (where appropriate), in the training;



- 8.2.2. involve experts (e.g. public health nurses, trained occupational health and safety staff)
- 8.3. The training sessions will include:
  - 8.3.1. signs and symptoms of anaphylaxis;
  - 8.3.2. common allergens;
  - 8.3.3. avoidance strategies;
  - 8.3.4. emergency protocols;
  - 8.3.5. use of single dose epinephrine auto-injectors;
  - 8.3.6. identification of at-risk students (as per individual Student Medical Care Plans);
  - 8.3.7. emergency procedures plans; and
  - 8.3.8. method of communication with and strategies to educate and raise awareness of parents, students, employees and volunteers about anaphylaxis.



<b>Anaphylaxis Action Form: School District 64 (Gulf Island)</b>		Date Developed: _____ Review Date: _____		
<b>Student Name:</b> _____ <b>Parent/Guardian(s):</b> _____ <b>Daytime Phone:</b> _____ <b>Emergency Contact Name:</b> _____ <b>Emergency Phone:</b> _____ <b>Physician Name:</b> _____	<b>Date Of Birth:</b> mm/dd/yyyy ____/____/____ Student Photo (recommended) <div style="border: 1px solid black; background-color: #4a7ebb; color: white; text-align: center; padding: 20px; margin: 10px 0;">insert photo here</div>	<input type="radio"/> <u>Male</u> <input type="radio"/> <u>Female</u> <input type="radio"/> <u>Other</u> <i>Please do not include antibiotics or other drugs on this form</i> <b>Allergen:</b> <input type="radio"/> Peanuts <input type="radio"/> Nuts <input type="radio"/> Dairy <input type="radio"/> Insects <input type="radio"/> Latex <input type="radio"/> Other: _____ _____		
<b>Symptoms:</b> (please check all that apply at any severity or intensity level; can vary from attack to attack): <table border="0" style="width: 100%;"><tr><td style="vertical-align: top; width: 50%;"><input type="radio"/> Swelling- eyes, lips, tongue, face <input type="radio"/> Cold, Clammy and/or sweating skin <input type="radio"/> Flushed face or body <input type="radio"/> Fainting <input type="radio"/> Loss of consciousness <input type="radio"/> Dizziness or confusion <input type="radio"/> Coughing</td><td style="vertical-align: top; width: 50%;"><input type="radio"/> Choking <input type="radio"/> Wheezing <input type="radio"/> Vomiting <input type="radio"/> Diarrhea <input type="radio"/> Stomach cramps <input type="radio"/> Voice changes <input type="radio"/> Other _____ _____</td></tr></table>		<input type="radio"/> Swelling- eyes, lips, tongue, face <input type="radio"/> Cold, Clammy and/or sweating skin <input type="radio"/> Flushed face or body <input type="radio"/> Fainting <input type="radio"/> Loss of consciousness <input type="radio"/> Dizziness or confusion <input type="radio"/> Coughing	<input type="radio"/> Choking <input type="radio"/> Wheezing <input type="radio"/> Vomiting <input type="radio"/> Diarrhea <input type="radio"/> Stomach cramps <input type="radio"/> Voice changes <input type="radio"/> Other _____ _____	<b>Additional information:</b> _____ _____ _____ _____ _____ _____ _____ _____ _____
<input type="radio"/> Swelling- eyes, lips, tongue, face <input type="radio"/> Cold, Clammy and/or sweating skin <input type="radio"/> Flushed face or body <input type="radio"/> Fainting <input type="radio"/> Loss of consciousness <input type="radio"/> Dizziness or confusion <input type="radio"/> Coughing	<input type="radio"/> Choking <input type="radio"/> Wheezing <input type="radio"/> Vomiting <input type="radio"/> Diarrhea <input type="radio"/> Stomach cramps <input type="radio"/> Voice changes <input type="radio"/> Other _____ _____			



Anaphylaxis Prevention Strategies:	Emergency Protocol:
<p><b><u>Parent/Student Responsibilities:</u></b></p> <ul style="list-style-type: none"><li>• Inform teacher of allergy, emergency treatment and location of both a single dose Epinephrine (auto-injector such as EpiPen)</li><li>• Ensure student wears a MedicAlert bracelet or necklet</li><li>• Ensure student with food allergies eats only food/drinks from home</li><li>• Discuss appropriate location of both a single dose Epinephrine auto-injector such as EpiPen with teacher/principal</li><li>• Check expiry date on the single dose Epinephrine auto-injectors</li></ul> <p><b><u>Teacher Responsibilities:</u></b></p> <ul style="list-style-type: none"><li>• In consultation with parent/student/Public Health Nurse, provide allergy information for the class</li><li>• Inform teacher-on-call of student with anaphylaxis, emergency treatment and location of both a single dose Epinephrine auto-injector such as EpiPen</li></ul> <p><b><u>When student has a food allergy ...</u></b></p> <ul style="list-style-type: none"><li>• In consultation with Public Health Nurse, develop an "allergy aware" classroom</li><li>• Encourage students NOT to share food, drinks or utensils</li><li>• Encourage a non-isolating eating environment for the student(s)</li><li>• Encourage all students to wash hands with soapy water before and after eating</li><li>• Insist that students wash desks with soap and water after eating</li><li>• Do not use the identified allergen(s) in classroom activities</li></ul> <p><b><u>On field trips/co-curricular/extra-curricular activities ...</u></b></p> <ul style="list-style-type: none"><li>• Take both a single dose Epinephrine auto-injector such as EpiPen a copy of the Anaphylaxis Action Form and a cellular phone (or appropriate portable phone)</li><li>• Be aware of anaphylaxis exposure risk (food, latex and insect allergies)</li><li>• Inform co-supervising adults of student and emergency treatment</li><li>• Request supervising adults sit near student in bus (or vehicle)</li></ul>	<ul style="list-style-type: none"><li>• Administer single dose of Epinephrine with auto injector</li><li>• Call 911 requesting advanced life support ambulance</li><li>• Notify parent/guardian</li><li>• Administer second single dose of Epinephrine using auto-injector if no improvement in symptoms after 10 minutes</li><li>• Have ambulance transport to hospital</li></ul> <p><b>Epinephrine auto-injector location #1:</b></p> <hr/> <p><b>Epinephrine auto-injector location #2:</b></p> <hr/>