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ADOPTED: 08-04-01

NUMBER: 5210

AMENDED: 09-04-28

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## POLICY

### ANAPHYLAXIS

#### **Preamble/Purpose**

The purpose of this policy is to provide schools within the District an overview of the key elements that must be addressed to ensure consistent appropriate management of anaphylaxis and severe asthma across all schools within the District. *An effective response to anaphylaxis depends on the cooperation of all members of the school community including students, parents, public health nurses, school personnel and volunteers*

This Policy is intended to support schools in their ability to build capacity and ensure the right things are done by the right people at the right time to manage anaphylaxis risks. The policy includes prevention as well as emergency response considerations on the premise that allergen avoidance will reduce the likelihood of having to respond to an emergency. At the same time, there is recognition that not all allergens can be eliminated and procedures must be in place to respond to anaphylactic incidents.

This Policy is developed to meet the requirements set out in Ministerial Order-*Anaphylaxis Protection Order*, Ministerial Order 232/07, September 13, 2007.

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Regulations/Guidelines

1) *Definition of anaphylaxis*

Anaphylaxis is a sudden and severe allergic reaction, which can be fatal, requiring immediate medical emergency measures be taken.

**Description of Potential Signs and Symptoms of Allergic Reactions**

**Signs** of Reaction of a severe allergic reaction can:

- occur within minutes of exposure to an offending substance.
- however, usually occur within two hours of exposure, but in rarer cases can develop hours later.
- Specific warning signs as well as the severity and intensity of symptoms can vary from person to person and sometimes from attack to attack in the same persons.

**Symptoms:** An anaphylactic reaction can involve **any** of the following symptoms, which may appear alone or in any combination, regardless of the triggering allergen:

- **Skin:** hives, swelling, itching, warmth, redness, rash
- **Respiratory (breathing):** wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing), trouble swallowing
- **Gastrointestinal (stomach):** nausea, pain/cramps, vomiting, diarrhoea
- **Cardiovascular (heart):** pale/blue colour, weak pulse, passing out, dizzy/light-headed, shock
- **Other:** anxiety, feeling of “impending doom”, headache, uterine cramps in females.

Because of the unpredictability of reactions, early symptoms should never be ignored, especially if the person has suffered an anaphylactic reaction in the past. It is important to note that anaphylaxis can occur without hives. 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 Plan (Student Emergency Response Plan / Protocols, Section B)*. The cause of the reaction can be investigated later.

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**The most dangerous symptoms of an allergic reaction** involve:

- breathing difficulties caused by swelling of the airways and/or
- a drop in blood pressure indicated by dizziness, light headedness or feeling faint/weak.

**Both** of these **symptoms may lead to death** if untreated.

2) ***Process and Responsibility for identifying anaphylactic students:***

**School Responsibility**

- administer a common registration form to be filled and signed by parents including a section on life-threatening conditions. Ensure it is recorded in the student information system. Develop a master list of those students flagged with life threatening conditions and accompanying treatment advice and protocols. Share this list with all school personnel and volunteers who work with the student.
- Issue at the beginning of each school year a form to parents that updates new identification of life-threatening conditions. and ensure it is recorded in the student information system
- Record medical information whenever there is a significant change a parent reports in regard to their child/children
- Ensure the information is accurate and up-to-date

**Parents/guardians are responsibility**

- notify the school principal when a child is diagnosed as being at risk of anaphylaxis
- provide the school principal with updated medical information annually
- provide the school principal with updated medical information whenever there is a significant change related to their child/children

3) ***Process for keeping a record related to each identified anaphylactic student***

The principal is responsible to develop a master list of those students flagged with life threatening conditions (anaphylaxis) and accompanying medical treatment advice and protocols. Share this list and treatment protocols with all school personnel and volunteers who work with the student in all school related activities.

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4) **Process for principals to monitor and report on anaphylactic incidents**

The principal will require that all anaphylactic incidents will be recorded in student accident/incident log and are recorded on “School Protection Program Risk Management Incident Report Form”

5) *Process for establishing emergency procedure plans*

a) *Student Level Emergency Procedure Plan*

Each principal in consultation with the student (where age appropriate), parent and public health nurse or other qualified members of the medical community will develop School Level **Student Emergency Response Plan/Protocol Form** (see attached form) for each student highlighting allergens that trigger the students anaphylaxis, specific reaction signs the student may exhibit and a treatment or intervention that will be required to assist the student who has the anaphylactic reaction.

The plan/protocol must be approved and signed by a physician or qualified allergenist and the parent. The plan/protocol will outline who must be trained to administer the auto-injection treatment, who will administer the treatment and the specific location of the where medication/injection is stored within the school or on a field trip. The principal will ensure that all personnel and volunteers who work with the student are provided the Emergency Response Protocol within the school or on field trips.

The principal must ensure that a copy of the **Student Emergency Response Plan/Protocol Form is signed by the student, parent, and physician** and is attached to the **Permanent Student Record**.

The student emergency protocol/response plan shall include at minimum:

- the diagnosis;
- the current treatment regimen;
- who within the school community is to be informed about the plan – e.g., teachers, volunteers, classmates; and
- current emergency contact information for the student’s parents/guardian.
- Those exposed to individual student emergency response plans have a duty to maintain the confidentiality of all student personal health information

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**The student’s emergency response plan/protocol shall also explicitly address:**

- the parent’s responsibility for advising the school about any change/s in the student’s condition; and
- the school’s responsibility for updating records.

**b) School Level Emergency Procedure Plan**

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

1. Administer the student’s auto-injector (single dose) at the first sign of a reaction. The use of epinephrine for a potentially life-threatening allergic reaction will not harm a normally healthy child, if epinephrine was not required. Note time of administration.
2. Call emergency medical care (911 where available)
3. Contact the child’s parent/guardian
4. A second auto-injector may be administered within 10 to 15 minutes or sooner, after the first dose is given IF symptoms have not improved (i.e. the reaction is continuing, getting worse, or has recurred).
5. 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).
6. One person stays with the child at all times.
7. One person goes for help or calls for help.

The school principal, or designated staff, must ensure that emergency plan measures are in place for scenarios where students are off-site (e.g. bringing additional single dose auto-injectors on field trips).

**6) *An education plan for encouraging the use of medical identification***

- The school in concert with the parents and the public health nurse will ensure that all parents *are* educated and encouraged to attain Medic Alert identification. For those with financial needs, Medic Alert provides bracelets free of charge to children through the *No Child Without*. The MedicAlert® identification enables emergency personnel to call an emergency hotline and have immediate access to the child’s health record containing information on existing medical conditions, allergies, medications, medical devices, as well as the names and phone numbers of the child’s physician and family contact. MedicAlert®: <http://www.medicalert.ca/en/why/assistance.asp>.

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7) *Procedures for storage and administration of medications*

Epinephrine auto-injectors are life-saving medication. Access to auto-injectors is critical. Epinephrine auto-injectors are to be stored *in* a central **unlocked** location and information to the exact location of storage is provided on the **student’s emergency response plan/protocol**.

**Parents/guardians are informed that it is their responsibility:**

- to provide appropriate medication (e.g., epinephrine auto-injector) for their anaphylactic child;
- 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;
- to inform the school when they deem the child competent to carry their own medication/s, and it is their duty to ensure their child understands they must carry their medication on their person at all times;

***Should the following be stated: Concern: will parent/student rely on 2<sup>nd</sup> auto injector rather being “self-reliant”***

- *to provide a second auto-injector to be stored in a central, accessible, safe but unlocked location;*
- *to ensure anaphylaxis medications have not expired;*
- *to ensure that they replace expired medications.*

8) *Allergy awareness and prevention and avoidance strategies*

Avoidance is the cornerstone of preventing an allergic reaction. Much can be done to reduce the risk when avoidance strategies are developed. Schools must outline allergy avoidance strategies:

- for all schools where students at risk of anaphylaxis have been identified;
- for creating an allergy aware environment; and
- for managing risk associated with rarer allergies to other substances – e.g., a child is identified with allergies to medications, exercise, latex. The Ministry of Education requires allergy awareness, prevention and avoidance strategies are included in the school and district training policy.
- While it is impossible to eliminate all potential allergens from the school environment, schools should create an allergy-aware environment in response to the most common triggers for anaphylaxis: food allergens and insect stings

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**9) *Training strategy implemented by each school***

Anaphylaxis training is a critical component of managing risk associated with anaphylaxis. The anaphylaxis policies, procedures and guidelines established and maintained the board shall ensure:

- school principals communicate to all school community members (students, parents, teachers, volunteers, etc.) the school’s anaphylaxis policies and procedures;
- training initiatives reflect key recommendations from the national anaphylaxis consensus guidelines, *Anaphylaxis in Schools and Other Settings, 2005*<sup>14</sup>;
- experts are consulted in the development of training policies and the implementation of training;
- distinction is made between needs of younger and older anaphylactic students (older students may be more likely to engage in risk behaviours);
- training is provided by individuals trained to teach anaphylaxis management;
- direct training is provided to all those reasonably expected to have supervisory responsibility of school-age and pre-school students – e.g., school staff, foodservice staff and volunteers; best practice suggests training should include student peers (depending on age and maturity);
- training is provided at least once a year; best practice suggests training twice a year is especially advised for secondary schools because of increased student mobility; and
- training encompasses information relating to:
  - signs and symptoms of anaphylaxis;
  - common allergens
  - avoidance strategies
  - emergency protocols
  - use of the epinephrine auto-injector
  - identification of at-risk students (as outlined in the individual student emergency response plan)
  - emergency plans
  - method of communication with and strategies to educate and raise awareness of parents, students, employees and volunteers about anaphylaxis<sup>15</sup>.

Student Emergency Response Plan  
Protocols

Attach to Permanent Record Card

Student Name: \_\_\_\_\_ PEN: \_\_\_\_\_

DOB: \_\_\_\_\_ *BC Care Card No.* \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

A. Condition Description (Parent/Guardian / Physician)

1. a) Allergens that trigger the anaphylactic reaction: \_\_\_\_\_

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b) Steps taken within the school and home to avoid exposure to allergens: \_\_\_\_\_

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c) Symptoms of reaction: \_\_\_\_\_

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d) Changes in the condition from previous reports (medical updates annually from parent/guardian): \_\_\_\_\_

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B. Procedure for treatment (Step by Step): \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Standard School Emergency Plan:

- 1) Administer student's auto-injector
- 2) Call 911 (where available)
- 3) Contact parent/guardian
- 4) Administer second auto-injector (if provided by parent) within 10-15 minutes, or sooner, after first does is given if symptoms have not improved or recur.
- 5) Have EMS transport to hospital

Parent have acquired MedicAlert (free): \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

C. Medication administration (who - self / others / etc.) \_\_\_\_\_

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D. Location of medication (epinephrine auto injector) i.e. kept in unlocked space in main office, classroom and/or on person: \_\_\_\_\_

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E. List of who will be trained to administer medication and administer medication (school personnel, lunch hour supervisor, volunteer, etc.): \_\_\_\_\_

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- who will provide the training to administer the medication?

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F. Those who are dealing with students are informed/understand the CONFIDENTIAL nature of this information (list from F): \_\_\_\_\_

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G. If and when a reaction and/or treatment is administered, it is recorded in the School Protection Risk Management form: \_\_\_\_\_

H. Other significant information required to ensure safety for the child: \_\_\_\_\_

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**PARENT/GUARDIAN CONSENT FORM**

**PARENT/GUARDIAN CONSENT TO ADMINISTER MEDICATIONS:**

I hereby provide consent for the school to administer medication to my child as stated in Section B of the Student Emergency Response plan / protocols.

Student Name: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_