

ANAPHYLAXIS

Background

The Principal is responsible for developing and maintaining a safe environment at school for anaphylactic students with anaphylactic allergies, including (but not limited to) ensuring students, staff, parents, and others are aware of, and comply with this Administrative Procedure.

In accordance with the British Columbia Anaphylaxis Protection Order, all schools and programs in the District must implement the steps outlined in the British Columbia Anaphylactic and Child Safety Framework.

Procedures

Anaphylaxis Protection Order Requirements:

1. Identifying Students with Anaphylaxis
 - 1.1 Principals will continue to review the medical information on the registration form.
 - 1.2. When a parent identifies their child has anaphylaxis (indicated as a life- threatening allergy), the Principal will provide a copy of the registration form (Form 300-1) to the Public Health Nurse to review.
 - 1.3. Once the diagnosis of anaphylaxis is confirmed, the Principal will:
 - 1.3.1. Provide the parent with the Anaphylaxis Action Form (Form 317-1) and the Medication Administration Card (Form 317-2), and
 - 1.3.2. Request the parent and physician complete and sign these forms, and return them to the office prior to the start of the school year.
 - 1.3.3. Together, these forms constitute the Student Level Emergency Plan as outlined in the British Columbia Anaphylactic and Child Safety Framework.
 - 1.4. Principals will initiate an Anaphylaxis Action Plan for each student with anaphylaxis, meet with the student (where age appropriate) and students' parents to review the Anaphylaxis Action Plan and obtain parent's signature.
2. Record Keeping – Permanent Student Record
 - 2.1. Principals will:
 - 2.1.1. Keep a copy of the Anaphylaxis Action Form (Form 317-1) in the Student's Permanent Record, and update this annually.
 - 2.1.2. Ensure information on the student's life threatening allergy is recorded on both the student's electronic file, and the Medical Alert list.
 - 2.1.3. Transfer the Anaphylaxis Action Form (Form 317-1) with the student's Permanent Student Record when the student changes schools.

3. Emergency Procedure Plans

- 3.1. Principals will maintain an accurate, Anaphylaxis Action Form (317-1) for each student with anaphylaxis.
- 3.2. The Form (Form 317-1) must be signed by the student's parents, the student (where age appropriate) and the physician, and must be kept on file at readily accessible locations.
- 3.3. The student emergency response plan shall include at minimum:
 - 3.3.1. The diagnosis;
 - 3.3.2. The current treatment regimen;
 - 3.3.3. Who within the school community is to be informed about the plan, e.g., staff, volunteers, classmates; and
 - 3.3.4. Current emergency contact information for the student's parents/guardians.
- 3.4. Those exposed to individual student emergency response plans have a duty to maintain the confidentiality of all student personal health information.
- 3.5. The student's emergency response plan shall also explicitly address:
 - 3.5.1. The parent's responsibility for advising the Principal about any changes in the student's condition; and
 - 3.5.2. The Principal's responsibility for updating records.
- 3.6. All Principals must have a protocol in place to ensure those responding to an anaphylaxis emergency know what to do. The emergency protocol to include:
 - 3.6.1. Administer EpiPen®;
 - 3.6.2. Call 911 and ask for an Advance Life Support Ambulance;
 - 3.6.3. Call student's parents/guardians;
 - 3.6.4. Administer a second EpiPen® within 10 minutes if symptoms have not improved;
 - 3.6.5. Have student transported to hospital by ambulance.
- 3.7. Principals will:
 - 3.7.1. Ensure an Anaphylaxis Action Form (Form 317-1) and Anaphylaxis Action Plan is completed annually, prior to the start of school for every student with anaphylaxis.
 - 3.7.2. Provide parents with the Medication Administration Card (Form 317-2), and request the student's physician complete the card which confirms the diagnosis of anaphylaxis and indicates emergency medication is required to treat anaphylaxis. Aside, the Medication Administration Card (Form 317-2) is valid indefinitely.

- 3.7.3. Request the Public Health Nurse to check the Medication Administration Card (Form 317-2) and the EpiPens[®] to ensure they are current.
 - 3.7.4. Together the student's Anaphylaxis Action Form (Form 317-1), Medication Administration Card (Form 317-2) and Anaphylaxis Action plan constitute an Emergency Procedure Plan.
4. Use of Medical Identification
 - 4.1. Principals will:
 - 4.1.1. Inform parents and staff of medical alert program and encourage students to use medic alert bracelet or necklet which indicates the student has anaphylaxis.
 - 4.1.2. Provide parents with Medic Alert application brochure and inform parents of the Medic Alert "No Child Without" program which provides discount Medic Alert bracelets for children up to 14 years of age.
5. Provision and Storage of Auto Injector
 - 5.1. Principals will:
 - 5.1.1. Inform parents and students that only single-use single-dose auto injectors (EpiPen[®]) will be administered in the event of anaphylaxis. Note: neither oral antihistamines nor double dose auto injectors (Twinjec[®]) will be provided.
 - 5.1.2. Request parents to provide two current EpiPens[®] (one of which will be kept in a central location in the school office and the other to be kept with the student if he/she is able to self-administer or in the school office if the student is not able to self-administer).
 - 5.1.3. Establish procedures for permitting school staff to administer an EpiPen[®] to a student with a known diagnosis of anaphylaxis where there is no pre-authorization from the parent to do so.
 - 5.1.4. Purchase at least one EpiPen[®] annually for an emergency situation and follow emergency protocol in the event of an anaphylaxis.
 - 5.2. Principals will not administer EpiPen[®] to a student with a suspected anaphylactic reaction where there is no confirmed diagnosis. Should this situation arise the emergency protocol is to call 911 and request a "Life Support ambulance".
6. Monitor and Report
 - 6.1. Principals will monitor and report on the number of students with anaphylaxis and any anaphylactic incidents to the Board in aggregate form at a frequency and in a form as directed by the Superintendent.

7. Allergy Awareness, Prevention and Avoidance Strategies

7.1. Principals will:

- 7.1.1. Establish and maintain allergy awareness, allergy avoidance and emergency prevention strategies as outlined in the school's Anaphylaxis Action Forms and plans.
- 7.1.2. Print resources to inform the school community about anaphylaxis can be found on the District website.

8. Training Strategy

8.1. Principals will establish a training strategy and implement the strategy as early as possible in each school year.

8.2. Training is to be provided to:

- 8.2.1. School staff who have supervisory responsibility;
- 8.2.2. Classmates of students with anaphylaxis in elementary schools; and
- 8.2.3. Peers of students with anaphylaxis in middle and secondary schools.

8.3. Training is to encompass information pertaining to:

- 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 the EpiPen®;
- 8.3.6. Identification of at-risk students;
- 8.3.7. Emergency plans.

9. Raise Awareness

9.1 Principals will develop a communication plan to educate and raise awareness of students, staff, parents, and others about anaphylaxis.

*Reference: Sections 7, 17, 20, 22, 65, 84, 85, 95 School Act
School Regulation 265/89
Anaphylaxis Protection Order M232/07
Anaphylaxis: A Handbook for School Boards, Canadian School Boards Association
British Columbia Anaphylactic and Child Safety Framework*

SD No. 40 (New Westminster)

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Modification to this document is not permitted without prior written consent from SD No. 40 (New Westminster)