

REGULATION 5141.21

ANAPHYLAXIS

The principal of the school is responsible for developing and maintaining a safe school environment for students diagnosed with an allergy, who are at risk of anaphylaxis. This includes ensuring parents, students, teachers, and other school staff are aware of and comply with school district policy.

Anaphylaxis Protection Order Requirements

(a) Identifying Students with Anaphylaxis

Schools will review medical information on new students' registration forms. When a parent identifies their child has been diagnosed with an allergy and is at risk of anaphylaxis indicated as a life-threatening allergy the school will provide the parent with the Anaphylaxis Action form and the Medication Administration Form. Request that the parent and physician complete and sign the forms and return these to the office prior to the start of the school year. Together these forms constitute the Student Level Emergency Plan as outlined in the *British Columbia Anaphylactic and Child Safety Framework*.

Schools will initiate an Anaphylaxis Action Plan for each student diagnosed with an allergy and is at risk of anaphylaxis. Meet with the student (where age appropriate) and students' parents to review the Anaphylaxis Action Plan and obtain parent's signature.

(b) Record Keeping – Permanent Student Record

Schools will keep a copy of the Anaphylaxis Action form in the Student's Permanent Record and update this annually. Ensure information on the student's life threatening allergy is recorded on both the student's electronic file, and the Medical Alert list.

Transfer the Anaphylaxis Action Form with the student's Permanent Student Record when the student changes schools.

(c) Emergency Procedure Plans

Schools will maintain an accurate, Anaphylaxis Action Form and a Medication Administration Form for each student at risk of anaphylaxis. The Medication Administration Form 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.

The student emergency 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.

The student's emergency response plan shall also explicitly address:

- the parent's responsibility for advising the school about any changes in the student's condition; and
- the school's responsibility for updating records.

All schools must have an emergency protocol in place to ensure responders know what to do in an emergency. The emergency protocol includes:

- administer epinephrine auto-injector;
- call 911 and ask for an Advance Life Support Ambulance;
- call student's parents;
- administer a second epinephrine auto-injector after 5 minutes if symptoms have not improved;
- have student transported to hospital by ambulance.

Schools will ensure an Anaphylaxis Action Form and Anaphylaxis Action Plan are reviewed annually, prior to the start of school for every student at risk of anaphylaxis.

Schools will provide parents with the Medication Administration Form and request the student's physician complete the Form which confirms the diagnosis of anaphylaxis and indicates emergency medication is required to treat anaphylaxis. The Medication Administration Form is valid indefinitely.

Together the student's Anaphylaxis Action Form, Medication Administration Form and Anaphylaxis Action Plan constitute an Emergency Procedure Plan.

(d) Use of Medical Identification

Schools will inform parents and staff of medical alert program and encourage students to use medic alert bracelet or necklet which indicates the student is at risk of anaphylaxis.

Schools will provide parents with MedicAlert application brochure and inform parents of the MedicAlert “No Child Without” program which provides free MedicAlert bracelets for children up to 14 years of age.

(e) Provision and Storage of AutoInjector

Schools will inform parents and students that only epinephrine-auto injectors will be administered in the event of anaphylaxis. Oral antihistamines will not be administered by school staff.

Schools will request parents to provide two current epinephrine auto-injectors, one will be kept with the student at all times the other in a central unlocked location in the school office.

Schools will establish procedures for permitting school staff to administer an epinephrine auto-injector to a student with a confirmed diagnosis of anaphylaxis where there is no preauthorization from the parent to do so. Schools will purchase at least one epinephrine auto-injector annually for an emergency situation and follow emergency protocol in the event of an anaphylaxis. Epinephrine auto-injectors come in two dosage strengths. Schools will ensure appropriate dosages are available.

Schools will not administer epinephrine auto-injector 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”.

(f) Monitor and Report

Principals will report information on each anaphylactic incident to the Board of Education via the Superintendent in aggregate form using the Schools Protection Program Incident Report.

(g) Allergy Awareness, Prevention and Avoidance Strategies

Schools will establish and maintain allergy awareness, allergy avoidance and emergency prevention strategies as outlined in the school’s Anaphylaxis Action Forms and Plans.

(h) Training Strategy

Schools will establish a training strategy and implement the strategy as early as possible in each school year. Training should be provided to:

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- school staff who have supervisory responsibility;
- classmates of students at risk of anaphylaxis in elementary schools; and
- peers of students at risk of anaphylaxis in middle and secondary schools.

Anaphylaxis training will be made available in consultation with, and utilizing resources and tools recommended by the Public Health Nurse. Training should encompass 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;
- emergency plans

(i) Raise Awareness

Schools will develop a communication plan to educate and raise awareness of parents, students, employees and volunteers about anaphylaxis.

Please refer to Anaphylaxis 5141.21 (attach)

Greater Victoria School District

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