



Rationale

Island Catholic Schools recognizes that it has a duty of care to students who are at risk from anaphylaxis while under school supervision. The Board also recognizes that this responsibility is shared among the student, parents, the school system and health care providers.

The purpose of this policy is to minimize the risk to students with severe allergies to potentially life-threatening allergens without depriving the severely allergic student of normal peer interactions or placing unreasonable restrictions on the activities of other students in the school.

This policy is designed to ensure that students at risk of anaphylaxis are identified, strategies are in place to minimize the potential of accidental exposure, and staff and key volunteers are trained to respond in an emergency situation.

Anaphylaxis is sudden and severe allergic reaction, which can be fatal. Anaphylaxis is a medical emergency that requires immediate emergency treatment with an Epinephrine auto-injector. Any substance can cause an allergic reaction. The most common substances include foods, food additives, medications, insects and latex. Anaphylaxis can include any of the following symptoms, which may appear alone or in any combination:

- 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, diarrhea;
- Cardiovascular (heart): pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock;
- Other: anxiety, feeling of “impending doom”, headache, uterine cramps.

Policy

All children including those at risk of life-threatening allergic reactions have the right to access a safe, healthy learning environment. Island Catholic Schools cannot guarantee an ‘allergy free’ environment. It is expected that school staff, parents and students will take reasonable steps to establish an ‘allergy aware’ environment which minimizes the risk of potential anaphylaxis. Schools must take realistic and practical actions that will encourage the support of everyone



involved.

The Board of Directors expects schools will develop an 'Anaphylaxis Action Plan' when a student(s) with an anaphylactic allergy is under their care. The Anaphylaxis Action Plan will include allergy awareness, and prevention and avoidance strategies. These plans will be considered in the context of the anaphylactic child's age and maturity. Children, as they mature, should take more personal responsibility for avoidance of their specific allergens.

Regulation

The principal of the school is responsible for developing and maintaining a safe school environment for anaphylactic students with anaphylactic allergies. This includes ensuring parents, students, teachers, and other school staff are aware of and comply with school district policy.

In accordance with the British Columbia *Anaphylaxis Protection Order*, all schools in Island Catholic Schools must implement the steps outlined in the *British Columbia Anaphylactic and Child Safety Framework*.

Anaphylaxis Protection Order Requirements

(a) Identifying Students with Anaphylaxis

At the time of registration, using the school's registration form, parents/guardians are to report on their child's medical conditions including whether their child has a medical diagnosis of anaphylaxis. When a parent identifies their child has anaphylaxis (indicated as a life-threatening allergy), the school will contact the public health nurse to review the information.

Once the public health nurse confirms the diagnosis of anaphylaxis, the school will provide the parent with the Student Emergency Procedure Plan Form and the Medication Administration Form, and request 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 meet with the student (where age appropriate) and/or the students' parents to review the Student Emergency Procedure Plan.

**(b) Record Keeping - Permanent Student Record**

Schools will keep a copy of the Student Emergency Procedure Plan in the Student's Permanent Record and update this annually. Information on the student's life threatening allergy is to be recorded on both the student's electronic file, and the Medical Alert list.

The school will transfer the Student Emergency Procedure Plan with the student's Permanent Student Record when the student changes schools.

(c) Emergency Procedure Plans

Schools will maintain an accurate Student Emergency Procedure Plan for each student with anaphylaxis. The 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 EpiPen or Allerject;
- call 911 and ask for an Advance Life Support Ambulance;
- call student's parents;



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- administer a second EpiPen, or Allerject within 10 minutes if symptoms have not improved;
 - have student transported to hospital by ambulance.

Schools will ensure a Student Emergency Procedure Plan is completed annually, prior to the start of school for every student with anaphylaxis.

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

(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 has anaphylaxis.

(e) Provision and Storage of Autoinjector

Schools will inform parents and students that only single-use single-dose auto injectors (EpiPen or Allerject) will be administered in the event of anaphylaxis. Neither oral antihistamines nor double dose auto injectors (Twinject) will be provided.

Schools will request parents to provide two current EpiPens or Allerjects. One of which will be kept in a central location in the school office. The other EpiPen or Allerject is 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.

Schools will establish procedures for permitting school staff to administer an EpiPen to a student with a known diagnosis of anaphylaxis where there is no preauthorization from the parent to do so. Schools will purchase at least one EpiPen or Allerject annually for an emergency situation and follow emergency protocol in the event of an anaphylaxis.

Schools will not administer EpiPen or Allerject 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

Schools will monitor and report on the number of students with anaphylaxis and any anaphylactic incidents to the board of education in aggregate form at a frequency and in a form as directed by the superintendent.

(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 & 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:

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

In consultation with the school Public Health Nurse, training should encompass information relating to:

- signs and symptoms of anaphylaxis;
- common allergens;
- avoidance strategies;
- emergency protocols;
- use of the EpiPen and Allerject;
- 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.

Reference:	Approved
	Date Approved: September 2007
Cross-reference:	Date(s) Revised: February 2014