

# ADMINISTRATIVE REGULATIONS

TITLE: ANAPHYLAXIS

CATEGORY: HEALTH AND SAFETY

NUMBER: 3020

CIRCULATING UNTIL MAY 21, 2025

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## I. RATIONALE:

The Board of Education of School District 46 (Sunshine Coast) believes it has a responsibility to provide a safe environment for children with life-threatening allergies. The goal of the administrative regulation is to provide a safe environment for children with life-threatening allergies. While it is recognized that it is not possible to reduce the risk to zero, it is the intent of this policy to minimize the risk and to allow the anaphylactic child to attend school with relative confidence.

## II. PRACTICES:

### A. Definition:

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

B. Symptoms of a severe allergic reaction can manifest within minutes of exposure to an allergen, although they may sometimes take several hours to appear. Reactions can vary significantly among individuals and may present differently each time. Generally, a severe allergic reaction involves two or more of the following body systems:

- Skin: Hives, swelling (especially of the face, lips, or tongue), itching, warmth, redness, or rash.
- Respiratory: Coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarseness, nasal congestion, or hay fever-like symptoms (including runny, itchy nose, watery eyes, and sneezing). Difficulty swallowing may also occur.
- Gastrointestinal: Nausea, abdominal pain or cramps, vomiting, or diarrhea.
- Cardiovascular: Paleness or bluish skin colour, weak pulse, fainting, dizziness, light-headedness, or shock.
- Other Symptoms: Anxiety, a sense of impending doom, headache, uterine cramps, or a metallic taste.

Immediate recognition and response to these symptoms are crucial for ensuring the safety and well-being of individuals with severe allergies.

It is important to note that anaphylaxis can occur without hives. If an allergic student expresses any concerns about a potential reaction, their concerns must be taken seriously. Immediate response is critical; follow the instructions outlined in the student's Anaphylaxis Emergency Plan without delay. The cause of the reaction can be investigated afterward.

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The most dangerous symptoms of an allergic reaction are:

- Breathing difficulties, caused by swelling of the airways.
- A drop in blood pressure, indicated by dizziness, lightheadedness, or feelings of faintness or weakness.

Both of these symptoms can be life-threatening if left untreated, underscoring the need for prompt action. Immediate recognition and response to these symptoms are crucial for ensuring the safety and well-being of individuals with severe allergies.

## C. Information and Awareness:

### 1. Identification of Anaphylactic Students: Responsibilities of School Authorities

- a. The principal shall inform all parents, guardians, and caregivers at the beginning of each school year about the requirement to disclose any anaphylactic conditions to the school.
- b. Parents, guardians, and caregivers of children with anaphylaxis must:
  - i. Notify the principal of their child's condition.
  - ii. Complete a Request for Administration of Medication Form, providing crucial information including:
    - The specific foods or allergens that trigger the reaction.
    - A treatment protocol signed by the child's physician.
    - Any changes in the child's condition since the previous year or since last reported.
    - Consent to share photographs and medical information in key locations (e.g., school bus, classroom) and wherever the child's epinephrine auto-injector (e.g., EpiPen) is stored.

### 2. Compliance with Guidelines

Our district will adhere to the protocols and policies outlined in the Ministry document "BC Anaphylactic and Child Safety Framework" to ensure the safety and well-being of students with anaphylaxis available at:

[https://www2.gov.bc.ca/assets/gov/education/administration/kindergarten-to-grade-12/healthyschools/anaphylaxis/bc\\_anaphylactic\\_child\\_safety.pdf](https://www2.gov.bc.ca/assets/gov/education/administration/kindergarten-to-grade-12/healthyschools/anaphylaxis/bc_anaphylactic_child_safety.pdf)

### 3. Identification of Anaphylaxis Students to Staff

- a. Upon identification of a student with anaphylaxis, all teaching and non-teaching staff members will be promptly informed of the child's condition.

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- b. Detailed instructions for using the auto-injector, along with a list of symptoms and emergency procedures, will be prominently posted in each classroom and the medical emergency room.
- c. The school will actively encourage anaphylactic students and their families to utilize medical identification, such as a MedicAlert® bracelet.
- d. At the elementary level, it is recommended that the medical alert symbol be displayed on the classroom door to indicate the presence of a student with a medical alert.
- e. Information regarding the anaphylactic student's allergies and the corresponding emergency procedures will be maintained in a visible location to ensure swift access in case of an emergency.

#### 4. Inservice for Teachers and Other School Staff

- a. The superintendent, or a designated representative, along with the principal, shall ensure that annual in-service training on recognizing and treating anaphylactic reactions is provided to all school personnel, including teachers and education assistants on call.
- b. All staff members who may be responsible for students with anaphylaxis are required to receive individual training in the use of auto-injectors.
- c. Public health nurses should be engaged to develop and deliver comprehensive training on anaphylaxis for school staff.
- d. Identification of students with anaphylaxis to their peers should only occur after consulting with the affected student and their family.
- e. Training Guidelines:
  - i. In alignment with VCH guidelines, a dedicated training session on anaphylaxis and anaphylactic shock will be conducted at the beginning of each school year for all staff members and individuals who may have supervisory roles with school-age and preschool-age children participating in early learning programs.
  - ii. Efforts will be made to include parents and, when appropriate, students in this training. Expert input from public health nurses and trained occupational health and safety staff will inform the development and implementation of training policies. Training will be conducted by qualified personnel experienced in anaphylaxis management.

#### 5. Sharing Information with Parents and Parent Organization

- a. The school will establish a clear communication policy to inform parents, guardians, and caregivers about the presence of students with life-

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threatening allergies within their child's school and the protective measures being implemented to ensure their safety.

- b. Informational letters will be sent home to encourage parents, guardians, and caregivers to cooperate by avoiding the inclusion of allergens in school lunches and snacks.
- c. Teachers will provide timely reminders to parents, guardians, and caregivers around special occasions when food will be shared, emphasizing the importance of selecting allergen-free options.
- d. Parents, guardians, and caregivers, as well as other members of the school community, are encouraged to voice any concerns directly to the principal, rather than approaching the families of students with anaphylaxis.
- e. If any staff members learn of a student with anaphylaxis whose parent, guardian, or caregiver is not making adequate or appropriate provisions for the child's safety, they must report the concern to the Ministry of Children and Family, in accordance with Regulation 3050 - Child Protection.

## 6. Prevention of Anaphylaxis

- a. Each school will develop and implement prevention strategies to fulfill its duty of care in a reasonable manner. These strategies will be tailored to the age and maturity of the students involved. At the elementary level, a complete ban on specific allergens may be necessary to ensure safety.
- b. Individuals at risk of anaphylaxis must learn to avoid known triggers. While the primary responsibility lies with the students and their families, the school community must actively contribute to creating an "allergy-aware" environment. Special care will be taken to minimize exposure to allergens, and parents, guardians and care-givers are encouraged to consult with the teacher before sending any food to classrooms with food-allergic children. Such measures significantly reduce the risk of accidental exposure to food allergens.
- c. Given that anaphylaxis can be triggered by even minute amounts of an allergen, students with food allergies should adhere to the following guidelines:
  - i. Eat only food brought from home, unless it is packaged, clearly labeled, and approved by their parents/guardians (applicable to elementary schools).

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- ii. If using the cafeteria, ensure that food service staff understand the serious nature of their allergy; when in doubt, avoid the food item.
  - iii. Wash hands before and after eating.
  - iv. Avoid sharing food, utensils, or containers.
  - v. Place food on a napkin or wax paper rather than directly on desks or tables.
- d. In addition, non-food allergens (such as medications and latex) will be identified and restricted from classrooms and common areas where a student with a related allergy may encounter them.
- e. For further guidance, refer to the British Columbia Anaphylactic and Child Safety Framework:  
[https://www2.gov.bc.ca/assets/gov/education/administration/kindergarten-to-grade-12/healthyschools/anaphylaxis/bc\\_anaphylactic\\_child\\_safety.pdf](https://www2.gov.bc.ca/assets/gov/education/administration/kindergarten-to-grade-12/healthyschools/anaphylaxis/bc_anaphylactic_child_safety.pdf)
- f. Special consideration should be given to the following:
- i. Field Trips:  
The risk of an anaphylactic reaction increases when children are outside of the controlled school environment. In addition to standard safety precautions for field trips, it is essential to take the following measures to protect students with anaphylaxis:
    - Bring a photocopy of all relevant medical information, along with an epinephrine and anaphylaxis kit or any necessary medications.
    - Ensure that all supervisors, staff, and parents are informed about the identity of the student with anaphylaxis, their specific allergens, potential symptoms, and required treatment protocols.
  - ii. Insect Venom:  
While the school cannot assume responsibility for potential exposure to bees, hornets, wasps, and yellowjackets, the following precautions are recommended to minimize the risk of exposure:
    - Ensure that garbage is properly covered to reduce attraction for these insects.
    - Report any sightings of bees, wasps, or their nesting areas to the maintenance department for prompt removal.
    - Immediately remove any child with an allergy to insect venom from the area if a bee or wasp enters the room.

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## 7. Emergency Response Protocol

- a. Each child with anaphylaxis should have a customized emergency action plan developed in collaboration with their parents/guardians, and Public Health Nurse or physician. This plan must be reviewed annually and kept in the emergency medical binder located in a designated area within the school.
- b. Schools should familiarize themselves with local ambulance regulations and incorporate them into their emergency procedures. The plan must detail the immediate transport of the child to a hospital facility following the administration of the auto-injector, along with notifying the hospital of the child's impending arrival and the reason for the emergency.

## 8. Record Keeping: Monitoring and Reporting

- a. The school principal is responsible for maintaining accurate records for each student at risk of life-threatening allergies. These records must include the student's emergency action plan.
- b. In accordance with the Anaphylaxis Protection Order, the anaphylaxis policy established and maintained by each school board must include:
  - i. Processes for identifying students with anaphylaxis.
  - ii. Comprehensive records detailing the specific allergies of each identified student, which will be incorporated into the student's Permanent Student Record as defined by the Permanent Student Record Order.
  - iii. A system for school principals to monitor and report data regarding anaphylactic students to the board in aggregate form, including the number of at-risk students and the frequency of anaphylactic incidents. This aggregate data is essential for protecting student privacy and ensuring compliance with privacy legislation.
- c. School boards are required to report annually to the Ministry of Education on the implementation of their anaphylaxis policy and any related practices.

**Revised:**

**Received:** September 2019

**References:** Ministerial Order M232-07