

ADMINISTRATIVE REGULATIONS

TITLE: ANAPHYLAXIS
CATEGORY: HEALTH AND SAFETY
NUMBER: 3020

I. Rationale:

The Board of Education of School District No. 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”: Anaphylaxis is a sudden and severe allergic reaction, which can be fatal, requiring immediate medical emergency measures be taken.

Signs and symptoms of a severe allergic reaction can occur within minutes of exposure to an offending substance. Reactions 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 person.

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, diarrhea
- Cardiovascular (heart): pale/blue colour, weak pulse, passing out, dizzy/lightheaded, 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

ADMINISTRATIVE REGULATIONS

TITLE: ANAPHYLAXIS
CATEGORY: HEALTH AND SAFETY
NUMBER: 3020

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. The cause of the reaction can be investigated later.

The most dangerous symptoms of an allergic reaction involve:

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

Both of these symptoms may lead to death if untreated.

B. Information and Awareness:

1. Identification of Anaphylactic Students to School Authorities.

a) It is the responsibility of the principal to advise all parents and students at the beginning of each school year that an anaphylactic condition must be brought to the attention of the school.

b) It is the responsibility of parents of children with anaphylaxis to identify their children to the school principal and provide information on a Request for Administration of Medication Form regarding:

- (1) the foods or allergen which trigger the reaction;
- (2) a treatment protocol signed by the child's physician;
- (3) any changes in the child's condition from previous years or since last reported;
- (4) permission to post photographs and medical information in key locations (e. g. school bus and classroom) and wherever the child's epinephrine auto-injector (i.e. epipen) is stored.

2. Our district will follow the guidelines and policies set out in the Ministry document "*BC Anaphylactic and Child Safety Framework*" available at 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) As soon as the child is identified, all teaching and non-teaching staff will

ADMINISTRATIVE REGULATIONS

TITLE: ANAPHYLAXIS
CATEGORY: HEALTH AND SAFETY
NUMBER: 3020

be made aware that a child with anaphylaxis is attending their school. In addition:

- (1) instructions on the use of the auto injector along with the list of symptoms and emergency procedures should be posted in the classroom and the medical emergency room;
- (2) the student should wear a medic-alert bracelet which identifies specific allergens;
- (3) at the elementary level it is suggested that the medical alert symbol be posted on the classroom door indicating the presence of a child with a medical alert;
- (4) information about the anaphylactic student's allergies and emergency procedures shall be kept in a visible location.

4. Inservice for Teachers and Other School Staff

- a) The superintendent or his/her designate or the principal should ensure that inservice is provided annually to all school personnel including TOCs on how to recognize and treat anaphylactic reaction,
- b) All teachers and other staff who may be in a position of responsibility for children with anaphylaxis (including bus drivers, noon hour supervisors, etc.) should receive personal training in the use of auto-injector.
- c) Public Health nurses should be contacted to develop and deliver an in-service on anaphylaxis to school staff.
- d) It is recommended that identification of students with anaphylaxis to their peers in the school setting should not take place without consultation with the student with anaphylaxis and their family..

5. Sharing Information with Parents and Parent Organization

- a) The school should develop a communication policy to inform parents of the presence of a student with life-threatening allergies in their child's school and the measures that are being taken to protect the student.
- b) Letters should be sent home encouraging parents' cooperation to avoid including the allergen in school lunches and snacks.
- c) Teachers will ensure reminders are provided around the time of special occasions when food is being provided from home.

ADMINISTRATIVE REGULATIONS

TITLE: ANAPHYLAXIS
CATEGORY: HEALTH AND SAFETY
NUMBER: 3020

d) Parents and other members of the school community should be encouraged to bring any concerns to the principal, NOT to the parents of the children with anaphylaxis.

6. Staff who become aware of an anaphylactic student whose parents parent/guardian fails to make or refuses to make adequate or appropriate provisions for the student, shall report the same to Ministry of Children and Family (see Regulation 3050 - Child Protection).

C. Prevention of Anaphylaxis

Each school will develop prevention strategies for the purpose of meeting a school's duty of care in a reasonable manner. These strategies will be appropriate to the age and maturity of the students involved. At the elementary level, it may be necessary to impose a complete ban of the allergen. The *British Columbia Anaaphylactic and Child Safety Framework*

(https://www2.gov.bc.ca/assets/gov/education/administration/kindergarten-to-grade-12/healthyschools/anaphylaxis/bc_anaphylactic_child_safety.pdf) is a resource that may be obtained. Special consideration should be given to the following:

1. Field Trips

The likelihood of an anaphylactic reaction is greater when children are out of the controlled environment of the school. In addition to the usual school safety precautions applying to field trips, it is suggested that in order to protect the child with anaphylaxis a photocopy of all pertinent medical information and epinephrine/anaphylaxis kit or any medication for treatment will be taken on the field trip. In addition, all supervisors, staff and parents should be made aware of the identity of the child with anaphylaxis, the allergens, symptoms and treatment.

2. Insect Venom

The school cannot take responsibility for possible exposure to bees, hornets, wasps and yellowjackets, however, the following precautions are recommended to reduce the risk of exposure:

- a) ensure that garbage is properly covered;
- b) the presence of bees and wasps, especially nesting areas should be reported immediately to the maintenance department for removal; and

ADMINISTRATIVE REGULATIONS

TITLE: ANAPHYLAXIS
CATEGORY: HEALTH AND SAFETY
NUMBER: 3020

c) immediately remove a child with an allergy to insect venom from the room if a bee or wasp gets in.

D. Emergency Response Protocol

A separate emergency plan should be developed and reviewed annually for each child with anaphylaxis in conjunction with the child's parents and physician and kept in the emergency medical binder located in a designated location. Schools should be aware of local ambulance regulations and take them into account when developing their procedures. Plans should include immediate transport of the child to a hospital facility after administration of the auto injector. In addition the hospital should be informed that the child is en route and why.

E. Record Keeping – Monitoring and Reporting

1. The school principal has a responsibility for keeping accurate records for each student at-risk of life-threatening allergies. That record shall include the student's emergency response plan.

2. In accordance with the Anaphylaxis Protection Order, the anaphylaxis policy established and maintained by each board must include processes for:

- a) identifying anaphylactic students; and
- b) keeping a record with information relating to the specific allergies for each identified anaphylactic student to form part of the student's Permanent Student Record, as defined in the Permanent Student Record Order; and
- c) school principals to monitor and report information about anaphylactic students to the board in aggregate form (to include number of at-risk anaphylactic students and number of anaphylactic incidents). Aggregate data is required to ensure student privacy and to ensure alignment with privacy legislation.

3. Boards of Education are required to report to the Ministry of Education annually with respect to anaphylaxis policy and implementation.

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References: Ministerial Order M232-07