



Administrative Regulations

ADMINISTRATION

1080

ANAPHYLAXIS

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.

A. Definition:

Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body. The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock, all of which are potentially fatal. Common examples of potentially life-threatening allergies are those to foods (e.g. peanuts, etc.) and stinging insects.

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:
 - the foods or allergen which trigger the reaction;
 - a treatment protocol signed by the child's physician;
 - any changes in the child's condition from previous years or since last reported;
 - 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.

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Date adopted: November 9, 1999

Revised: Feb25/02; Sept. 9/08

Reference: Policy 1.2

Anaphylaxis Protection Order

Supt. Signature:



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ANAPHYLAXIS (continued)

2. Identification of Anaphylaxis Students to Staff

As soon as the child is identified, all teaching and non-teaching staff will be made aware that a child with anaphylaxis is attending their school. In addition:

- a. 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;
- b. the student should wear a medic-alert bracelet which identifies specific allergens;
- c. 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;
- d. information about the anaphylactic student's allergies and emergency procedures shall be kept in a visible location.

3. 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, contents of school policies which protect children with anaphylaxis from exposure, and school protocol with regards to responding to emergencies.
- 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.

4. Sharing Information With Other Students and Parents

- a. The school should identify students suffering life-threatening allergies to all students in the school, and enlist their cooperation. This should be done in a way that is appropriate to the students' age and maturity, without creating fear and anxiety, and in consultation with the parents of children with anaphylaxis.

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Supt. Signature:

A handwritten signature in black ink, appearing to read "Deborah [unclear]", written over a horizontal line.



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ANAPHYLAXIS (continued)

4. Sharing Information With Other Students and Parents (cont'd)
 - b. Other students and parents must be made aware that threatening to expose the child with anaphylaxis to the allergen will be dealt with in the same manner as a weapons threat. It is recognized that the risk of teasing or threatening children with anaphylaxis is reduced if classmates are introduced to the situation at a young age. In any case, the risk of ignorance is generally judged to be greater than the risks associated with sharing information. It is recommended that identification of students with anaphylaxis to their peers in the secondary school setting should not take place without consultation with the student with anaphylaxis.
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.
 - 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 Child Abuse).

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. Anaphylaxis: A Handbook For School Boards is a resource that may be obtained from the school district office. Special consideration should be given to the following:

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ANAPHYLAXIS (continued)

C. Prevention of Anaphylaxis (continued)

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
- 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.

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ANAPHYLAXIS (continued)

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.

Form Attached:
Request for Administration of Medication

Date adopted: November 9, 1999
Revised: Feb25/02; Sept. 9/08

Reference: Policy 1.2
Anaphylaxis Protection Order

Supt. Signature:



SCHOOL DISTRICT NO. 46 (SUNSHINE COAST)
REQUEST FOR
ADMINISTRATION OF MEDICATION

This form is for "long term" or emergency administration of medication, e.g. epilepsy, anaphylaxis, etc.

A. TO BE COMPLETED BY PARENT OR GUARDIAN

NAME		BIRTH DATE (YEAR, MONTH, DAY)	
PARENT OR GUARDIAN		HOME PHONE	BUSINESS PHONE
PHYSICIAN		PHONE	

B. TO BE COMPLETED BY PRESCRIBING PHYSICIAN

CONDITION(S) WHICH MAKE MEDICATION NECESSARY:

NAME OF MEDICATION	DOSAGE	DIRECTIONS FOR USE / STORAGE
1.		
2.		
3.		
ADDITIONAL COMMENTS (POSSIBLE REACTIONS, CONSEQUENCES OF MISSING MEDICATION, ETC.)		Physician's Signature _____ Date _____

C. TO BE COMPLETED BY PARENT OR GUARDIAN

I REQUEST THE SCHOOL TO GIVE MEDICATION AS PRESCRIBED ON THIS FORM TO MY CHILD

I WILL PROVIDE THE SCHOOL WITH REGULARLY UPDATED MEDICAL INFORMATION

Name of Child _____

AS THE SCHOOL DISTRICT IS NOT ENGAGED IN THE BUSINESS OF ADMINISTRATION OF MEDICATION, I ALSO RELEASE THE SCHOOL DISTRICT AND ITS EMPLOYEES FROM ANY AND ALL RESPONSIBILITIES FOR THE LOSS OF, FAILURE TO ADMINISTER OR ADVERSE REACTION TO MEDICATION.

I RECOGNIZE THAT:

- A. IT IS NOT POSSIBLE, DESPITE BEST EFFORTS, TO PROVIDE A SCHOOL ENVIRONMENT THAT IS GUARANTEED TO PROVIDE NO EXPOSURE TO ALLERGENS;
- B. EDUCATORS AND SUPPORT STAFF ARE NOT MEDICALLY TRAINED;
- C. THE PRIMARY RESPONSIBILITY FOR A STUDENT'S WELFARE REMAINS WITH THE PARENT/GUARDIAN AND/OR STUDENT.

Parent/Guardian Signature _____ Date _____



SCHOOL DISTRICT NO. 46 (SUNSHINE COAST)

**REQUEST FOR
ADMINISTRATION OF MEDICATION**

This form is for "long term" or emergency administration of medication, e.g. epilepsy, anaphylaxis, etc.

D. EACH SCHOOL STAFF MEMBER WHO IS GOING TO ADMINISTER OR SUPERVISE THE MEDICATION MUST REVIEW THE INFORMATION ON THIS FORM, INDICATE DATE AND SIGN BELOW

DATE	SIGNATURE	COMMENTS, IF ANY