



Anaphylaxis Policy
Vancouver Island School of Innovation and Inquiry
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RATIONALE

“Anaphylaxis is a serious allergic reaction that is rapid in onset and can possibly be fatal. Food and insect stings are the most common allergens to trigger such a reaction. The highest incidence of anaphylaxis occurs in school-aged children, making it essential that schools have an anaphylactic safety plan.” (Reference 1)

The Epiphyte Educational Society (“EES” or “the board”) recognizes that it has a duty of care to students who are at risk from life-threatening allergic reactions while under school supervision. The board also recognizes that this responsibility is shared among the students, parents, the Vancouver Island School of Innovation and Inquiry (“VISII” or “the school”), 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 ensures that students at risk are identified, strategies are in place to minimize the potential for accidental exposure, and staff and key volunteers are trained to respond in an emergency situation.

While the board cannot guarantee a 100% allergen-free environment, the board will take reasonable steps to provide an allergy-safe, allergy-aware and supportive environment for students with life-threatening allergies.

DEFINITIONS

1. **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:
 - a. **Skin:** hives, swelling, itching, warmth, redness, rash.
 - b. **Respiratory (breathing):** wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion, hay fever-like symptoms (runny itchy nose and watery eyes, sneezing), or trouble swallowing.
 - c. **Gastrointestinal (stomach):** nausea, pain/cramps, vomiting, diarrhea.
 - d. **Cardiovascular (heart):** pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock.
 - e. **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 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.

Common examples of potential **allergens** include certain foods, animals, plants, insect stings, or a wide range of other substances, including scented products, cleaners, chemicals, and other materials affecting air quality.

POLICY

The board authorizes the Principal and school staff to create and oversee implementation of all procedures and forms required under this Policy. The Principal is responsible for ensuring that VISII creates and maintains as safe, healthy, and inclusive an environment as possible for students who suffer from life-threatening allergies that can result in an anaphylactic reaction. The school must implement the steps outlined in school procedures on anaphylaxis, which include:

1. a process for identifying students with anaphylaxis;

2. Information on a student's life threatening medical conditions will be recorded and updated on the student's file;
3. a process for establishing an emergency procedure plan, to be reviewed annually, for each identified anaphylactic student to form part of the student's student record;
4. an education plan for anaphylactic students and their parents to encourage the use by anaphylactic students of Medic-Alert identification;
5. procedures for storage and administering medications, including procedures for obtaining preauthorization for employees to administer medication to an anaphylactic student;
6. procedures to promote allergy awareness and prevention of exposures; and
7. training strategies for staff

PROCEDURES

Identifying Students with Anaphylaxis

VISII will include in its registration form a section on life threatening conditions, including whether their child has a medical diagnosis of Anaphylaxis . Information on a student's life threatening medical conditions will be recorded and updated on the student's file.

It is the responsibility of the **parent/guardian** to:

- Inform the school Principal when their child is diagnosed as being at risk of Anaphylaxis.
- In a timely manner, complete medical forms including the Anaphylaxis Emergency Plan, description of the child's allergy, emergency procedures, contact information, and consent to administer medication. The Anaphylaxis Emergency Plan should be posted in the kitchen of the school.
- Provide the school with updated medical information at the beginning of each school year.
- Provide the school with updated medical information whenever there is a significant change in their child's condition.

Record Keeping

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

These plans will contain the following information:

- Name
- Contact information
- Diagnosis
- Symptoms
- Allergy trigger(s)
- Emergency procedures/treatment

The school Principal is to monitor and report information about anaphylactic incidents 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.

Emergency Procedure Plans: “Anaphylaxis Emergency Plan”

a) Anaphylaxis Emergency Plan

The school Principal or delegate must ensure that the parent/guardian and student (where appropriate), are provided with an opportunity to meet with designated staff, prior to the beginning of each school year or as soon as possible to develop/update an individual Anaphylaxis Emergency Plan. A copy of the plan will be placed in readily accessible, designated areas such as the kitchen and office.

The Anaphylaxis Emergency Plan will 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;
- current emergency contact information for the student’s parent/guardian;
- a requirement for those exposed to the plan to maintain the confidentiality of the student’s personal health information;
- information regarding the parent/guardian’s responsibility for advising the school about any change in the student’s condition;
- and information regarding the school's responsibility for updating records

b) Anaphylaxis Response

In the case of of an anaphylactic reaction:

- Administer the student’s auto-injector (single dose) at the first sign of a reaction. The use of epinephrine for a potentially life-threatening allergic reaction will not harm a normally healthy child, if epinephrine was not required. Note time of administration.
- Call emergency medical care (911)
- Contact the child’s parent/guardian
- A second auto-injector may be administered within 5 to 15 minutes after the first dose is given IF symptoms have not improved (i.e. the reaction is continuing, getting worse, or has recurred)
- If an auto-injector has been administered, the student must be transported to a hospital (the effects of the auto-injector may not last, and the student may have another anaphylactic reaction)
- One person stays with the student at all times
- One person goes for help or calls for help

c) Field Trip/Off-site Emergency Response Procedures

The school Principal, or designated staff, must ensure that emergency plan measures are in place for scenarios where students are off-site (e.g. bringing single dose auto-injectors on field trip, copy of the emergency plan in the first aid kit that is taken on field trips)

Education Plan (for Parents)

The school will contact the students with Anaphylaxis and their parent/guardian to encourage the use of medical identifying information (e.g. MedicAlert® bracelet). The identifying information could alert others to the student's allergies and indicate that the student carries an epinephrine auto-injector. Information accessed through a special number on the identifying information can also assist first responders, such as paramedics, to access important information quickly. For those with financial need, Medic Alert® provides financial assistance to obtain their products.

Procedures for Storage and Administering Medications

Epinephrine auto-injectors are life-saving medication. Access to auto-injectors is critical. Children at risk of Anaphylaxis who have demonstrated maturity (as determined by the student's parent/guardian) should carry one auto-injector with them at all times and have a back-up auto-injector stored at the school in a central, easily accessible, unlocked location. For children who have not demonstrated maturity, their auto-injector(s) will be stored in a designated school location(s). The location(s) of student auto-injectors must be known to all staff members and caregivers.

Parents/guardians will be informed that it is their responsibility:

- to provide the appropriate medication (e.g. single dose epinephrine auto-injectors) for their child with Anaphylaxis;
- to inform the school where the Anaphylaxis medication will be kept (i.e. with the student, in the student's classroom, and/or other locations);
- to inform the school when they deem the child competent to carry their own medication, and it is their duty to ensure their child understands they must carry their medication on their person at all times;
- to provide a second auto-injector to be stored in a central, accessible, safe but unlocked location;
- to ensure Anaphylaxis medications have not expired;
- and to ensure that they replace expired medication.

Allergy Awareness, Prevention and Avoidance Strategies

a) Awareness

While it is impossible to eliminate all potential allergens from the school environment, VISII will create an allergy-aware environment in response to the most common triggers for anaphylaxis: food allergens and insect stings.

The school Principal should ensure:

- That all school staff and persons reasonably expected to have supervisory responsibility of school-age students receive training annually, in the recognition of a severe allergic reaction and the use of single dose auto-injectors and standard emergency procedure plans.

- That all members of the school community including TTOCs, replacement employees, student teachers and volunteers have appropriate information about severe allergies including background information on allergies, Anaphylaxis and safety procedures.
- With the consent of the parent/guardian, the Principal and the classroom teacher must ensure that the student's classmates are provided with information on severe allergies in a manner that is appropriate for the age and maturity level of the students, and that strategies to promote inclusion are incorporated into this information.

Posters which describe signs and symptoms of Anaphylaxis and how to administer a single dose auto-injector should be placed in relevant areas. These areas may include the kitchen, and office.

b) Avoidance/Prevention

Avoidance is the cornerstone of preventing an allergic reaction. Much can be done to reduce the risk when avoidance strategies are developed. Individuals at risk of Anaphylaxis must learn to avoid specific triggers. While the key responsibility lies with the students at risk and their families, the school community must participate in creating an "allergy-aware" environment. Special care is taken to avoid exposure to allergy-causing substances. Parents/guardians are asked to consult with the teacher before sending in food to classrooms where there are children with food-allergies. The risk of accidental exposure to a food allergen can be significantly diminished by means of such measures.

Given that Anaphylaxis can be triggered by minute amounts of an allergen when ingested, students with food allergies must be encouraged to follow certain guidelines:

- Eat only food which they have brought from home or has been approved by their parent/guardian.
- If involved in a food inquiry, parents/guardians of and students with food allergies should receive a copy of the recipe prior to the inquiry. Students will only be allowed to participate in the inquiry with the parents' approval.
- When in doubt, avoid the food item in question.
- Wash hands before and after eating.
- Not share food, utensils or containers.
- Place food on a napkin or parchment paper rather than in direct contact with a desk or table.

Non-food allergens (e.g. medications, latex) will be identified and restricted from areas where a student with a related allergy may encounter that substance.

Training Strategy

At the beginning of each school year, a training session on Anaphylaxis and anaphylactic shock will be held for all school staff and persons reasonably expected to have supervisory responsibility of school-age students

The training sessions will include:

- signs and symptoms of Anaphylaxis;
- common allergens;

- avoidance strategies;
- emergency protocols;
- use of single dose epinephrine auto-injectors;
- identification of students with Anaphylaxis (as outlined in the individual Student Emergency Procedure Plan);
- action/emergency plans; and
- method of communication with and strategies to educate and raise awareness of parents/guardians, students, employees and volunteers about Anaphylaxis.

Participants will have an opportunity to practice using an auto-injector trainer (i.e. device used for training purposes) and are encouraged to practice with the auto-injector trainers throughout the year, especially if they have a student with Anaphylaxis in their care.

Students will learn about Anaphylaxis in a seminar.

Incident Debriefing

The Principal of VISII will provide a debriefing session to review anaphylactic incidents with regard to exposure, response and lessons learned. This can enhance the school's capacity to reduce risk on a go forward basis.

Debriefing sessions should minimally include participation by:

- the student's parents/guardians;
- the student (where age appropriate);
- relevant school personnel; and
- the public health nurse (if available).

An effective response to anaphylaxis depends on the cooperation of all members of the school community including students, parents, public health nurses, school personnel, and volunteers

References:

1. BC Ministry of Education Ministerial Order M232/07
 - BC Anaphylactic and Child Safety Framework (PDF revised 2013), https://www2.gov.bc.ca/assets/gov/education/administration/kindergarten-to-grade-12/healthyschools/anaphylaxis/bc_anaphylactic_child_safety.pdf
 - Province of British Columbia Position on Anaphylaxis <https://www2.gov.bc.ca/gov/content/education-training/k-12/administration/program-management/safe-caring-and-orderly-schools/anaphylaxis>

See Anaphylaxis Emergency Plan.

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