

**School District #62 (Sooke)**

<b>ANAPHYLAXIS</b>	No.: C-429
	Effective: May 28/02 Revised: Feb. 27/07 Sept. 23/08 Mar. 25/14

**ADMINISTRATIVE REGULATIONS**

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 members are aware of and comply with School District policy.

In accordance with the British Columbia Anaphylaxis Protection Order, all schools in the Sooke School District must implement the steps outlined in the British Columbia Anaphylactic and Child Safety Framework.

**Anaphylaxis Protection Order Requirements**

(a) Identifying Students with Anaphylaxis

Schools will review medical information on new students' registration forms. When a parent identifies their child has anaphylaxis (indicated as a life-threatening allergy), provide the registration form to the school public health nurse to review.

Once the public health nurse confirms the diagnosis of anaphylaxis provide the parent with the Anaphylaxis Action Form and the Medication Administration Form. 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 initiate an Anaphylaxis Action Plan for each student with anaphylaxis. Meet with the student (where age appropriate) and student's parents to review the Anaphylaxis Action Plan and obtain parent's signature.

(b) Record Keeping – Permanent Student Record

Schools will keep a copy of the Anaphylaxis Action Plan and Form in the Student's Permanent Record and update this annually. Ensure information on the student's life threatening allergy is recorded on both the student's electronic file, and the Medical Alert list.

Transfer the Anaphylaxis Action Form with the student's Permanent Student Record when the student changes schools.

(c) Emergency Procedure Plans

Schools will maintain an accurate Anaphylaxis Action Plan and Form 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 Epinephrine auto-injector.
- call 911 and ask for an Advance Life Support Ambulance.
- call student’s parents.
- administer a second Epinephrine auto-injector within 5 - 10 minutes if symptoms have not improved.
- have student transported to hospital by ambulance.

Schools will ensure an Anaphylaxis Action Form and Anaphylaxis Action Plan are 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.

Schools will request the school public health nurse to check the Medication Administration Card and the Epinephrine auto-injectors to ensure they are current.

Together the student’s Anaphylaxis Action Form, Medication Administration Card and Anaphylaxis Action plan constitute an Emergency Procedure Plan.

(d) Use of Medical Identification

Schools will inform parents and staff of the medical alert program and encourage students to use a MedicAlert bracelet or necklet which indicates the student has anaphylaxis.

Schools will provide parents with MedicAlert application brochure and inform parents of the MedicAlert “No Child Without” program which provides discount MedicAlert bracelets for children up to 14 years of age.

(e) Provision and Storage of Auto-Injector

Schools will inform parents and students that only single-use single-dose auto-injectors (Epinephrine auto-injector) 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 Epinephrine auto-injectors, one of which will be kept in a central location in the school office. The other Epinephrine auto-injector 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 Epinephrine auto-injector 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 Epinephrine auto-injector annually for an emergency situation and follow emergency protocol in the event of an anaphylaxis.

Schools will not administer an Epinephrine auto-injector 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. Print resources to inform the school community about anaphylaxis can be found in Outlook in Public Folders/All Public Folders/Forms/ Student Health and also in Public Folders/All Public Folders/VIHA Newsletters.

(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 PHN, training should encompass information relating to:

- signs and symptoms of anaphylaxis.
- common allergens.
- avoidance strategies.
- emergency protocols.
- use of the Epinephrine auto-injector.
- 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.