

**ANAPHYLAXIS**

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**PREAMBLE**

The Board is committed to the principle of providing a safe learning and teaching environment for its students. This includes a duty of care to students who are at risk from life-threatening allergic reactions. Anaphylaxis is the term used to describe a sudden, severe, life-threatening allergic reaction which can be fatal and requires immediate medical emergency measures. While it is impossible to create a risk-free environment, school staff and parent (s) / guardians (s) can design and implement procedures to ensure that students at risk are identified, strategies are in place to minimize the risk of exposure, and staff and key volunteers are trained to respond in an emergency situation.

**POLICY**

**THE PRINCIPAL OF THE SCHOOL IS RESPONSIBLE FOR DEVELOPING AN INDIVIDUAL SCHOOL PLAN THAT CREATES AND MAINTAINS AS SAFE AND HEALTHY AN ENVIRONMENT AS IS REASONABLY POSSIBLE FOR STUDENTS WHO MAY EXPERIENCE ANAPHYLAXIS, A SUDDEN, SEVERE, LIFE-THREATENING ALLERGIC REACTION. THE PARENT(S)/GUARDIAN(S) OF AN ANAPHYLATIC STUDENT IS A PARTNER IN THIS PROCESS.**

**REGULATIONS**

1. The parent(s)/guardian(s) will inform the principal of the student's anaphylactic condition and have the family doctor complete the "Anaphylaxis Emergency Plan" form. The information will be reviewed annually and the form updated when there are changes to medication or dosages of medication.
2. The anaphylactic student's parent(s)/guardian(s) must meet with the principal prior to the student's first day in a school or any time there is a change in the medical condition. A meeting with the student's teacher(s) will be arranged as soon as possible. Student medical information will be entered on the student permanent record card. The public health nurse is available to act, in a consultative capacity, to review student medical information. Discussion with the anaphylactic student and their parent(s)/guardian(s) will include the decision to post student information, and other students and parents/guardians in the class may be given information of the student's condition.
3. It is vital that students with anaphylaxis be easily identified. The child-specific anaphylaxis emergency plan must include a description of the allergy, potential allergens and

potential signs and symptoms, as well as a physician-prescribed emergency treatment plan. This information must be in the school health resource binder. Medical alert information (with an up-to-date photograph of the student) may be posted in high visibility locations that all staff have access to, including any room used on a regular basis by the student.

4. All staff shall be informed and aware of the threat of allergic shock and know the location of the autoinjectors. Identified staff will receive training which will include instruction on the administration of the child-specific anaphylaxis emergency plan and may include training for use of the EpiPen ®
5. When deemed competent, the student should carry an EpiPen ® with them at all times. If possible, the parent(s)/guardian(s) should provide the school with a second EpiPen ® which will be stored in a safe, accessible location(s).
6. The school principal shall report all anaphylactic incidents to the Board. An aggregate report of all anaphylactic incidents will be reported to the Board annually.
7. The school principal will develop guidelines to reflect the circumstances of the school and will include procedures and avoidance strategies to be followed by staff and students. (Refer to British Columbia Anaphylactic and Child Safety Framework, Ministry of Education, September 2007).

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Date Adopted: 2000-03-14  
Date(s) Revised: 2012-12-11

Cross References:  
Statutory: Ministerial Order M234/09  
Other: