

5.14 ANAPHYLAXIS POLICY

Preamble

Anaphylaxis is a sudden and severe allergic reaction, which can be fatal, requiring immediate medical emergency measures be taken.

The Bella Bella Community School Board Society 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 student, parents, the school system 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 is designed to ensure that students at risk are identified, strategies are in place to minimize the potential for accidental exposure, and staff are trained to respond in an emergency situation.

Policy:

While the Bella Bella Community School Board Society cannot guarantee an allergen-free environment, the Board will take reasonable steps to provide an allergy-safe and allergy-aware environment for students with life-threatening allergies.

The Bella Bella Community School must implement the steps outlined in Board Procedures on anaphylaxis, which include:

- a. a process for identifying anaphylactic students;
- b. a process for 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;
- c. 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;
- d. an education plan for anaphylactic students and their parents to encourage the use by anaphylactic students of Medic-Alert identification;
- e. procedures for storage and administering medications, including procedures for obtaining preauthorization¹ for employees to administer medication to an anaphylactic student²; and
- f. a process for principals to monitor and report information about anaphylactic incidents to the board in aggregate form.

¹ Must be obtained from both the student's physician and the student's parents

² For students who have not been identified as anaphylactic, the standard emergency procedure is to call emergency medical care (1.800.461.9911) – school staff should not administer medication to unidentified students.

Anaphylaxis Procedures

1. Description of Anaphylaxis

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 reaction to reaction in the same persons.

While the exact prevalence is unknown, it has been estimated that more than 600,000 or 1% to 2% of Canadians are at risk of anaphylaxis (from food and insect allergy), and that up to 6% of young children less than three years of age are at risk³. In the school age population, it is estimated that between 2-4% of children are at risk of anaphylactic reactions to foods.

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, diarrhoea
- **Cardiovascular (heart):** pale/blue colour, weak pulse, passing out, dizzy/light-headed, shock
- **Other:** anxiety, feeling of “impending doom”, headache, uterine cramps in females

Because of the unpredictability of reactions, early symptoms should never be ignored⁴, 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 *Student Emergency Procedure Plan*. The cause of the reaction can be investigated later.

The following symptoms may lead to death if untreated:

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

2. Identifying Individuals at Risk

³ Canadian Society of Allergy and Clinical Immunology. Anaphylaxis in Schools and Other Settings. 2005.

⁴ Training strategies need to address the need for a rapid emergency response when symptoms of an anaphylactic reaction appear. Students may be in denial, or unaware, that they are experiencing an anaphylactic reaction.

At the time of registration, using the registration form parents are asked to report on their child's medical conditions, including whether their child has a medical diagnosis of anaphylaxis. Information on a student's life-threatening conditions will be recorded and updated on the student's Permanent Student Record annually.

It is the responsibility of the parent/guardian to:

- Inform the school principal when their child is diagnosed as being at risk for anaphylaxis.
- In a timely manner, complete medical forms and the Student Emergency Procedure Plan which includes a photograph, description of the child's allergy, emergency procedures, contact information, and consent to administer medication. The Student Emergency Procedure Plan should be posted in key areas such as in the child's classroom, the office, the teacher's daybook, and food consumption areas (e.g. food's room). Parental permission is required to post or distribute the plan.⁵
- Provide the school with updated medical information at the beginning of each school year, and whenever there is a significant change related to their child.
- Inform service providers of programs delivered on school property by non-school personnel of their child's anaphylaxis and care plan, as these programs are not the responsibility of the school.

The school will contact anaphylactic students and their parents 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.

3. Record Keeping – Monitoring and Reporting

For each identified student, the school principal will keep a Student Emergency Procedure Plan on file. These plans will contain the following information:

- Student-Level Information
 - Name
 - Contact information
 - Diagnosis
 - Symptoms
 - Emergency Response Plan
- School-Level Information
 - Emergency procedures/treatment
- Physician section including the student's diagnosis, medication and physician's signature.

It is the school principal's responsibility for collecting and managing the information on students' life-threatening health conditions and reviewing that information annually to form part of the students' Permanent Student Records.

⁵ A section for parental consent is included on the Student Emergency Procedure Plan.

The school principal will also monitor and report information about anaphylactic incidents to the board of education in aggregate form (to include number of at-risk anaphylactic students and number of anaphylactic incidents) at a frequency and in a form as directed by the superintendent.

4. Emergency Procedure Plans

a. Student Level Emergency Procedure Plan

The school principal must ensure that the parents 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 Student Emergency Procedure Plan. The Student Emergency Procedure Plan must be signed by the student's parents and the student's physician. A copy of the plan will be placed in readily accessible, designated areas such as the classroom and office.

The Student Emergency Procedure 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, staff, volunteers, classmates;
- current emergency contact information for the student's parents/guardian;
- a requirement for those exposed to the plan to maintain the confidentiality of the student's personal health information⁶;
- information regarding the parent's responsibility for advising the school about any change/s in the student's condition; and
- information regarding the school's responsibility for updating records.

b. School Level Emergency Procedure Plan

Each school must develop a School Level Emergency Procedure Plan, which must include the following elements:

1. 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.
2. Call emergency medical care (1.800.461.9911)
3. Contact the child's parent/guardian
4. 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).
5. 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).
6. One person stays with the child at all times.
7. One person goes for help or calls for help.

⁶ To be in compliance with the Freedom of Information and Protection of Privacy Act (FOIPPA);

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 additional single dose auto-injectors on field trips).

5. Provision and Storage of Medication

Children at risk of anaphylaxis who have demonstrated maturity⁷ 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 will be informed that it is the parents' responsibility:

- to provide the appropriate medication (e.g. single dose epinephrine auto-injectors) for their anaphylactic child;
- to inform the school where the anaphylactic child's 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/s (children who have demonstrated maturity, usually Grade 1 or Grade 2, should carry their own auto-injector), 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 medications.

6. Allergy Awareness, Prevention and Avoidance Strategies

a. Awareness

The school principal should ensure:

- That all school staff and persons reasonably expected to have supervisory responsibility of school-age students and preschool age children participating in early learning programs (e.g. food service staff, volunteers, bus drivers, custodians) receive training annually or biannually, 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 substitute employees, employees on call, 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, 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

⁷ As determined by the child's parents.

students, and that strategies to reduce teasing and bullying 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 classrooms, office, staff room, lunch room and/or the cafeteria.

b) Avoidance/Prevention

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 are asked to consult with the teacher before sending in food to classrooms where there are food-allergic children. 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 unless it is packaged, clearly labelled and approved by their parents (*Elementary schools*).
- If eating in at school, ensure food service staff understands the life-threatening nature of their allergy. 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 wax paper rather than in direct contact with a desk or table.

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

7. 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 and preschool age children participating in early learning programs (e.g. food service staff, volunteers, bus drivers, custodians).

Efforts shall be made to include the parents, and students (where appropriate), in the training. Experts (e.g. Hailika’as Health Centre) will be consulted in the development of training policies and the implementation of training. Training will be provided by individuals trained to teach anaphylaxis management.

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 at-risk students (as outlined in the individual Student Emergency Procedure Plan);
- emergency plans; and
- method of communication with and strategies to educate and raise awareness of parents, students, employees and volunteers about anaphylaxis.

Additional Best Practice:

- distinction between the needs of younger and older anaphylactic students.

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 at risk in their care.

Students will learn about anaphylaxis in a general assembly or special class presentations.

APPROVED by board motion

**BBCSS School Level
Anaphylaxis
Emergency Response Plan**

September 2022

Bella Bella Community School Anaphylaxis Plan

A. Introduction

Our school anaphylaxis plan is designed to ensure that students at risk of anaphylaxis are identified, that strategies are in place to minimize the potential for accidental exposure, and that staff are trained to respond in emergency situations.

Our school anaphylaxis plan must be read and implemented in conjunction with the Bella Bella Community School Society's Anaphylaxis Policy. All members of the school community are required to read and adhere to the Bella Bella Community School Society's Anaphylaxis Policy.

Specifically, our plan implements in our school community the followings items as mandated in the

Bella Bella Community School Society's Anaphylaxis Policy:

- (a) a process for identifying anaphylactic students;
- (b) a process for keeping a record with information relating to the specific allergies for each identified anaphylactic student;
- (c) a process for establishing a student emergency procedure plan, to be reviewed annually, for each identified anaphylactic student to form part of the student's record;
- (d) procedures for storing and administering medications, including procedures for obtaining preauthorization for employees to administer medication to an anaphylactic student; and
- (e) an education and communication plan to inform the whole school community of their roles and responsibilities with respect to creating an allergen-aware environment.

B. Anaphylaxis Triggers

It is important to be aware of the common sources of anaphylaxis triggers in allergic children. These can include:

Foods which are common sources of anaphylactic reaction	Other possible sources in prepared foods	Non-food sources
<ul style="list-style-type: none">• Peanuts/peanut butter/peanut oil: the most prevalent among students• Tree nuts: hazelnuts, walnuts, pecans, almonds, cashews• Sesame seeds & sesame oil• Cow's milk and dairy products• Eggs• Fish• Shellfish• Wheat• Soy• Bananas, avocados, kiwis and chestnuts for children with latex allergies	<ul style="list-style-type: none">• Cookies• Cakes• Cereals• Granola bars• Candies	<ul style="list-style-type: none">• Play dough (may contain peanut butter)• Scented crayons and cosmetics• Peanut-shell stuffing in "bean bags" and stuffed toys• Wild bird seed, sesame• Insect venom (bees, wasps, hornets, yellow-jackets)• Rubber latex (gloves, balloons, erasers, rubber spatulas, craft supplies, balls)• Vigorous exercise• Plants such as poinsettias for children with latex allergies• Perfumes and scented products

While not all anaphylaxis triggers can be avoided at all times, at our school we strive to create an allergy-aware environment in light of the particular needs of our students with respect to these triggers.

C. Student Emergency Response Plan

Through the use of the Student Emergency Response Plan, our school will identify children at risk, keep records with information relating to each student with anaphylactic allergies, and ensure there is a plan in place to support that student in the event of an anaphylactic reaction.

At the time of registration (yearly), all parents/guardians will be asked to identify on registration materials whether or not their child has any anaphylactic allergies. Parents/guardians of children with anaphylactic allergies will be required to complete the Student Emergency Response Plan which requires the signature of the child's physician.

A copy of this Emergency Response Plan will be kept in the School Office as part of the student's permanent school record. Additional copies will be given to the student's teacher to be kept in the student's classroom for access by all those with supervisory care of the student, including substitute teachers. Finally, copies of each child's Student Emergency Response Plan will be available in the staff room and next to any location where auto-injectors are stored in the school.

All parents/guardians must advise the School Principal of any changes in their child's health that would impact any of the information provided in the Student Emergency Response Plan, and the Student Emergency Response Plan must then be updated to reflect that new information. It is the parents'/guardians' responsibility to communicate this information to the School Principal in a timely manner.

D. School Emergency Response Plan

In addition to each individual child's Student Emergency Response Plan, the school has a broader School Emergency Response Plan to ensure an appropriate and timely response in the event of an anaphylactic reaction. That plan includes the following items.

(i) Storage and Provision of Medications

Children at risk of anaphylaxis who have demonstrated maturity should carry one auto-injector with them at all times and have a back-up available in the school. The location of the student's personal auto-injector (i.e. in a fanny pack on the student or in a backpack in the classroom) should be disclosed to the student's teacher and noted on the Student's Emergency Response Plan.

The school will keep auto-injectors stored in the following locations [to be filled out by each school].

Posters that describe the signs and symptoms of anaphylaxis and how to administer an auto-injector will be placed in relevant areas (classrooms, office, staff room) and will always be placed next to the auto-injector itself.

Additional auto-injectors will be brought on all field trips, along with copies of students' Student

Emergency Response Plans.

Twice-yearly, the School Principal (or designate) will check all stored auto-injectors on school property to ensure the medication has not expired. The School Principal will keep a record of these twice-yearly checks.

(ii) Training

The School Principal will ensure that a yearly 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 and preschool age children participating in early learning programs (e.g. food service staff, volunteers, bus drivers, custodians). Experts (e.g. public health nurses, trained occupational health & safety staff) will be consulted in the development of training policies and the implementation of training. Training will be provided by individuals trained to teach anaphylaxis management.

Specifically, this training will include the following elements:

- Symptoms of anaphylaxis
- Procedures when a reaction is occurring, namely:
 - Administer the Epi-Pen without hesitation
 - Have someone call 1-800-461-9911
 - The student should rest quietly and should not be sent to the office
 - Help the student to remain calm and breathe normally. An adult must stay with the student.
 - Call the parents/guardians/emergency contact
 - Observe and monitor the student until the ambulance arrives
 - If symptoms persist, administer a second Epi-Pen 10-20 minutes after the first, to a maximum of 3 doses.
- How to administer auto-injector
- Protocol for calling 1-800-461-9911

(iii) Incident Debriefing

Following treatment for an anaphylactic response, the staff will debrief and review the school's response. The BBCSS Anaphylaxis Incident Review Form will be completed. The school will also report this information to the BBCSS Board office.

E. School Communication Plan

Our entire school community is responsible for ensuring that we maintain an allergen-aware environment. In order to ensure all members of the school community are aware of the importance of ensuring the safety of all students with allergies, our school has a communication plan.

All letters and notices sent pursuant to this communication plan will include the following elements:

- A request that parents/guardians and students make respectful choices
- Information educating parents/guardians and students on the potentially lethal outcomes of severe allergies and the specific allergens known to be a concern at the school
- A focus on the importance of hand washing
- A request to discourage teasing.

Our school communication plan may include the following items:

1) Posters/Signage:

- “Allergy-Aware” Posters in the school informing school community members of known anaphylaxis allergies (listing the specific known allergens).
- Classroom-specific “Allergy-Aware” Posters posted in classrooms of children with known anaphylaxis allergies (listing the specific known allergens).
- Posters throughout the school reminding all students to be safe, not share food, wash their hands before eating, only allow their own food on their desks, and clean up spills.

2) School Principal Messaging:

- The School Principal will send letters/messages home to the community at regular intervals throughout the school year reminding them of the presence of anaphylactic children in the school and requesting they refrain from sending known allergen items to school with their child.
- These letters/messages will also emphasize the importance of clearing any food brought for special occasions with the School Principal to ensure no allergens are present and/or students with special dietary restrictions are accommodated.
- Prior to school-sponsored special events, the School Principal will work with the parents/guardians of students with known allergens to ensure there is minimal exposure to those allergens.

3) School assemblies/classroom instruction

- Students will be educated about anaphylaxis in both classroom and school-wide setting as appropriate.
- Such education will emphasize the importance of washing hands, not sharing food, and showing respect for all students.

F. Roles and Responsibilities

At our school, we acknowledge that anaphylaxis management is a shared responsibility that includes all members of our school community: the allergic children, their parents/guardians, teachers and staff, the school principal, and all students. We strive to fulfill our respective roles and responsibilities as outlined in the Bella Bella Community School’s Anaphylaxis Policy, and together aim to increase awareness of life-threatening allergies with the goal of avoiding any serious incidents so that all children can be safe at school.



BBCSS Anaphylaxis Responsibility Checklists

September 2022

Bella Bella Community School Anaphylaxis Responsibility Checklists

Principal's Responsibilities

- Be aware of Bella Bella Community School Society's Anaphylaxis Policy and your responsibilities for keeping students with anaphylactic allergies safe while at school and while participating in school-related activities. Please share this form with all appropriate staff.
- Inform the parent of Bella Bella Community School Society's Anaphylaxis Policy and intent to provide a safe environment for students with life threatening allergies.
- Request parent pick up and complete Student Emergency Procedure Plan (SEPP).

Develop the Anaphylaxis Action Plan (AAP):

- Review responsibilities of the parent, student, teacher and administration in developing and implementing the plan.
- Request parent to ensure student wears a Medical Alert bracelet or necklace.
- Request parent to return completed SEPP and provide two current single dose auto-injectors. *Best practice suggests that students should carry their own auto-injector, and that the parents should provide an additional back-up auto-injector in a central, accessible and safe location.*
- Discuss with the parent/student the importance of the student keeping his/her single dose auto-injector close at all times. Ensure student knows NOT to keep the single dose auto-injector in his/her locker.
- For all students, send a letter, as early as possible in the school year, outlining all allergy restrictions in the school.
- Request parent's permission to use student's picture on the SEPP.

Inform involved school staff:

- Activate the student's MyEd computer record "MEDI" screen, which indicates the student has a life-threatening health condition.
- Provide a safe unlocked storage area for single dose auto-injectors.
- Inform staff of the location of single dose auto-injectors, and the SEPP.
- Place a copy of the SEPP in appropriate classrooms, staff room and central designated areas (consult the parent/guardian before posting the child's plan – it should be kept in areas which are accessible to staff, while respecting the privacy of the child – e.g. staff room, lunch room or cafeteria. Older children are often more reluctant to have their plan posted in the classroom where it is visible to all).
- Provide a copy of the SEPP to teacher and involved school staff.

- Inform involved staff of their responsibilities for student safety in the classroom, on school grounds and during field trips/co-curricular/extra-curricular activities.

Request assistance from Hailika's Health Nurse to:

- Review the completed SEPP and use of single dose auto-injectors.
- Provide allergen avoidance and anaphylaxis management education including a demonstration on the use of single dose auto-injectors to school staff and persons reasonably expected to have supervisory responsibility of school-age students (e.g. food service staff, volunteers, bus drivers, custodians). The entire student population should be educated on the seriousness of anaphylaxis and be taught how to help their peers (also include that bullying and teasing students at risk of anaphylaxis is unacceptable).
- Assist with development of an "allergy safe" classroom.
- Assist with "allergy awareness" education of classmates.

Teacher/Staff/Coach/Supervising Adult Responsibilities

- Be familiar with the names of, and be able to recognize, anaphylactic students in your class and school. Be familiar with the student's SEPP, emergency treatment and location of single dose auto-injectors.
- Inform teacher on-call of student with anaphylaxis, emergency treatment and location of single dose auto-injectors.
- Create a positive and helpful attitude toward students with anaphylaxis.
- In consultation with parent/student/public health nurse, provide students with age-appropriate "allergy awareness" education.

For student with food allergies:

- In consultation with the public health nurse, develop an "allergy safe" classroom for student with food allergies.
- Encourage students TO NOT share food, drinks or utensils.
- Do not use allergenic foods in foods class or classroom activities.
- Encourage all students to wash their hands before and after meals/snacks with soap and running water.
- Encourage the washing of desks after meals/snacks with soapy water.
- Do not use foods in crafts (e.g. some tempera paints may contain egg, peanut butter feeders. See *School Activities and Food Allergens Resource Document for more examples*).

On field trips/co-curricular/extra-curricular activities:

- Take a copy of the SEPP.

- Take back-up single dose auto-injectors and ensure anaphylactic students are also carrying their single dose auto-injector with them (if they have demonstrated maturity to do so, as defined by their parent).
- Take a cellular phone and/or other communication devices.
- Be aware of anaphylaxis exposure risk (food and insect allergies).
- Inform supervising adults of student with anaphylaxis and emergency treatment.
- Request supervising adults to sit near student in vehicle or boat transportation.
- Identify nearest medical facilities

Student Responsibilities

- Be aware of risks for anaphylactic reactions and take responsibility to avoid these at school and on field trips.
- High School Students*- Inform your teachers, coaches, supervising adults and friends of your allergy, emergency treatment and location of your single dose auto-injector.
- Know the signs and symptoms of anaphylaxis.
- Let an adult know if you think you might be having an anaphylactic reaction.
- If you carry a single dose auto-injector, keep it with you at all times (students should be encouraged to carry their own single dose auto-injector when age appropriate). Do **NOT** keep it in your locker.
- Take your single dose auto-injector with you, and ensure your back-up auto-injectors are taken, on field trips.
- Know where your back-up single dose auto-injectors are kept.
- Wear a Medical Alert bracelet or necklace at all times.
- Tell friends about your allergy and be sure they know where your single dose, single-use auto-injector is kept.
- If you have food allergies
 - Eat only food and drinks brought from home.
 - Wash hands before and after eating.
 - Do not share utensils, cups or straws.
 - Do not share lipsticks or lip moisturizers.

Parent Responsibilities

- Inform school staff and classroom teacher of your child's allergy.
- Ensure your child is aware of his/her allergy.
- Inform your child of his/her allergy and ways to avoid anaphylactic reactions.
- Ensure your child is aware of signs and symptoms of an anaphylactic reaction.
- Encourage your child to tell an adult if he/she is having an allergic reaction.

- Complete the SEPP and return it to the principal. Set up a time to meet with designated school staff to develop the AAP.
- In conjunction with your physician, complete the SEPP.
- In consultation with principal, teacher and public health nurse, develop a plan (AAP) to keep your child safe from anaphylactic reactions while in school.
- Provide two current single dose auto-injectors for school use. Consult with the teacher/principal to determine where the primary and back-up single dose auto-injectors will be located.
- Inform school staff of your child's ability to carry his/her single dose auto-injector on his/her person (if they have demonstrated maturity).
- If your child is not able to carry his/her single dose auto-injector on his/her person, in consultation with teacher/principal, determine where the primary single dose auto-injector should be located.
- Provide consent which allows school staff to use a single dose auto-injector when they consider it necessary in an allergic emergency.
- Ensure your child knows where his/her single dose auto-injector is kept.
- Teach your child to administer his/her own single dose auto-injector.
- Ensure your child wears a Medical Alert bracelet or necklace.
- In consultation with classroom teacher and public health nurse determine your role in providing "allergy awareness" education for classmates.
- Notify the principal if there is a change in your child's allergy condition or treatment.

If your child has a food allergy:

- Ensure your child knows to only eat food and drinks brought from home.
- Provide the school with safe snacks for special occasions.
- Be informed of strategies in place for developing an "allergy safe" classroom.
- Communicate with school staff about field trip arrangements and foods classes.

If your child has a dual diagnosis of anaphylaxis and asthma, ensure they are educated to:

- Learn the importance of keeping their asthma under control.
- Always carry their asthma medication.
- If they are unclear as to whether they are experiencing an anaphylactic reaction or an asthma attack, the single dose auto-injector should be used first.

BBCSS Anaphylactic Student Emergency Procedure Plan

September 2022

1.1.1.1 Parent/Guardian please complete	2 Physician please complete
<p>Student's Full Name: _____</p> <p>Date of Birth: _____ (Y/M/D)</p> <p>Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Parent/Guardian: _____</p> <p>Daytime Phone: _____</p> <p>Cell Phone: _____</p> <p>Emergency Contact: _____</p> <p>Daytime Phone: _____</p> <p>Cell Phone: _____</p> <p>Physician: _____</p> <p>Daytime Phone: _____</p>	<p>Physician's Name: _____</p> <p>Daytime Phone: _____ Fax: _____</p> <p>Allergen: (Do not include antibiotics or other drugs)</p> <p><input type="checkbox"/> Peanuts <input type="checkbox"/> Nuts <input type="checkbox"/> Dairy Other food _____</p> <p><input type="checkbox"/> Insects <input type="checkbox"/> Latex <input type="checkbox"/> Other _____</p> <p>2.1.1.1 Symptoms:</p> <ul style="list-style-type: none"><input type="checkbox"/> Skin – hives, swelling, itching, warmth, redness, rash<input type="checkbox"/> 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<input type="checkbox"/> Gastrointestinal (stomach): nausea, pain/cramps, vomiting, diarrhea<input type="checkbox"/> Cardiovascular (heart): pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock<input type="checkbox"/> Other: anxiety, feeling of “impending doom”, headache, uterine cramps in females <p>Additional symptoms: _____</p>

Emergency Protocol

- Administer single dose auto-injector and call 911
- Notify Parent/Guardian
- Administer second auto-injector in 5 to 15 minutes after the first dose is given, if symptoms do not improve or if symptoms recur
- Have ambulance transport student to hospital

3
Emergency Medication

4
5 NOTE: Emergency medication must be a single-dose auto-injector for school setting. Oral antihistamines will not be administered by school personnel.

Name of emergency medication: _____

Dosage: _____

Physician Signature

Date (Y/M/D)

Parent/Guardian please complete

- Discussed and reviewed Anaphylaxis Responsibility Checklist with principal?..... yes no
- Discussed Medical Alert bracelet or necklace?..... yes no
- Permission given to post SEPP in the school, including student's photo?..... yes no
- Two auto-injectors provided to school?..... yes no
- Student aware of how to administer?..... yes no

Auto-injector locations: _____

Your child's personal information is collected under the authority of the *School Act* and the *Freedom of Information and Protection of Privacy Act*. The BBCSS Board and BBCS Administration may use your child's personal information for the purposes of:

- Health, safety, treatment and protection
- Emergency care and response

If you have any questions about the collection of your child's personal information, please contact the school principal directly. By signing this form, you give your consent to the BBCSS Board to disclose your child's personal information to school staff and persons reasonably expected to have supervisory responsibility of school-age students and preschool age children participating in early learning programs (as outlined in the *BC Anaphylactic and Child Safety Framework 2007*) for the above purposes. This consent is valid and in effect until it is revoked in writing by you.

Parent/Guardian Signature

Date (Y/M/D)