

## **Anaphylaxis Policy for EBS & HOSC**

Hands On Summer Camp society and Elizabeth Buckley School recognize that it has a duty of care to students who are at risk from anaphylaxis while under camp & school supervision. HOSC & EBS also recognize 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 of anaphylaxis are identified, strategies are in place to minimize the potential of accidental exposure, and staff and key volunteers are trained to respond in an emergency situation.

Anaphylaxis is a sudden and severe allergic reaction, which can be fatal. Anaphylaxis is a medical emergency that requires immediate emergency treatment with a single dose Epinephrine auto-injector such as EpiPen.

### **Policy**

All children including those at risk of life-threatening allergic reactions have the right to access public education within a safe, healthy learning environment.

The primary goal of implementing a comprehensive anaphylaxis policy at EBS is to reduce preventable, serious reactions and death due to anaphylaxis. HOSC & EBS cannot guarantee an “allergy free” environment, however, it is expected that school staff, parents and students will take reasonable steps to establish an “allergy aware” environment which minimizes the risk of potential anaphylaxis. The school must take realistic and practical actions that will encourage the support of everyone involved.

### **Guiding Principles**

1. All rooms will appropriately display emergency information regarding anaphylaxis.
2. Every employee has a duty to render assistance to a student in emergency situations to the extent that it is reasonable for persons without medical training.
3. Every effort will be made to minimize the risk of exposure for students at risk of anaphylaxis allergens, without depriving the student at risk of normal peer relations or placing unreasonable restrictions on other students.
4. Anaphylaxis related training will occur annually for all staff who are expected to have supervisory responsibility.
5. When registering students, EBS is required to record on their respective registration forms information from parents and guardians related to life-threatening conditions.
6. Parents and guardians are responsible for notifying the school principal when a child is at risk of anaphylaxis and to provide the school with updated medical details, should there be a significant



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change. Parents will be provided with an Anaphylaxis Action Plan and Medication Administration Card to be returned to the school.

7. A plan will be developed in conjunction with the student's parents/guardian for each child registered at EBS & HOSC who are at risk of life-threatening allergies. The Medication Administration Card must be approved by a qualified physician or allergist.
8. Parents and guardians of anaphylactic children are expected to provide two single dose Epinephrine auto-injectors such as EpiPen.
9. All students who may experience a serious allergic reaction will be encouraged to wear identifying information (e.g., MedicAlert identification necklet, bracelet).
10. EBS & HOSC must have an emergency protocol in place to ensure responders know what to do in an allergic reaction emergency.
11. EBS & HOSC is expected to create an allergy awareness environment at their site. While it is impossible to eliminate all potential allergens from the school environment, schools should create an allergy awareness environment in response to the most common triggers for anaphylaxis: food allergens and insect stings.

## **Administrative Procedures**

1. The principal is responsible for developing and maintaining an allergy aware school environment. This includes ensuring parents, students, teachers and other school staff are aware of and comply with this policy.
2. The principal is to ensure that all staff who supervise students are aware of the school's emergency protocols related to anaphylaxis.
3. Principals are to arrange for training, at least annually, for staff to appropriately respond to anaphylactic situations.
4. EBS is to clearly display the emergency procedures to be followed, should a student experience anaphylaxis.
5. School student registration forms are to include a section for parents and guardians to record any life-threatening conditions.
6. Principals are to ensure that all staff are aware of students within their school population who are potentially at risk of anaphylaxis.
7. The principal is responsible for keeping accurate records for each student at risk of life-threatening allergies. The record shall include the Medication Administration Card, Anaphylaxis Action Plan and Anaphylaxis Action Form. This record is to be updated annually. The student's name and documentation the he or she has Anaphylaxis is to be recorded on both the student's electronic file and Medical Alert List.
8. The principal is to ensure that an Anaphylaxis Action Plan and Anaphylaxis Action Form have been developed for each medically at-risk student in collaboration with the parent/guardian and approved by an appropriate medical person. The Medication Administration Card is to be completed by the parent and by the child's physician.



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9. The principal must ensure when necessary that adequate procedures are in place for storage and administering of medications. Such procedures will include the obtaining of the Medication Administration Card for employees to administer the single dose Epinephrine auto-injector such as EpiPen to an anaphylactic student and necessary agreements with parents to administer the single dose Epinephrine auto-injector such as EpiPen to an anaphylactic student in an emergency when there is no preauthorization.

10. Schools are to inform parents and students that only single-use single dose auto injections (such as EpiPen) will be administered in the event of anaphylaxis. Parents will be requested to provide two current single dose Epinephrine auto-injectors such as EpiPen. One is to be kept in the office/medical room. The other will be in the possession of the student if appropriate.

11. Principals are to recommend to parents/guardians that their child wear MedicAlert identification.

13. Whenever EBS experiences an incident related to anaphylaxis, the principal arranges for an appropriately timed debriefing session. Consideration is to be given to including the following parties in such a follow-up

- student's parent/guardian
- the student, when appropriate
- relevant school personnel
- the public health nurse

14. Avoidance is the cornerstone of preventing allergic reaction and much can be done to reduce risk when avoidance strategies are developed. Therefore, where possible, EBS is to create and maintain an allergy aware environment at their site. Signage will be provided to indicate that the school is an allergy aware environment.

## *Appendix I*

### **Anaphylaxis-Emergency Protocol**

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

2. An anaphylactic reaction can involve any of the following symptoms, which may appear alone or in any combination.

- 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, diarrhea
- Cardiovascular (heart): pale/blue colour, weak pulse, passing out, dizzy, lightheaded, shock
- Other: anxiety, feeling of impending doom, headache, uterine cramps in females

3. The most dangerous symptoms involve:

- breathing difficulty
- dizziness, lightheadedness, feeling faint, weak

4. Do not ignore early symptoms, especially if the person has had an anaphylactic reaction in the past.



5. Anaphylaxis can occur without hives.
6. When a reaction begins respond immediately.
7. What to do if you feel a child is experiencing an anaphylactic reaction?
  - a) administer single dose Epinephrine auto-injector such as EpiPen.
  - b) follow the emergency protocol on the Anaphylaxis Action Form developed for this person
  - c) call an ambulance and ask for Advanced Life Support
  - d) contact the school principal or school first aide person
  - e) contact the student's parent/guardian

Note: *This document should be posted in or near the spot designated in your school to treat students who require medical attention.*

## Appendix II

### **Anaphylaxis Training Guidelines**

1. Anaphylaxis training for all staff who are expected to supervise children within EBS & HOSC will be provided at least annually.
2. The training provided to staff will reflect key recommendations from the National Anaphylaxis Consensus Guidelines, Anaphylaxis in Schools and Other Settings, 2005.  
(<http://www.allergysafecommunities.ca/>)
3. The training will be provided by individuals trained to teach anaphylaxis management.
4. Training will encompass the following:
  - a) *Signs and symptoms of anaphylaxis*
  - b) *Common allergens*
  - c) *Avoidance strategies*
  - d) *Emergency protocols*
  - e) *Use of the auto injector*
  - f) *Identification of at risk students (as outlined in the individual student emergency response plan*
  - g) *Emergency plans*
  - h) *Method of communication with and strategies to educate and raise awareness of parents, students, employees and volunteers about anaphylaxis*