



## 4406 ANAPHYLAXIS POLICY

Policy Type: Educational Programs  
Applies To: All Staff, Students,  
Approved By: LCS Head of Schools  
Policy Reviewed: every 2 years  
Adopted: 2014  
Revisions: 10 2019

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### 1. POLICY STATEMENT

Student safety is a priority at LCS. The safety, health and well-being of a student is the primary responsibility of parents. LCS desires to come alongside parents but requires proper and adequate information and follow-up regarding the medical condition.

It is the responsibility of the parent to inform the school about any potential risk to their child's health. Parents who have students with life-threatening allergies are asked to notify the principal of the school within the first week of classes.

- (a) We endeavor to make our school system safe for students with food allergies.
- (b) We recognize that we cannot guarantee a completely allergen free school environment.
- (c) We expect that as students move to the Middle School and the High School they will take on more responsibility for their allergies.
- (d) We work with medical professionals in a concerted way to be prepared to deal with anaphylaxis should it occur.
- (e) Parental input regarding their students is welcome and will be reviewed as necessary.

### 2. DEFINITION OF ANAPHYLAXIS

- (a) "Anaphylaxis is a sudden and severe allergic reaction, which can be fatal, requiring immediate medical emergency measure be taken. Reactions can involve skin, breathing, gastro-intestinal, cardiovascular and other symptoms." (Anaphylactic Protection Order, Sept 2007)
- (b) "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" (BC Anaphylactic and Child Safety Framework, 2013, p. 15)

### 3. SIGNS AND SYMPTOMS

- (a) Reactions can occur within minutes of exposure to an offending substance and usually occur within 2 hours of exposure.

- (b) In rare cases, symptoms develop later.
- (c) Reaction may involve the following:
  - Skin: hives, swelling, itching, warmth, redness, rash
  - Respiration: wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion, runny nose, water eyes, sneezing, trouble swallowing
  - Gastrointestinal: nausea, pain/cramps, vomiting, diarrhea
  - Cardiovascular: pale/blue color, weak pulse, passing out, dizzy/lightheaded, shock
  - Other: anxiety, feeling of impending doom, headache, uterine cramps in females

#### 4. Process for Identifying Anaphylactic Students

- (a) Parents declare allergy and health concerns on registration cards.
- (b) Parents who make such a declaration are contacted prior to school beginning for clarification and to ensure a medical plan has been put in place before school starts.

#### 5. Record-keeping

- (a) Principals are responsible for reviewing all medical plans annually. Medical plans are reviewed annually are placed on file in the office and in the student file. Life-threatening allergies are noted on MyEd as an Alert, with the medical plan listed as an inclusion on a student's PR card.
- (b) Parents and students are encouraged to engage with Medic-Alert for identification. Medic Alert provides financial assistance to obtain their products.
- (c) Please note that although we encourage students and staff to refrain from bringing peanut butter at LCS, we cannot guarantee a completely peanut free school.

#### 6. Storage and Administration of Medications

- (a) A student with an anaphylactic allergic response must submit a medical plan must be that has been approved by a qualified physician or allergist. The plan must include the following elements:
  - Diagnosis
  - Treatment regime
  - A list of people to inform
  - Current emergency contact info for the student's parent or guardian
  - A statement about the parent's responsibility to advise the school of any changes
  - The school's responsibility to update records o Information is updated annually (or more often if medical conditions change) in writing by the parent/doctor and as necessary if medical conditions change.

- (b) The medical plan is signed by doctor, parent and student and is filed in the office. The information is provided to the student's teacher.
- (c) The medical plan is enacted by the parent and administration including appropriate medical supplies and their storage, emergency contact information and emergency measures to be enacted.

7. Staff Training

- (a) Each school will provide training to staff annually that includes the following information:
  - (b) Signs and symptoms
  - (c) Common allergens
  - (d) Avoidance strategies
  - (e) Emergency protocols/plans
  - (f) How to use epinephrine auto-injectors
  - (g) An incident report will be filled in and retained on file at the school if an anaphylactic reaction occurs
  - (h) The Head of Schools will be informed about the incident.