British Columbia Anaphylactic and Child Safety Framework

Ministry of Education

September 2007
(Minor revision in 2013)

BRITISH COLUMBIA | Ministry of Education

Revisions

September 2013- a minor update to the Framework was done regarding timing for administering second dose of epinephrine (on page 11).

Table of Contents

EXECUTIVE SUMMARY…… -1-

INTRODUCTION……. -2-

RATIONALE……. -2-

Anaphylaxis Response in Schools……... -2-
Anaphylaxis Response – A National Perspective..……. -3-
What the Evidence Suggests…… -3-

THE BRITISH COLUMBIA CONTEXT FOR AN ANAPHYLACTIC AND CHILD SAFETY FRAMEWORK……..... -4-

Purpose……. -5-
Scope…… -5-
Application…….. -6-
Goal..……. -6-
Critical Success Factors……... -7-
Guiding Documents and Resources……. -7-

ANAPHYLACTIC AND CHILD SAFETY FRAMEWORK – CORE COMPONENTS…….. -8-

Definition of Anaphylaxis…… -8-
Identifying Individuals At risk……. -9-
Record Keeping, Monitoring and Reporting……..…. -10-
Emergency Procedure Plans……. -10-
Use of Medical Identification……..……. -11-
Provision and Storage of Medication……... -12-
Allergy Awareness, Prevention and Avoidance Strategies……..…… -13-
Training Strategy…….. -13-

ADDITIONAL CONSIDERATIONS…….. -15-

Incident debriefing ……... -15-
Roles and Responsibilities……..……..……. -15-
Education and Communication……..…….…..... -16-
Evaluation……. -17-

APPENDIX A – Anaphylaxis Advisory Committee Membership……... -18-
APPENDIX B – Guiding Documents and Resources…….…… -19-

Executive Summary

Anaphylaxis is a sudden and severe allergic reaction, which can be fatal, requiring immediate medical emergency measures be taken. Failure to respond appropriately could result in death.

In May 2007, the Ministry of Education established a Provincial Anaphylaxis Advisory Committee comprised of health, education, parent and anaphylaxis organizations to provide assistance in the development of a provincial Anaphylactic and Child Safety Framework (Framework) to outline provincial expectations with respect to managing anaphylaxis in the school setting.
The purpose of the Framework is to provide boards of education with a broad overview of the key elements required in district policy, procedures and guidelines at the board level to ensure appropriate and consistent management of anaphylaxis in the school setting and throughout the education system. The Framework will expedite the implementation process and clear the way for boards of education, educators, public health staff, students and volunteers to make BC schools as safe as can be reasonably expected for anaphylactic children. The scope of the Framework focuses on anaphylaxis but recognizes that anaphylaxis, asthma and severe allergies are intertwined. The Framework supports boards of education to respond to anaphylaxis regardless of the substance that causes the allergic reaction.

In developing the Framework, the Provincial Anaphylaxis Advisory Committee identified guiding documents and resources to assist districts in the development of district policies, procedures and guidelines. The literature and experience of anaphylaxis experts indicates that there are important critical success factors that should be considered in the development of any response. These critical success factors include the role of the school principal, quality, accessibility and availability of training, quick access to medications and parental involvement.

Boards of education are required to establish and maintain policy and procedures relating to anaphylaxis in accordance with the *Anaphylaxis Protection Order*[1] *and* the Framework which specifically requires boards to include the following in their policy and procedures:

- Definition of anaphylaxis
- Process for identifying anaphylactic students
- Process for keeping a record related to each identified anaphylactic student,
- Process for principals to monitor and report on anaphylactic incidents
- Process for establishing student and district emergency procedure plans
- An education plan for encouraging the use of medical identification
- Procedures for storage and administration of medications
- Allergy awareness and prevention and avoidance strategies
- Training strategy implemented by each school

Introduction

[1] Ministerial Order 232/07, September 13, 2007

Anaphylaxis is a sudden and severe allergic reaction, which can be fatal, requiring immediate medical emergency measures be taken. Although not a frequent occurrence in schools, failure to respond appropriately could result in death[2]. Across the country there is increasing awareness of anaphylaxis and the important role that school communities play in mitigating anaphylactic incidents. There is growing recognition that schools need to be supported so they are able to take steps to reduce exposure to allergens which may cause an anaphylactic reaction, and they must also have tools in place to enable them to respond appropriately to an anaphylactic incident. In British Columbia, the Minister of Education directed that an Anaphylactic and Child Safety Framework be developed to support the school system to develop the capacity to effectively respond to anaphylaxis.

In May 2007, the Ministry of Education established a Provincial Anaphylaxis Advisory Committee (PAAC) comprised of health, education, parent and anaphylaxis organizations[3] to provide informed professional advice, input and recommendations in the development of the Framework.

The Ministry of Education appreciates the work of the Provincial Anaphylaxis Advisory Committee members, recognizing that their knowledge and expertise were instrumental in the development of this Framework.

Rationale

In developing the Framework, the PAAC looked at:

- responses to managing anaphylaxis in BC schools;
- national responses to managing anaphylaxis in the school setting; and
- current evidence.

Anaphylaxis Response in BC Schools

In the spring of 2007, the Ministry of Education undertook a review of school board policies in regard to anaphylaxis and carried out a survey to determine how policies had been developed, how at-risk students were identified, what training was provided and whether school districts had experienced an anaphylactic incident in the past two years.

Almost half of all British Columbia's 60 school districts reported having had an anaphylactic incident in the past two years. While 83% of school districts reported having some form of policy on anaphylaxis, policies ranged from minimal to comprehensive, and there were at least seven school districts with no policy or formal procedures on addressing anaphylaxis. Similarly, the risk identification processes and

[2] McIntyre, C., et al. "Administration of Epinephrine for Life-Threatening Allergic Reactions in School Settings", *Pediatrics Vol. 116, No. 5,* November 2005.
[3] See Appendix A for membership representation

training processes reported by districts ranged from minimal to thorough. Some districts relied entirely on the Canadian School Boards Association publication, *Anaphylaxis: A Handbook for School Boards*, wholly adopting its format and content while others used information from a variety of sources.

Almost all schools reported they had consulted with a health professional in developing their responses and it was evident in some of the policies and protocols that public health nurses played a key role.

While it was clear that approaches in place did not provide a consistent, adequate means of responding to anaphylaxis across the province, it is acknowledged that some districts meet or exceed the requirements outlined in the Framework. Therefore, there are features of the current response that should be maintained and considered as best practices, specifically the coordinated approach taken by the public health and education systems.

Anaphylaxis Response – A National Perspective

The approach to responding to anaphylaxis in school settings varies across the country. In the spring of 2007, only Ontario had legislation specific to anaphylaxis (*Sabrina's Law).* New Brunswick, Prince Edward Island and the Yukon had policies set by Ministerial Directive or by the Ministry of Education that apply to all public schools; Newfoundland was in the process of developing provincial policy and Alberta had just released its policy. In Quebec, each school board and regional day care association had developed its own protocol. The remaining provinces and territories had no provincial policy or legislation, relying instead on individual boards of education to create and/or adopt policies.

What the Evidence Suggests

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). Studies suggest that nearly 4% of the US population, or 1 in 25 Americans, is at risk for food allergy alone, a rate much higher than noted in the past. Given similarities in lifestyle, Canadian trends are thought to mirror those of the US. If accurate, this suggests that up to 1.2 million Canadians are at risk of anaphylaxis due to food allergies and that up to 6% of young children less than three years of age are at risk[4]. In the school age population, it is estimated that between 2-4% of children are at risk of anaphylactic reactions to foods[5].

[4] Hugh A. Sampson, *Update on food allergy, The Journal of Allergy and Clinical Immunology,* Volume 113, Issue 5, pp805-819 (May 2004) <http://www.jacionline.org/article/PIIS0091674904011455/fulltext>
[5] Kagan et al. *Is the prevalence of peanut allergy increasing? A five-year follow-up study on the prevalence of peanut allergy in Montreal school children aged 5 to 9 years.* Journal of Allergy and Clinical Immunology, Volume 112 pp. 1223-8

Canada recognizes nine 'priority' allergens consistent with the approach taken in the United States. Although about 170 foods have been known to elicit an allergic reaction, 90% of reactions have been caused by the nine priority allergens.

An analysis of research studies conducted over the past 15 years suggests some common findings that should be considered in developing an effective response to anaphylaxis. The studies:

- highlight the gaps in anaphylaxis management between healthcare professionals, educators/child care staff and parents;
- underscore the key lessons from fatalities, specifically:
  - the lack of, or delay in administering epinephrine
  - the accidental ingestion of foods
  - asthma and
  - the effect of the age of the victim;
- point out the ongoing misuse or under-use of epinephrine in the community;
- indicate the inconsistent recognition and treatment of anaphylaxis by health care professionals (prescribing physicians and emergency room doctors); and
- describe the need for ongoing training recognizing that retention drops as time passes following the training session.

The British Columbia Context for an Anaphylactic and Child Safety Framework

The Framework provides an evidence-based, strategic direction to assist boards of education in their capacity to consistently and appropriately address anaphylaxis in a school setting. The Framework outlines the:

- purpose, scope, application and goal of the Framework; and
- the core components required to be covered in board of education policies, procedures and guidelines.

Boards of education will also need to undertake monitoring and evaluation activities to ensure their policies, procedures and guidelines are achieving intended results.

Wherever possible, the Framework is based on evidence and the best practice flowing from that evidence. The following section outlines the Framework's purpose, scope, application and goal.

Purpose	The purpose of the BC Anaphylactic and Child Safety Framework is to provide boards of education with a broad overview of the key elements that must be addressed to ensure consistent appropriate management of anaphylaxis and severe asthma across all school districts. The Framework is intended to support boards of education in their ability to build capacity and ensure the right things are done by the right people at the right time. The Framework includes prevention as well as emergency response considerations on the premise that allergen avoidance will reduce the likelihood of having to respond to an emergency. At the same time, there is recognition that not all allergens can be eliminated.
Scope	The Framework focuses specifically on anaphylaxis but recognizes that anaphylaxis, asthma and severe allergies are intertwined. Individuals who are at risk of anaphylaxis and who also have pre-existing asthma are more susceptible to severe breathing problems when experiencing an anaphylactic reaction[6]. Pre-existing asthma is a predictor for anaphylaxis fatalities. Moreover epinephrine can be used to treat life-threatening asthma as well as anaphylactic reactions. The Framework is intended to assist boards of education to effectively respond to anaphylaxis regardless of the allergen (e.g., foods, insects, latex, and exercise have all been known to trigger anaphylaxis). While boards of education may find the Framework provides a useful model for addressing other life-threatening conditions, its purpose is specific to anaphylaxis. Since it is not always possible to identify a child at risk of anaphylaxis in advance, it is prudent for school communities to know about and be prepared to respond to an anaphylactic event, should it occur. As a minimum standard, boards of education must implement the ***core components*** of the Framework.

[6] Canadian Society of Allergy and Clinical Immunology, *Anaphylaxis in Schools and Other Settings*, p.8.

Application	The Framework provides guidance and direction to all public schools and is available to all independent schools[7]. The Framework applies to students and preschool age children participating in early learning programs. The Framework will be accessible to the First Nations education system.
Goal	The Ministry of Education recommends boards of education adopt the following goal: *The primary goal of implementing comprehensive anaphylaxis policies, procedures and guidelines in schools is to reduce preventable serious reactions and deaths due to anaphylaxis.*

The Ministry of Education supports boards of education in incorporating the following principles.

Access

- All children have the right to access public education.
- Children at risk of anaphylaxis have a right to a safe, healthy learning environment.

Responsibility

- The safety, health and well-being of students is the primary responsibility of parents, and is a shared responsibility among parents, boards, school employees, students and health care workers.
- School principals have overall responsibility for student safety in school, including implementation of anaphylaxis safety plans in accordance with the requirements of boards of education policy and procedures.
- Parents of students are responsible to inform the school about their children's potential risk for anaphylaxis and for providing ongoing health support services.

[7] It is recognized that the Province does not have authority to address schools located on reserve as they are under federal jurisdiction.

Duty to Assist	• Every employee has a duty to render assistance to a student in emergency situations to the extent that is reasonable for persons without medical training.
Confidentiality	• Every employee exposed to individual student emergency response plans has a duty to maintain the confidentiality of all student personal health information.
Prevention	• Boards of education will minimize the risk of exposure for students at risk of anaphylaxis to allergens, without depriving the student at risk of normal peer relations or placing unreasonable restrictions on other students.

Critical Success Factors

The literature and experience of anaphylaxis experts indicates that there are important critical success factors that should be considered in the development of any response (for example, what differentiates outcomes between two schools with the same policy).

Critical success factors include:
- the role of the school principal (including – commitment, active involvement, setting clear expectations and implementing effective processes);
- quality, accessibility and availability of training;
- quick access to medications; and
- meaningful involvement of parents.

Guiding Documents and Resources

A variety of resources are available to assist boards of education in developing their policies. Specific resources recommended by the Ministry of Education are outlined in Appendix B.

The national anaphylaxis guidelines set out in *Anaphylaxis in Schools and Other Settings* is recommended as a foundational document.

Anaphylactic and Child Safety Framework – *Core Components*

The following core components describe the key elements for effectively responding to anaphylaxis and shall be included in anaphylaxis policies, procedures and guidelines developed by BC boards of education as required by the *Anaphylaxis Protection Order*.

Definition of Anaphylaxis	***Anaphylaxis*** - pronounced [anna-fill-axis] The anaphylaxis policy established and maintained by each board must include the following definition as stated in the Anaphylactic Protection Order (September 2007)… **Anaphylaxis is a sudden and severe allergic reaction, which can be fatal, requiring immediate medical emergency measures be taken.** In addition, the Ministry of Education supports the inclusion of the following description of potential triggers, signs and symptoms … 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 attack to attack in the same person[8]. 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, diarrhea

[8] Canadian Society of Allergy and Clinical Immunology, *Anaphylaxis in Schools and Other Settings*, pp. 6-7.

	• **Cardiovascular (heart):** pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock • **Other:** anxiety, feeling of "impending doom", headache, uterine cramps in females Because of the unpredictability of reactions, early symptoms should never be ignored, 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 *Anaphylaxis Emergency Plan*. The cause of the reaction can be investigated later. The most dangerous symptoms of an allergic reaction involve: • breathing difficulties caused by swelling of the airways and • a drop in blood pressure indicated by dizziness, lightheadedness or feeling faint/weak. Both of these symptoms may lead to death if untreated.
Identifying individuals at risk	The anaphylaxis policy established and maintained by each board must include a process for identifying anaphylactic students. The Ministry of Education endorses the following practices: • Boards of education use a common registration form including a section on life-threatening conditions[9]. • Parents/guardians are responsible for: o notifying the school principal when a child is diagnosed as being at risk of anaphylaxis o providing the school with updated medical information annually o providing the school with updated medical information whenever there is a significant change related to their child/children

[9] School District No. 73 is creating policy, procedures and tracking documents including: a Physician's Diagnosis of Anaphylaxis form; Anaphylaxis Action Forms for elementary and secondary schools; and, an Anaphylaxis Incident Review form (source: PAAC member/parent representative).

Record Keeping - Monitoring and Reporting	The school principal has responsibility for keeping accurate records for each student at-risk of life-threatening allergies. That record shall include the student's emergency response plan. In accordance with the *Anaphylaxis Protection Order*, the anaphylaxis policy established and maintained by each board must include processes for: • identifying anaphylactic students; and • 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, as defined in the Permanent Student Record Order; and • school principals to monitor and report information about anaphylactic incidents to the board in aggregate form (to include number of at-risk anaphylactic students and number of anaphylactic incidents). Aggregate data is required to ensure student privacy and to ensure alignment with privacy legislation. Boards of Education are required to report to the Ministry of Education annually with respect to anaphylaxis policy and implementation.
Emergency Procedure Plans	**1. Student Level Emergency Procedure Plan** The anaphylaxis policies, procedures and guidelines established and maintained by each board must require an accurate, up-to-date student emergency response plan for each individual student at risk of life-threatening allergies. The plan should be developed in conjunction with the student's parents and the student (where age appropriate), and the plan must be approved by a qualified physician or allergist. The student emergency response plan 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 change/s in the student's condition; and
- the school's responsibility for updating records.

2. School Level Emergency Procedure Plan

The anaphylaxis policies, procedures and guidelines established and maintained by each board must use a standard anaphylaxis emergency plan such as the one endorsed by the five Canadian allergy associations (see *Allergy Safe Communities*[10]).

All schools must have an emergency protocol in place to ensure responders know what to do in an emergency. The emergency protocol shall include at minimum:

- administering an auto-injector;
- calling emergency medical care (911 – where available);
- calling student's parents;
- administering second dose (within 5 to 15 minutes if symptoms have not improved).

The Ministry of Education requires board emergency protocols be included in the board's training policy and requires the school principal to provide an annual inventory of individual student emergency response plans to make certain they are up to date and medication is not expired.

[10] www.allergysafecommunities.ca

Use of Medical Identification	The BC school population is characterized by an increasing number of students with increasingly complex medical conditions. It is possible that a student may have more than one life-threatening condition. In this complex environment it is important to be able to quickly identify a student and have an idea of their medical needs. To provide a uniform standard of identification boards of education are required to include an education plan for anaphylactic students and their parents to encourage the use by anaphylactic students of medical identifying information – e.g., Medic-Alert®[11]. For those with financial need, Medic Alert® provides financial assistance to obtain their products[12].
Provision and Storage of Medication	Epinephrine auto-injectors are life-saving medication. Access to auto-injectors is critical. The anaphylaxis policies, procedures and guidelines established and maintained by each board must have a provision for the proper storage of medication in a central unlocked location. The anaphylaxis policies, procedures and guidelines established and maintained by each board must also ensure parents/guardians are informed that it is their responsibility: • to provide appropriate medication (e.g., epinephrine auto-injector) 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, and it is their duty to ensure their child understands they must carry their medication on their person at all times;

[11] The MedicAlert® identification enables emergency personnel to call an emergency hotline and have immediate access to the child's health record containing information on existing medical conditions, allergies, mediations, medical devises, as well as the names and phone numbers of the child's physician and family contact.
[12] MedicAlert®: http://www.medicalert.ca/en/why/assistance.asp

	• to provide a second auto-injector to be stored in a central, safe but unlocked location; • to ensure anaphylaxis medications have not expired; and • to ensure that they replace expired medications.
Allergy awareness, prevention and avoidance strategies	**"**Avoidance is the cornerstone of preventing an allergic reaction. Much can be done to reduce the risk when avoidance strategies are developed"[13]. The anaphylaxis policy established and maintained by each board must outline allergy avoidance strategies: • for all schools where students at risk of anaphylaxis have been identified; • for creating an allergy aware environment; and • for managing risk associated with rarer allergies to other substances – e.g., a child is identified with allergies to medications, exercise, latex. The Ministry of Education requires allergy awareness, prevention and avoidance strategies are included in the board's training policy. *While it is impossible to eliminate all potential allergens from the school environment, schools should create an allergy-aware environment in response to the most common triggers for anaphylaxis: food allergens and insect stings.*

[13] *Anaphylaxis in Schools and Other Settings,* Canadian Society of Allergy and Clinical Immunology

Training Strategy	Anaphylaxis training is a critical component of managing risk associated with anaphylaxis. The anaphylaxis policies, procedures and guidelines established and maintained by each board shall ensure: • school principals communicate to all school community members (students, parents, teachers, volunteers, etc,) the school's anaphylaxis policies and procedures; • training initiatives reflect key recommendations from the national anaphylaxis consensus guidelines, *Anaphylaxis in Schools and Other Settings, 2005*[14]; • experts are consulted in the development of training policies and the implementation of training; • distinction is made between needs of younger and older anaphylactic students (older students may be more likely to engage in risk behaviours); • training is provided by individuals trained to teach anaphylaxis management; • direct training is provided to all those reasonably expected to have supervisory responsibility of school-age and pre-school students – e.g., school staff, foodservice staff and volunteers; best practice suggests training should include student peers (depending on age and maturity); • training is provided at least once a year; best practice suggests training twice a year is especially advised for secondary schools because of increased student mobility; and • training encompasses information relating to: o signs and symptoms of anaphylaxis; o common allergens o avoidance strategies o emergency protocols o use of the epinephrine auto-injector o identification of at-risk students (as outlined in the individual student emergency response plan) o emergency plans o method of communication with and strategies to educate and raise awareness of parents, students, employees and volunteers about anaphylaxis[15].

[14] http://www.allergysafecommunities.ca/

[15] Ministerial Order 232/07 (M232/07) - Effective September 13, 2007
http://www.bced.gov.bc.ca/legislation/schoollaw/e/m232-07.pdf

Although not included in the core components, the Ministry of Education endorses the following elements being included in school practices:

Incident Debriefing

Schools include a process whereby school principals provide a debriefing session to review anaphylactic incidents with regard to exposure, response and lessons learned. This can enhance the school's capacity to reduce risk on a go forward basis.

Debriefing sessions should minimally include participation by:

- the student's parents/guardians;
- the student (where age appropriate);
- relevant school personnel; and
- the public health nurse

Roles and Responsibilities

The Ministry of Education supports boards of education to adopt the following statement:

> *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.*

The Ministry of Education recognizes the vital role played by public health nurses throughout the province with regard to assisting school communities in the management of anaphylaxis. However, the Ministry of Education also recognizes public health nursing capacity varies across the province and may include one or more of the following activities:

- reviewing medical records of at risk students;
- liaising with the family and/or physician to ensure the school has a clear understanding of the child's needs;
- assisting school staff to identify ways to reduce exposure to allergens; and
- developing and participating in the delivery of training.

Based on varied public health nursing roles and responsibilities, the Ministry of Education recommends that boards of education work with local public health officials to develop and articulate the public health role specific to their district.

Education and communication: creating an allergy-aware school community

Even when there is no identified child at risk of anaphylaxis in a particular school, it is prudent for members of the school community to have an understanding about anaphylaxis – what it is, and the risks associated with being anaphylactic.

Best practice includes the development and implementation of an anaphylaxis communication plan that encompasses the following elements:

Objective: to increase education regarding anaphylaxis, while simultaneously reducing fear and uncertainty within the school community. It is important that members of the school community understand the approach taken, the rationale and the respective responsibilities of various members of the community working together to address anaphylaxis.

Audience: communication strategies consider a variety of circumstances including the age and literacy level of the audience.

Content: includes what anaphylaxis is (definition), the steps required to minimize the likelihood of an anaphylactic incident and outlines how emergency situations are managed.

Bullying: incorporates the school's expectations with regard to bullying or threatening behaviour in relation to students at-risk of anaphylaxis. Expectations should align with the district's Safe and Orderly Schools Policy.

Approaches: communication approaches reflect the culture and composition of individual school communities. Parents, staff and student (where age appropriate) information sessions, annual or bi-annual letters to parents, e-mail communications and school community newsletters may be effective modes of communication.

Identified vs. Unidentified Students-at-risk: communication strategies vary depending on whether there is a student at risk of anaphylaxis attending the school.

Evaluation

It is important to know what effect policies and procedures have on achieving the goal of reducing preventable serious reactions and deaths due to anaphylaxis. There are many challenges to evaluating the impact of anaphylaxis policies and procedures, in particular:

- the lack of baseline data on incidence (how many events happen annually) and prevalence (the proportion of the population with the condition);
- the lack of a common definition of anaphylaxis; and
- the lack of standardized information gathering in both the health and education systems.

The PAAC recommends that the Ministry of Education, in consultation with education and public health partners, develop an evaluation framework to address the following questions:

- Is the number of students at risk of anaphylaxis increasing, decreasing or remaining stable over time? How does this number compare with the population at large?
- Is the frequency of anaphylactic incidents increasing, decreasing or remaining stable over time? How does this compare with the population at large?
- When an anaphylactic incident occurs, have the policies and procedures implemented had a positive impact on the outcome?
- Has mandated training resulted in improved capacity to appropriately respond to an anaphylactic incident?
- Have other policies had a positive impact (e.g., hand-washing)?

Developing and implementing an evaluation framework to track outcomes will take time. The Ministry of Education will establish an evaluation advisory committee comprising education and health partners to assist with this process and have a framework in place by June 2008.

The Framework will be updated when the anaphylaxis evaluation framework is completed.

Appendix A

Anaphylaxis Advisory Committee Membership

BC Principals' and Vice Principals' Association
BC School Trustees Association
BC Confederation of Parent Advisory Councils (2)
BC School Superintendent Association
Allergy, Asthma Information Association
BC Society of Allergy & Immunology (BC Medical Association)
Medical Health Officer and Medical Director of Communicable Disease Control
Medical Consultant, Provincial Health Office
Fraser Health Authority - Public Health
Interior Health Authority - Public Health
Allergy Nutrition Service, Dial-A-Dietitian
Anaphylaxis Canada
Ministry of Education
Ministry of Health
Parents of anaphylactic children (3)

Appendix B

Guiding Documents and Resources

AAIA Anaphylaxis Reference Kit. Allergy Asthma Information Association. March, 2004. http://www.aaia.ca/en/index.htm

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

Anaphylaxis: A Handbook for School Boards. Canadian School Boards Association. September, 2001. http://www.bced.gov.bc.ca/health/anaphylaxis.pdf

Alberta School Board Association Policy Advisory: Anaphylaxis (2007) www.asba.ab.ca/services_for_boards/policy_advisories_anaphyl_07.html

BC HealthFile – Severe Food Allergies; Ministry of Health http://www.bchealthguide.org/healthfiles/hfile100.stm

BC School Trustees' Association website. http://www.bcsta.org link to District Policies

Sabrina's Law – An Act to Protect Anaphylactic Pupils. Province of Ontario. January 2006.

Sabrina's Law – Staff Training Program – Protecting Anaphylactic Students. Student Transportation Services of Central Ontario. May, 2007

Allergy Safe Communities - companion website to *Anaphylaxis in Schools and Other Settings*. Includes downloadable forms, articles and information www.allergysafecommunities.ca

Medic Alert® identification: http://www.medicalert.ca/en/why/purchase.asp

Canadian Allergy, Asthma and Immunology Foundation http://www.allergyfoundation.ca/

Anaphylaxis Canada http://www.anaphylaxis.org/

Canadian Society of Allergy and Clinical Immunology http://csaci.medical.org/

Association Quebecoise Des Allergies Alimentaires http://www.aqaa.qc.ca/

ANAPHYLAXIS PROTECTION ORDER - Ministerial Order 232/07 (M232/07) http://www.bced.gov.bc.ca/legislation/schoollaw/e/m232-07.pdf (09/13/07)