



## ANAPHYLAXIS POLICY

NORTH CREEK MONTESSORI Tel: 604.687.6701  
ANCHOR POINT MONTESSORI Tel: 604.677.1958  
32138 CAMBIE RPO RICHMOND, B.C. V6X3R9

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### PREAMBLE

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

Lions Gate Montessori recognizes that it has a duty of care to students who are at risk from life-threatening allergic reactions while under school supervision. The School 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 allergies 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 and key volunteers are trained to respond in an emergency situation.

### POLICY

While Lions Gate Montessori cannot guarantee an allergen-free environment, we will take reasonable steps to provide an allergy-safe and allergy-aware environment for students with life-threatening allergies.

### IMPLEMENTATION

Lions Gate Montessori implements the following steps on anaphylaxis, which include:

- a requiring parental identification of their child(ren) with anaphylactic risks at the time of enrollment;
- b 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 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 pre-authorization for employees to administer medication to an anaphylactic student; and
- f the principal shall monitor and report information about anaphylactic incidents to the staff and board in aggregate form.

All students with anaphylaxis issues shall have the following form completed and updated as appropriate, but at least annually, detailing all aspects of the allergy, the treatment protocol, and all recommendations from the student's physician.



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**ATTACH PHOTO OF STUDENT:**

### Anaphylactic Student Emergency Procedure Plan

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

#### Emergency Protocol

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

#### Emergency Medication

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) \_\_\_\_\_



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## Anaphylactic Student Emergency Procedure Plan

<b>Parent/Guardian please complete</b>	
Discussed and reviewed Anaphylaxis Responsibility Checklist with principal?.....	<input type="checkbox"/> yes <input type="checkbox"/> no
Two auto-injectors provided to school?.....	<input type="checkbox"/> yes <input type="checkbox"/> no
Student aware of how to administer?.....	<input type="checkbox"/> yes <input type="checkbox"/> no
Auto-injector locations: _____	
Your child's personal information is collected under the authority of the <i>School Act</i> and the <i>Freedom of Information and Protection of Privacy Act</i> . The Board of Education may use your child's personal information for the purposes of:	
<ul style="list-style-type: none"><li>● Health, safety, treatment and protection</li><li>● Emergency care and response</li></ul>	
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 Board of Education 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 <i>BC Anaphylactic and Child Safety Framework 2007</i> ) 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) _____