

B.C. Home Ministry of Education Healthy Schools Other Topics Anaphylaxis
BC Anaphylactic and Child Safety Framework and the Anaphylaxis Protection Order

## BC Anaphylactic and Child Safety Framework and the Anaphylaxis Protection Order

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 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.

View the BC Anaphylactic and Child Safety Framework 2007.

On September 13, 2007, the Ministry of Education announced the signing of the *Anaphylaxis Protection Order*. This ministerial order, which carries the force of law, requires all BC school districts to develop and implement anaphylaxis policies that meet the rigorous provincial standards outlined in the *British Columbia Anaphylactic and Child Safety Framework (September 2007).* 

View the Anaphylaxis Protection Order.

Inaphylaxis Er				(name
This person has a poter		TOTAL PROPERTY OF THE PROPERTY	laxis) to:	
	(Check the approp			
	Peanut	☐ Other: ☐ Insect stind		
	☐ Egg	Latex	gs .	
	☐ Milk	☐ Medication	n:	
РНОТО	Food: The key to preventing an anaphylactic emergency is absolute avoidance of the allergen. People with food allergies should not share food or eat unmarked / bulk foods or products with a "may contain" warning.  Epinephrine Auto-Injector: Expiry Date: /			
		Location of A	uto-Injector(s):	
		2	ik. If person is having a rea ine auto-injector <u>before</u> as	
person having an an	aphylactic reaction	might have ANY of	these signs and sym	ptoms:
<b>Skin:</b> hives, swelling, itchir	ng, warmth, redness, ras	sh	The second secon	
Respiratory (breathing):	wheezing, shortness of	f breath, throat tightnes	ss, cough, hoarse voice, ch	est pain/tightness, nasal
ongestion or hay fever-lik	e symptoms (runny itch	y nose and watery eyes,	sneezing), trouble swallo	wing
Gastrointestinal (stoma				
Cardiovascular (heart):			lightheaded, shock	
Other: anxiety, feeling of				
			nent could save a perso	
			can get worse very qui	A STATE OF THE PROPERTY OF THE
known or suspected cont worsens. (See second page	act with allergen. Give	or Twinject™) at the firs a second dose in 10 to 1	t sign of a reaction occurr 5 minutes <u>or sooner</u> <b>IF</b> th	ing in conjunction with e reaction continues or
	•	eatening allergic reactio	n. Ask them to send an ar	mbulance immediately.
			ed. Stay in the hospital for	
of observation, generally	4 hours, but at the disc	retion of the ER physici	an. The reaction could cor	ne back.
Call contact person.				
nergency Contact Infor	mation			
Name	Relationship	Home Phone	Work Phone	Cell Phone
,				
The undersigned patient	t, parent, or guardian authori	zes any adult to administer e	pinephrine to the above-named	person in the event
of an anaphy	lactic reaction, as described a	bove. This protocol has been i	recommended by the patient's p	hysician.
	•			
Patient/Parent/Guardian Signature Date		e	Physician Signature	Date









