



BOARD OF EDUCATION

POLICY DEVELOPMENT COMMITTEE

April 24, 2018

4:30 p.m.

District Education Office

A G E N D A

- | | | |
|---|---------|----------|
| 1. Call to Order | | Chair |
| 2. Approval of Agenda | | Chair |
| 3. Approval of Minutes – January 30, 2018 | Page 2 | Chair |
| 4. Draft New Policy # XX – Accumulated Operating Surplus – Information only | Page 5 | N Lowe |
| 5. New Policy #1040 – Role of Trustee Liaison at PAC | Page 7 | K Nelson |
| Policy Questionnaire | Page 9 | |
| 6. Draft Revised Policy #7030 – Physical Restraint of Students | Page 11 | K Bird |
| Policy Questionnaire | Page 18 | |
| 7. Draft Revised Policy #4050 – Technology Usage and Access/
Policy #5070 – Social Media | Page 20 | K Nelson |
| 8. Draft Revised Policy #7200 – Suspension of Students | Page 55 | K Nelson |
| 9. Draft Revised Policy #7340 – Allergies and Life-Threatening Allergies in Schools..... | Page 64 | K Nelson |
| Backup documentation | Page 81 | |
| 10. Questions/Comments | | |

Next Meeting: Fall, 2018
 District Office

ADJOURNMENT

**BOARD OF EDUCATION
SCHOOL DISTRICT NO. 78 (FRASER-CASCADE)**

**DRAFT MINUTES OF THE POLICY DEVELOPMENT COMMITTEE MEETING
January 30, 2018**

PRESENT:

Board Representatives:

John Koopman
Linda Kerr
Heather Stewin

Chair
Trustee
Trustee

Committee Representatives:

Patsy Graham
Rosalee Floyd
Kristen Peters
Darlene Smith

Principal
Principal
Teacher
Support staff

FCPVPA
FCPVPA
FCTA
CMAW

District Staff:

Karen Nelson
Natalie Lowe
Kevin Bird
Laurie Bjorge

Superintendent
Secretary-Treasurer
Assistant Superintendent
Recording Secretary

Guests:

Donna Barner
Margaret Smiley

Student Services Support Coordinator
Principal TREC

Regrets:

Debra Schneider
Brad Bourel
Diana Savoie
Amy Smith
Laurie Hansen

AEC
Staff
Parent
President
Staff

CMAW
AEC
FCTA
CMAW

1. Call to Order

The meeting was called to order by the Chair 4:30 p.m. in the District Board office.

2. Approval of Agenda – January 30, 2018

The Superintendent added Policy #5055 – Formal Business/Education Partnerships to the agenda.

KERR/SMITH

THAT the agenda of the Policy Development Committee meeting held on January 30, 2018 be approved as amended.

Carried

3. **Approval of Previous Minutes – December 5, 2017**

KERR/STEWIN

THAT the minutes of the Policy Development Committee meeting held on December 5, 2017 be approved as presented.

Carried

4. **Draft Revised Policy #7510 – Distance Learning**

The Superintendent reviewed the changes to the policy and thanked the Administrator of TREC, Margaret Smiley, for her work on revising this policy.

SMITH/KERR

THAT draft revised Policy #7510 – *Distance Learning* be presented to the Board of Education for first reading, as amended.

Carried

5. **Draft Revised Policy #7030 – Physical Restraint of Pupils**

The Assistant Superintendent reviewed changes to the policy as per recommendations from Fraser Health. It was requested that the reporting forms be available on the school district website.

SMITH/STEWIN

THAT draft revised Policy #7030 – *Physical Restraint of Pupils* be presented to the Board of Education for first reading, as amended.

Carried

6. **Draft New Policy #1040 – Trustee PAC Liaisons**

The Superintendent reviewed the new policy. This policy is to clarify the Trustee role.

KERR/SMITH

THAT draft new Policy #1040 – *Trustee PAC Liaisons* be presented to the Board of Education for first reading.

Carried

7. **Draft Revised Policy #4050 – Technology Usage and Access/Policy #5070 – Social Media**

The Superintendent circulated the Student Technology Acceptable Use Agreement and Employee Account Agreement. It was agreed to include these forms in both policies. It was suggested that age be indicated in the policies as to what age students sign should sign the agreement. The committee agreed to have Administration review and bring the policy back to the next PDC meeting.

8. **Draft Revised Policy #4032 – Loan of School District Equipment**

The Assistant Superintendent reviewed the minor change to the policy.

KERR/SMITH

THAT draft revised Policy #4032 – *Loan of School District Equipment* be presented to the Board of Education for first reading, as amended.

Carried

9. **Draft Revised Policy #7200 – Suspension of Students**

The Superintendent reviewed the policy. There was discussion regarding the District Review Committee and the District Placement Committee and when should they step into the process. The committee agreed to have Administration further amend the policy and bring back to the next PDC meeting.

10. **Draft Revised Policy #5055 – Formal Business/Education Partnerships**

A result of today's Career and Transitions committee meeting, this policy was brought to the PDC to review in regard to entering into a Memorandum of Understanding regarding job training with Independent Contractors and Businesses Association (ICBA). The policy falls in line with what is required.

11. **Questions/Comments**

There was still some concern regarding Policy #7030 – *Physical Restraint of Pupils*. The committee discussed procedures pertaining to removing a student who may harm him/herself or others and whether it would be necessary to complete an incident form each time. The Assistant Superintendent and Student Services Support Coordinator explained the need to report each incident for future remedies and changes to procedures.

Next Meeting

April 24, 2018

Location: District Education Office

Adjournment

The meeting adjourned at 5:45 pm

/KERR

THAT the meeting be adjourned.

Carried

SCHOOL DISTRICT NO. 78 (FRASER-CASCADE)

POLICY

NO: XXX

DATE: XXX

SUBJECT: **ACCUMULATED OPERATING SURPLUS**

The Board of Education is responsible for ensuring the district is protected financially from forecasting risk and unforeseen circumstances that could negatively impact resources available for the education of students.

Fraser Cascade School District's accumulated operating surplus will serve as a contingency reserve for the risks associated with unexpected increases in expenses and/or decreases in revenues related to emergent operating issues, one-time costs and intermittent projects.

SCHOOL DISTRICT NO. 78 (FRASER-CASCADE)

REGULATIONS

NO: XXX

DATE: XXX

SUBJECT: **ACCUMULATED OPERATING SURPLUS**

The Board will attempt to maintain a contingency reserve of 4.0 percent of annual operating expenses. Excess funds above the desired target may be considered for allocation through the budget process.

When use of the contingency reserve reduces the balance below what is determined to be sufficient, the Board of Education will adopt strategies for replenishing the contingency reserve within an appropriate timeframe.

Accumulated Operating surplus should not be transferred to Local Capital without supporting detail of what capital projects these Local Capital funds will be spent on. This will normally occur during the budget process, or through approval by Board motion.

Operating surplus funds may be internally restricted. Amounts should not be internally restricted that will not likely be spent within 3 years. The Board will provide information in the Notes to the Financial Statements identifying internally restricted surpluses.

The projected Operating Surplus balance should be reported to the Board when presenting the annual budget.

SCHOOL DISTRICT NO. 78 (FRASER-CASCADE)

POLICY

NO: 1040

DATE: XXX

SUBJECT: **ROLE OF THE TRUSTEE LIAISON AT PARENT ADVISORY
COMMITTEE (PAC) MEETINGS**

The Board of Education for School District No. 78 (Fraser-Cascade) values the relationship with Parent Advisory Councils (PACs) in each of our schools. As such, the Board recognizes that a PAC, through its elected officers, may advise the Board, the principal and staff of the school regarding any school-related matter.

A trustee may attend, upon invitation, a PAC meeting to provide Board information on process in order to take matters forward and/or provide feedback.

A Trustee can provide clarity on the role of the corporate Board and how to best provide input for Board decisions.

SCHOOL DISTRICT NO. 78 (FRASER-CASCADE)

REGULATIONS

NO: 1040 R

DATE: XXX

SUBJECT: **ROLE OF THE TRUSTEE LIAISON AT PARENT ADVISORY
COMMITTEE (PAC) MEETINGS**

DEFINITION:

The Parent Advisory Council (PAC) is a meeting for parents. Trustees are invited as guests, who have no official standing on the committee.

Liaison Role:

A brief report, specifically referencing the school at which the PAC meeting is being held, and based on information from the public meeting of the Board of Education may be provided. Trustees may respond to questions from the PAC or they may refer parents to the superintendent for further information/clarification. Trustees are not eligible to bring items for the agenda, or bring other guests to the meeting.

A PAC must have made a formal recommendation to have a trustee liaison and a request may be made for a specific trustee. A trustee may also attend from time to time as an invited guest, based on the corporate decision of the PAC.

Trustee liaisons do not act on behalf of the corporate Board, nor do they act as a conduit with information back to the entire Board. The proper protocol for messages to be relayed to the Board is a letter, endorsed by the entire PAC and sent on to the District Parent Advisory Council (DPAC), and if required, to the Board for response.

Related Policies/Bylaws/Procedures:

- [Policy 5000 \(School Parent Advisory Councils\)](#)
- [Policy 5002 \(District Parent Advisory Council\)](#)
- Bylaw 17 (Trustee Code of Conduct)
- [Fraser-Cascade School District Trustee Handbook](#)



Date:
Policy Name:
Policy:

March 7, 2018
Role of Trustee Liaison at PAC
1040

ATTENTION: All Education Partners
POLICY IMPACT QUESTIONNAIRE

When developing or amending policy, the Board wishes to ensure each statement is sound and workable. To this end, the Board requests education partners scrutinize each draft policy and respond on this questionnaire. Thank you for taking the time to provide your comments.

Survey may be completed on line using the link below (or scan code on right)
[SD78 Policy Impact Questionnaire](#)



Rational for creating or reviewing the Policy:

1. We value your input. Please comment on the provided policy and provide ideas to make the policy more effective.

Regarding the PACs needing to formally request/recommend a trustee liaison, it would be helpful if an email indicating this policy and the options were sent to PACs each school year and cc'd to the school principal. As PAC participants and executive members change, sometimes information is not passed to the new executive – the principal could forward this information.

It would be helpful to have something indicating that all trustees represent all students within the district. Some conversations in and out of Board meetings inadvertently suggest that PACs 'belong' to their trustee liaison. This can inadvertently give the impression there is a competition for resources.

2. What difficulties, if any, can you foresee posed by the implementation of the policy?

If PACs are required to forward all communications via DPAC there could be some difficulties in getting communications/questions dealt with in a timely matter. This is especially true if the item in question requires a discussion at a DPAC meeting or even via email.

3. How will the new/revised policy affect your child, school or department?

As a parent I have found trustee liaisons are a valuable addition to PAC meetings. They provide needed information and a connection to the Board. I believe the clarification in this policy will aid PAC Chairs in maintaining efficiency in moving through their meeting agendas.

Stakeholder input for Draft Policy 1040: *Role of the Trustee Liaison at Parent Advisory Committee (PAC) Meetings.*

1040 R

Current Language:

A PAC must have made a formal recommendation to have a trustee liaison and a request may be made for a specific trustee.

Suggested Language:

A PAC must have made a formal recommendation to the Board Chair to have a trustee liaison and a this request may be made for a specific trustee.

SCHOOL DISTRICT NO. 78 (FRASER-CASCADE)

POLICY

NO: 7030

DATE: 1999-04-27

REVISED: 2007-11-13

REVIEWED: 2011-04-12

SUBJECT: **PHYSICAL RESTRAINT OF STUDENTS**

Purpose:

To ensure Fraser-Cascade schools are learning environments that are as safe as possible for all children and adults.

It is expected that school personnel ~~are always looking for tools and methods~~ are committed to using strategies to avoid seclusion and restraint including the implementation of pro-active, positive, non-punitive supports and interventions that make the use of seclusion and physical restraint unnecessary.

Physical Restraint and Seclusion may only occur when behaviour of a student poses imminent danger of serious physical harm to self or others including school personnel, and where less restrictive measures have been ineffective of ending the threat of serious physical harm. Each incident will be accurately documented using the prescribed district form, which includes information about the required parent notification.

SCHOOL DISTRICT NO. 78 (FRASER-CASCADE)

REGULATIONS

NO: 7030 R

DATE: 1999-04-27

REVISED: 2007-11-13

REVIEWED: 2011-04-12

SUBJECT: **PHYSICAL RESTRAINT OF STUDENTS**

1. Definitions

- 1.1 Seclusion – the involuntary confinement of a person, alone in a room, enclosure or space which the person is physically prevented from leaving. The term seclusion does not apply to the following situations:
 - 1.1.1 When a student has personally requested to be in a different/secluded location/space;
 - 1.1.2 When a student is outside of the regular classroom and possibly alone (but supervised) for a calm or quiet break if these breaks are behaviour strategies which are proactive and are part of the student's daily routine.
- 1.2 Physical Restraint – a method of restricting another person's freedom of movement or mobility in order to secure and maintain the safety of the person or the safety of others. The term physical restraint does not apply to the following situations:
 - 1.2.1 The provision of gentle physical guidance or prompting of a student when teaching a skill, redirecting attention or providing comfort.
 - 1.2.2 A temporary, gentle touch on a student's arm, shoulder or back for the purpose of guiding a student to a safe location. A gentle touch to some students can be a physical trigger for them to act out violently. Be mindful of a student's safety plan.

2. General Guidelines

- 2.1 In cases where an individual student could potentially cause harm to self or others the following plans should be collaboratively developed with the principal, teachers, support staff, parents/guardians and, when appropriate, the student:
 - 2.1.1 A Safety Plan detailing the student's triggers, patterns of escalation and appropriate adult responses is collaboratively developed and implemented by all **staff*** working directly with the student
 - 2.1.2 Based on the data from a Functional Behaviour Assessment (FBA) a formal positive Behaviour Support Plan or Behaviour Intervention Plan describing positive behaviour intervention supports and conflict de-escalation procedures is collaboratively developed.

2.1.3 The Safety Plan will be communicated with Teachers Teaching on Call and Special Education Assistant replacements as well as any other staff likely to be in contact with the student.s

2.2 A review/revision of prevention/intervention strategies/plans within a school or classroom must occur in cases where there is:

2.2.1 Repeated use of physical restraint or seclusion for an individual student

2.2.2 Multiple use of physical restraint or seclusion occurring within the same classroom

2.2.3 Repeated use of physical restraint or seclusion by an individual staff member

2.3 It is the principal's responsibility to ensure that staff such as bus drivers, clerical, custodians, support staff, and all casual staff read the plans and understand the importance of adhering to these plans for their own and others' safety.

3. Guidelines for Physical Restraint

3.1 The ~~Abbotsford School~~Fraser-Cascade District maintains that a "hands off policy" is the best practice in dealing with students who are acting out. Physical restraint and seclusion must not be common practice and are used only in exceptional circumstances where a student is in imminent danger of causing serious harm to self or others.

3.2 Physical restraint will only be employed until the imminent danger of serious harm to self or others has dissipated.

3.3 The use of a harness or similar approved equipment will only be employed as a preventative strategy measure, in keeping with a student's IEP.,-to prevent running away from the supervised environment.- The use of a harness must be approved by Senior District Staff and the student's IEP must include a plan to build skills to eliminate the need for the device.

~~3.43~~ Any time, except when a student's IEP details a different procedure, Any time physical restraint is necessary, a "Physical Restraint of Student's Incident Report" must immediately be filed with the Coordinator~~Director~~ of Student Support Services. The Safer Schools Coordinator, Parents/Guardians must also be informed about the incident immediately. _

~~3.54~~ Physical restraint is always conducted in a safe manner by a person who is trained in the proper methods of physical restraint. This training will ensure that:

3.4.1 Students' breathing is not restricted

3.4.2 Student is not in a prone position (facing down on their stomach)

3.4.3 Student is not in a Supine position (on their back, face up)

3.4.4 Mechanical restraint devices are never used

3.65 Training sessions in positive behaviour support planning, non-violent crisis intervention, conflict de-escalation techniques, and safety planning will continue to be offered to school personnel on a regular basis.

3.76 The need for staff to be trained in the use of physical restraint for a student will be determined by the Director of Student Support Services in consultation with district staff, school administrator, and school staff ~~and the students' parents~~.

3.8 If a student's IEP details a procedure for the use of physical restraint it will also contain an agreed to notification system for parents and a plan to build skills to eliminate the need for the use of physical restraint.

4. Guidelines for Seclusion

4.1 The space used for seclusion must not jeopardize the students' health and safety – emotionally or physically. Seclusion should only be employed in exceptional circumstances where a student is in imminent danger of causing serious harm to self or others.

4.1.1 Seclusion will only be employed until the imminent danger of serious harm to self or others has dissipated.

4.1.2 Any time, except when a student's IEP details a different procedure, seclusion is necessary a "Student Safety Incidence or Level 1 Threat Assessment Report" must be filed with the ~~Occupational Health and Wellness Manager and the~~ Director of Learning Student Support Services. Parents/Guardians must also be informed about the incident immediately.

4.1.3 A student must never be locked into a room unless a Safety Plan for Locked Seclusion has been created in collaboration with District LSS Personnel, School ~~Administrator~~ Administration, school staff, parents and possibly outside agencies.

4.1.4 Any room that is to be used for seclusion must have an observation window and the secluded student must be under continuous visual observation. The student's behaviour is recorded at regular intervals by the observing adult throughout the period of seclusion.

4.1.5 If a student's IEP details a procedure for the use of seclusion it will also contain an agreed to notification system for parents and a plan to build skills to eliminate the need for seclusion.

Reference: Provincial Guidelines – Physical Restraint and Seclusion in School Settings, British Columbia

Ministry of Education, June 3, 2015



Physical Restraint of a Student Incident Report Form

Student

Name: _____

Grade: _____

Employees Involved: _____

Date: _____

Witnesses: _____

Incident Details

Type: Accident Assault Physical Intervention Other: _____

Time _____ Location _____

What happened:

Injury Y / N (if yes: complete School Protection Program Incident Report or WorkSafeBC Form)

Description of Injury:

Follow Up

How were parents contacted: _____

Date: _____ Time: _____

Has this happened before Y / N

If so when:

Plan of Action:

Signatures: Person Reporting _____ Principal _____

PHYSICAL RESTRAINT OF STUDENTS
Incident Report

TYPE OF OCCURRENCE

Accident
Assault
Physical Intervention
Other

Date: _____

Student's Name _____

Student's Grade _____

Employee(s) Involved:

1. _____

2. _____

3. _____

4. _____

Where did the incident occur? _____

Details of the incident: _____

Results of Occurrence: _____

Follow-Up Action Plan _____

SIGNATURES

Name _____ **Signature**

Administrator's Name _____ **Signature**

Parent/Guardian Name _____ **Signature**

WCB Forms Submitted: Yes _____ **No**



Date:
Policy Name:
Policy:

March 7, 2018
Physical Restraint of Students
7030

ATTENTION: All Education Partners
POLICY IMPACT QUESTIONNAIRE

When developing or amending policy, the Board wishes to ensure each statement is sound and workable. To this end, the Board requests education partners scrutinize each draft policy and respond on this questionnaire. Thank you for taking the time to provide your comments.

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[SD78 Policy Impact Questionnaire](#)



Rational for creating or reviewing the Policy:

1. We value your input. Please comment on the provided policy and provide ideas to make the policy more effective.
-
- The Provincial Guidelines used for this policy were developed with guidance from Inclusion BC and the Family Support Institute of BC, organizations who put out the 2013 report: ***Stop Hurting Kids: Restraint and Seclusion in BC Schools – Survey Results and Recommendations***. The survey report is disheartening and demonstrates the importance of careful evaluation of the use of restraint and seclusion in our schools. Maybe we could reference/link the report within the policy?
 - o Both the Provincial Guidelines and the Survey Report emphasize the damage that restraint and seclusion can cause.
 - Guidelines page 2 : “There is no evidence that using restraint or seclusion is effective in reducing the occurrence of the problematic behaviours that frequently precipitate their use. There is a growing body of knowledge that shows that continued use can cause harm.”
 - Survey report page 4: “Schools have a responsibility to protect students from bullying and harassment; restraint and seclusion is, in many ways, a form of bullying that comes not from fellow students but is sanctioned by the school system itself.”
 - o Our district has recently had several presentations on mental health. We need to consider what impacts restraint and seclusion have on the student’s mental health – currently and when they are adults. This is especially true if we using restraint and seclusion routinely. We don’t want to contribute to a student’s ACE (Adverse Childhood Experiences) scores.
 - NOTE: ¾ of the respondents to survey questions on restraint reported emotional trauma to their children
 - o This policy is important. I believe referencing the Survey Report will help to convey that restraint and seclusion should only be used in emergency situations.
 - Sometimes limited resources (time, expertise, tools, personnel, \$\$) are used as reasons for not looking for a better way. It could be easy for restraint and/or seclusion to become a method rather than a tool for emergencies. Could a sentence be added to the second paragraph of the introductory page indicating it is also expected that we will continue to look for better tools and methods?
 - There are many reasons why a team between the home and school does not form or function well. If we can find ways to improve team environments, I think this policy will be more effective.
 - Regarding section 2.3: It would be helpful if on-call/substitute staff are also aware of the plans and expected to fully read and understand them.

- Regarding section 3.6: Could we also provide regular training opportunities regarding the various causes/explanations of 'behaviour issues' and/or various disabilities?

2. What difficulties, if any, can you foresee posed by the implementation of the policy?

- This policy could result in an increase in suspensions, both within the school and from the school. How will this be monitored?
- A difficulty that I foresee in the definition of seclusion is that it is far too easy to convince a student to 'volunteer' to go to a different location by suggesting a different adverse choice such as "you can go into this room or if you prefer I can call your parent to come and get you".
 - o Can parents be notified if the seclusion is voluntary as well? This would keep parents informed and enable them to assist the team more efficiently (they are more likely to detect trends).

3. How will the new/revised policy affect your child, school or department?

- Regarding section 2.2: This section will be helpful/important – it is the only way to ensure methods that could harm a child are regularly evaluated and addressed.
- I appreciate the emphasis on documentation and parent notification in this policy (as required by the Provincial Guidelines) – both are vitally important. Parents are an important part of the education team – both in discovering the student's perspective on the "why" of a behaviour and in brainstorming strategies.
 - o Documentation ensures all parties look for patterns that can help identify issues. Deep reflection is needed when we feel we need to resort to restraining or secluding students.
 - o Documentation ensures transparency (important for the student's safety).
 - o Notifying parents each time improves transparency in what sometimes becomes an 'us versus them' situation – and hopefully aids in building a team centered on assisting the student.
- Do our EDI scores still show multiple areas of vulnerabilities in our early learners? Are there connections with the need for this policy? Perhaps the policy will increase conversations and will help all students (?).

SCHOOL DISTRICT NO. 78 (FRASER-CASCADE)

POLICY

NO: 4050

DATE: 2000-01-25

REVISED: 2005-06-28

2012-06-19

2015-10-27

SUBJECT: **COMPUTER AND INTERNET TECHNOLOGY USAGE AND ACCESS**

This policy shall govern the use of computer equipment, software, the network, e-mail messages and internet access provided by the Board of Education ~~for School District No. 78 (Fraser-Cascade)~~, (the "Board") to students, employees, contractors and others.

~~School~~ The School District's Board computers, software, networks, electronic systems, and access to the ~~Internet~~ (collectively referred to as the "System") are intended for educational ~~and/or research~~ purposes and for conducting valid ~~School~~ Board business. ~~The School District provides access to Internet email message capability as well as Internet informational resources, and searching and browsing tools.~~ Use of the System and access to the internet for any other purpose is prohibited including, without limitation, commercial, criminal, obscene or illegal purposes. ~~Use of the System to gain access to inappropriate materials, including, without limitation, obscene or pornographic materials, is prohibited.~~

Use of the System requires prior authorization by the ~~Board, School District who.~~ The School Board reserves the right to restrict the scope of access to individual users or classes of users. Any user identified as a security risk or having a history of problems with other computer systems may be denied access to the System. All schools will develop Internet Use Guidelines and will use the Internet Student and Employee Account Agreements attached to this policy.

Access to the System, including ~~Internet internet~~ resources, is a privilege, not a right. Such access is made available only so long as the user complies with ~~this~~ Computer and Internet Technology Usage and Access Policy and such rules and regulations as may be made by the ~~Board School District from time to time.~~ Inappropriate or prohibited use may lead to suspension or termination of user privileges at the discretion of the ~~Board School District~~, and possible other consequences including disciplinary action. Use of these resources indicates ~~users you~~ agree to comply with the terms and conditions of use established by the ~~School~~ Board and outlined in this Policy.

SCHOOL DISTRICT NO. 78 (FRASER-CASCADE)

REGULATIONS

NO: 4050 R

DATE: 2000-01-25

REVISED: 2005-06-28

2012-06-19

2015-10-27

SUBJECT: **COMPUTER AND INTERNET TECHNOLOGY USAGE AND ACCESS**

1. Use of the System

1.1 General

Access to the System is a privilege, not a right.

It is important that users conduct themselves in a responsible, decent, ethical, and polite manner while using the System. Following is a list of guidelines whose violation may lead to suspension or termination of privileges.

1.1.1 When interacting on the ~~i~~Internet, ~~users~~~~you~~ are expected to behave as ~~they~~~~you~~ would in any other environment where ~~they~~~~you~~ represent ~~their~~~~your~~ school/employer.

~~1.1.2 Users may upload and download public domain programs for their own use or redistribute a public domain program if it is for non-commercial use. However, the user assumes all risks regarding the determination of whether a program is in the public domain. (Copyright must be adhered to.)~~

1.1.32 Controversial Material

~~Users~~ Employees may encounter material that is controversial and which users, parents/guardians, employee~~teachers~~ or administrators may consider inappropriate or offensive. However, on a global network it is impossible to control effectively the content of data and an industrious user may discover controversial material. It is the user's responsibility not to initiate access to such material. The Board School District No. 78 may, but shall not be obliged to, restrict access to network material, but in any event shall have no duty to regulate the content of material on the network or ~~of~~ the user's access to that material.

2. System Security

2.1 Authorized users are prohibited from permitting other persons to use their access, or account, and must log off immediately after use to ensure that others cannot use their access or account.

2.2 Authorized users ~~must~~ should not disclose their passwords to any other person ~~regardless of the circumstances~~. Account holders are responsible for all activity within their account.

- 2.3 Users must follow appropriate virus protection procedures when ~~using floppy disks~~, placing material on a computer or downloading material from the ~~internet—internet or e-mail~~messages. Conduct which deliberately or recklessly exposes the System to computer virus infection is prohibited.

3. **Prohibited Use**

Following is a list of examples of prohibited conduct:

- 3.1 ~~Users~~You may not use the System to:
- transmit any materials in violation of Canadian laws;
 - duplicate, store, download or transmit pornographic materials;
 - transmit or post threatening, abusive, or obscene material;
 - duplicate, store, download or transmit copyrighted material that violates copyright law;
 - participate in pyramid schemes;
 - participate in gambling;
 - participate in cyber-bullying
- 3.2 ~~Users~~You may not violate, or attempt to violate, the security of the System.
- Any attempts to access unauthorized data on the System will result in termination of user privileges.
 - Any attempts to vandalize System accounts or systems will result in termination of user privileges. Vandalism is defined as any malicious attempt to harm or destroy data of another member, the ~~School~~School District—Board, or any of the agencies or other networks that are connected to the ~~internet~~. This includes, but is not limited to, the uploading or creation of computer viruses.
 - Use of another individual's System account or password without his/her knowledge is prohibited.
- 3.3 When interacting on the ~~internet~~, do not:
- use abusive, vulgar, profane, obscene or other inappropriate language;
 - criticize the spelling, writing or keyboarding of others;
 - re-post personal ~~e-mail~~messages that you receive to public forums (e.g., listserves, newsgroups) without the permission of the author.
- 3.4 ~~As a~~System users, ~~should you must~~ not:
- share their your password with others. ~~Remember, accounts are to be used only by the owner of the account.~~ Account holders are responsible for all activity within their account.
 - distribute or use anyone else's user ID and password;
 - reveal anyone else's personal information
- 3.5 The System is a shared resource and ~~users~~you should use it in such a way that it doesn't disrupt the services to others. Do not use the System:
- for private business purposes;
 - for product and/or service advertisement or political lobbying;

- to send chain letters;
- to play network intensive games other than on local area networks under the supervision of a teacher;
- to download excessively large files, except in low use hours;
- to harass other users with unwanted or unsolicited messages through e-mail, Facebook, Twitter or other message forums. Harassment is defined in Policy #6215 – Respectful Workplace:

i) ~~any improper behavior that is directed at or offensive to any person, is unwelcome, and which the person knows or ought reasonably to know would be unwelcome; or~~

ii) ~~objectionable conduct, comment, materials or display made on either a one-time or continuous basis that demeans, belittles, intimidates, or humiliates another person.~~

4. Students

4.1 The purpose of student access to the System is to further the learning objectives of a student's educational program, including without limitation:

4.1.1 Providing training in the use of computer systems.

4.1.2 Providing access to a wide range of material with educational value to the student.

4.1.3 Facilitating communication with others around the School District and the world in furtherance of the student's education.

4.1.4 There is a wide range of material available on the Internet, some of which may be offensive or conflict with the values of some families. The School Board may revoke access privileges of students who use the System to access inappropriate materials. However, it is not practically possible for the School Board to constantly monitor or individually control student use of the System, nor to prevent inadvertent accessing of offensive material. Parent(s)/guardian(s) who have particular concerns about access to inappropriate material should discuss this issue with the appropriate teacher(s) and administrator at their child's school.

4.1.5 Failure by a student to comply with this Policy and any rules and regulations respecting use of the System that are made by the School Board ~~from time to time~~ may result in suspension or revocation of ~~some or all~~ access privileges and may also result in disciplinary action.

4.1.6. All students (K-12) and their parents must sign the attached Student Technology Acceptable Use Agreement Form prior to September 30th. In cases where the student is unable to sign, parental signature is sufficient.

5. Employees

5.1 Employees are required to comply with this Policy and rules and regulations.

respecting use of the System, that are made by the ~~School~~ Board from time to time. Failure to do so may result in suspension or revocation of some or all of their access privileges and may also result in disciplinary action, including dismissal.

5.2 All employees must sign the attached Employee Account Agreement on an annual basis, prior to September 30th.

6. Risk and Liability

6.1 The ~~School-District~~Board makes no warranties of any kind, whether express~~ed~~ or implied, for the service it is providing. The ~~Board School-District~~ will not be responsible for any damages a user suffers or causes. Use of any information obtained via the System is at the user's own risk. The user shall indemnify and save harmless ~~The Board School-District No. 78~~ from any cost, damage or liability the user may ~~suffer-incur~~ as a result of, or in any way relating to, the user's access to the network.

7. Privacy and Confidentiality

7.1 Use of the System, ~~including Internet access~~, is neither private nor confidential and may be tracked. Use of the System, including the ~~I~~nternet, by any individual may be monitored or reviewed by the ~~School~~ Board ~~S~~ystem ~~A~~administrator(s) or appropriate supervisory staff without prior notice.

7.2 The contents of computer hard drives and other storage devices owned by the ~~School School District~~Board may be examined and read by the ~~S~~ystem ~~A~~administrator(s) or appropriate supervisory staff.

7.3 The ~~S~~ystem ~~A~~administrator(s) may remove locally posted messages that are unacceptable and/or in violation of the ~~Computer and Internet~~Technology Usage and Access Policy.

7.4 In the case of misuse or suspicion of misuse of the network or services, the ~~School~~ Board reserves the right to access any files on the system.

7.5 The ~~S~~ystem ~~A~~administrator(s) or appropriate supervisory staff will not intentionally inspect the contents of users' ~~e-mail~~messages, or disclose the contents to anyone other than the sender, or intended recipient, without the consent of the sender or intended recipient, unless required to do so by law or the policies of the ~~School~~ Board, or to investigate complaints regarding mail which ~~are is~~-alleged to contain defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, or illegal material. The ~~School~~ Board will cooperate fully with any participating school district, local, provincial, or federal officials in any investigation concerning or relating to any ~~e-mail~~message transmitted on the System.

7.6 The ~~S~~ystem ~~A~~administrator(s) has the right to set quotas for disk/computer usage and download/time limits on the System.

8. Procedure for Suspension or Termination of Access

8.1 The ~~S~~ystem ~~A~~administrator(s) has the right to suspend or terminate a user's

access to and use of the System upon any breach of the ~~Computer and Internet Technology~~ Usage and Access Policy by the user. Prior to suspension or termination, or as soon after as is practicable, the ~~S~~system ~~A~~administrator will inform the user of the suspected breach and give them an opportunity to present an explanation. The user may request a review hearing with the account authorizer (and/or other ~~S~~school ~~D~~istrict administrators) within seven (7) days of the suspension or termination if the user feels that the action was unjust. After the review, access may be restored if the ~~S~~system ~~a~~Administrator and the ~~school-School district-District~~ personnel uphold the user's appeal.

STUDENT TECHNOLOGY ACCEPTABLE USE ACCOUNT AGREEMENT(Complete on an annual basis prior to September 30th)

Student Name: _____

Teacher/Sponsor: _____

School: _____

I agree to comply with the following conditions when using my School District ~~i~~Internet ~~a~~Account:

- Internet access is primarily for education ~~and/or research~~ purposes only
- I will not use the system in a way that will disrupt the network use of others
- ~~I will be polite on-line and~~
- ~~I will~~ be careful not to reveal or request personal information
- I will not use the ~~i~~Internet for illegal or inappropriate purposes (e.g. cyber-bullying)
- I am responsible for all activity under my account (do not share passwords)
- I am aware that the ~~S~~system ~~A~~administrator has final authority on the use of the network and may access any file if there is suspicion of misuse.

I understand that if any of the above rules are violated, I may face disciplinary action in addition to losing ~~i~~Internet access. I also understand that use of the ~~i~~Internet by students may not be directly supervised at all times and the ~~S~~school ~~D~~istrict does not accept responsibility for inappropriate use. I hereby release the ~~school-School district~~District, its personnel and any institutions with which it is affiliated from any and all claims and damages of any nature arising from the use of, or inability to use the ~~school-School district~~District ~~system~~System, including, but not limited to claims that may arise from the unauthorized use of the ~~S~~system to purchase products or services.

Signature (student)_____
Date_____
Signature (parent/guardian)_____
Date_____

Signature (sponsoring teacher) _____ Date~~SYS. OP. USE:~~Assigned User Name: _____ Temp Password: _____

EMPLOYEE ACCOUNT AGREEMENT

(Complete on an annual basis prior to September 30th)

Name: _____

Position: _____

School/Department: _____

I require this account for instructional and/or job related activities. I have read the School District "~~Computer and Internet Technology~~ Usage and Access Policy". I agree to follow the rules contained in this Policy and the Regulations. I understand that if I violate the rules, I may face disciplinary action ~~in accordance with the collective bargaining agreement~~ in addition to losing my ~~I~~nternet ~~A~~ccess. I hereby release the School District, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from the use of, or inability to use, the School District System, including, but not limited to claims that may arise from the unauthorized use of the System to purchase products or services.

Signature (employee)

Date

SCHOOL DISTRICT NO. 78 (FRASER-CASCADE)

POLICY

NO: 5070

DATE: 2013-12-06

REVISED: 2015-10-27

SUBJECT: **SOCIAL MEDIA**

The Board of Education ~~for School District No.78 (Fraser-Cascade), (the "Board") recognizes that Social Media is a part of the social and educational environment that students, teachers and schools are are operating in. The Board expects this policy and these regulations will provide guidance for employees and students to use Social Media in an appropriate and useful manner.~~ recognizes the benefits of student access to electronic and social media communication; however, the Board is also aware of the risks involved.

This policy is intended to provide a wide range of access to electronic communications systems for the purpose of supporting the goals, objectives, and activities as prescribed by the Ministry of Education and the School District (see Appendix A: Acceptable Use Policy for Schools and Appendix B: Social Media Guidelines Resource).

While the intent of the Board is to enhance educational opportunities for staff, students, and parents, the Board also remains committed to responsible digital citizenship and to minimizing the risks associated with the use of electronic communications systems and access to social media.

Definition: Social Media

Social media represents a form of communication involving websites, applications and virtual arenas that enable users to create and share content online and participate in social networking. Social Media may include (although is not limited to):

- social networking sites (e.g. Facebook, LinkedIn, Twitter, Snapchat);
- video and photo sharing websites (e.g. Instagram, YouTube, Flickr, Vimeo);
- live streaming platforms (Facebook Live, Periscope);
- blogs, including professional blogs and personal blogs;
- online news blogs hosted by media outlets including the social media comment sections;
- wikis and online collaborations (e.g. Wikipedia);
- forum discussion boards and groups (e.g. Google groups);
- podcasting;
- online multiplayer gaming platforms (e.g. World of Warcraft, Second Life);
- electronic messaging (including email, SMS and Whatsapp);

SCHOOL DISTRICT NO. 78 (FRASER-CASCADE)

REGULATIONS

NO: 5070.1 R

DATE: 2013-12-06

REVISED: 2015-10-27

SUBJECT: **SOCIAL MEDIA - Employees**

General

This procedure has been developed to provide employees with guidelines to understand the impact of social media and its appropriate use in order to ensure best practices and to mitigate both the ~~Sschool district's~~ District's and employee's exposure to risk. Also see Computer and Internet Technology Usage and Access Policy #4050.

~~Social media includes but is not limited to: social networks, digital citizenship, digital footprint, social bookmarking, internet, email, smartphones, devices, blogging, tweeting, wikis, podcasts, video casts, video, audio, media, social bookmarking, texting, postings through apps using mobile devices using iOS or Android operating systems and also including current top examples: Facebook, Twitter, YouTube, Vimeo, Edmodo, Google Drive, Google+, Google Hangout, Skype, Texting, Facetime, X-Box, PlayStation, and Minecraft.~~

1. Any use of social media related to work or school that involves students and/or ~~Fraser-Cascade~~ School District employees must be of a professional rather than a personal nature and adhere to professional codes of conduct. Online activities must not interfere with the performance of an employee's duties.
2. Use of social networking websites and services must adhere to the British Columbia Freedom of Information and Protection of Privacy Act (FOIPPA) and the guidelines for teachers from the BC Ministry of Education Teacher Regulation Branch (TRB), particularly where issues related to personal information are concerned:
Educators act with integrity, maintaining the dignity and credibility of the profession. They understand that their individual conduct contributes to the perception of the profession as a whole. Educators are accountable for their conduct while on duty, as well as off duty, where that conduct has an effect on the education system. Educators have an understanding of the education system in BC and the law as it related to their duties.¹
3. Employees are responsible for ensuring that any use of social media with students complies with the specific social media terms of service agreement.
4. ~~Personal information should be kept to a minimum and a disclaimer/permission slip must be signed by parents/guardians~~ Parent / Guardian Social Media Use Consent form must be completed.
5. Anything posted in an official capacity will be perceived to be representative of the ~~Fraser-Cascade~~ School District. All employees are encouraged to model an

¹ Standards for the Education, Competence and Professional Conduct of Educators in British Columbia. Vancouver, B.C.: Ministry of Education, Teacher Regulation Branch, 2012. Print.

appropriate online presence and to exercise good judgment to ensure that postings do not reflect negatively on the employee's professional reputation or that of the ~~school-School district~~District. Employees should not speak on behalf of the School District or use School District logos on private social media sites unless specifically authorized to do so.

6. Employee online behaviour should reflect the ~~Fraser-Cascade~~ School District values of respect, trust, integrity, communication, and teamwork. Social media is an extension of the workplace. What is inappropriate in the workplace is also inappropriate online including criticizing students, employees or the ~~S~~school ~~D~~istrict.
7. ~~Fraser-Cascade~~ School District employees are responsible for the content they publish online.
8. Employees should monitor contributions to any site they create, administer or moderate.
9. Any use of social media that involves students must be focused on teaching and learning and not be linked to personal sites.
10. School ~~d~~District tools are to be used for online communication with students and parents/guardians. Content must be formal, courteous and respectful and relevant to school related matters. Should employees wish to create other sites and/or use other online forums for communicating with students, they must obtain approval from the principal.
11. ~~Fraser-Cascade~~ School District employees who must not "friend" or invite students to their personal social media sites will do so appropriately in accordance with Policy #4050 - Technology Usage and Access.
12. Employees must respect and model copyright and fair use guidelines. A hyperlink citation to outside sources is required. Employees must not plagiarize and must also give credit where it is due. When using a hyperlink, employees must be sure that the content of the linked site is appropriate and adheres to district and provincial standards.
13. Employees should ask friends not to tag them in any photos or videos without their permission and remove anything that is not appropriate to the employee's role in the School District. Videos or pictures of workplace social events should not be posted.
14. Employees who do not follow these terms and conditions may face disciplinary action.

SCHOOL DISTRICT NO. 78 (FRASER-CASCADE)

REGULATIONS

NO: 5070.2 R

DATE: 2013-12-06

REVISED: 2015-10-27

SUBJECT: **SOCIAL MEDIA – Students and Parents**

General

The purpose of this ~~procedure-regulation~~ is to provide guidance for students ~~and the parent community~~ when participating in online social media activities.

~~Social media includes but is not limited to: social networks, digital citizenship, digital footprint, social bookmarking, internet, email, smartphones, devices, blogging, tweeting, wikis, podcasts, video casts, video, audio, media, social bookmarking, texting, postings through apps using mobile devices using iOS or Android operating systems and also including current top examples: Facebook, Twitter, YouTube, Vimeo, Edmodo, Google Drive, Google+, Google Hangout, Skype, Texting, Facetime, X-Box, PlayStation, and Minecraft.~~

Students

- a) Student online behaviour should reflect ~~the Fraser-Cascade~~ School District values of respect, trust, integrity, communication, and teamwork at all times.
- b) Any school related use of social media must observe the terms or contract agreement of the online resource. A disclaimer/permission slip is required and must be signed by parents/guardians.
- c) Students must consider the potential consequences of what they post online. What students contribute leaves a digital footprint for all to see. Students should only post what they would want friends, peers, parents/guardians, teachers, or a future employer to see.
- d) School related online activities are an extension of the classroom and subject to all school and district expectations. What is inappropriate in the classroom is also inappropriate online.
- e) Students must be safe online. Students should never give out personal information, including, but not limited to: last names, birth dates, phone numbers, addresses and pictures. Students should not share their password(s).
- f) Linking to other websites to support a student's thoughts and ideas is recommended; however students must be sure to read the entire article prior to linking, to ensure that all information is appropriate in a school setting.
- g) Students must do their own work. They must not use intellectual property without permission. It is a violation of copyright law to copy and paste other's thoughts. When paraphrasing another's idea(s), the sources must be cited.

- h) Pictures are protected under copyright laws. Students must verify that they have permission to use an image.
- i) Students must not intentionally misrepresent themselves or use someone else's identity.
- j) Students must report any content or behaviour that is not suitable in the school environment.
- k) Students who do not abide by these terms and conditions may face disciplinary action.

SCHOOL DISTRICT NO. 78 (FRASER-CASCADE)

REGULATIONS

NO: 5070.3 R

DATE: 2013-12-06

REVISED: 2015-10-27

SUBJECT: **SOCIAL MEDIA – Parents/Guardians**

Parents

General

- a) ~~Classroom blogs and other social media are powerful tools that open up communication between students, parents, and teachers. The Fraser-Cascade School District encourages parents to view and comment on classroom projects when appropriate.~~
- b) ~~Parents are encouraged to allow their children to participate fully in all activities that involve teacher-monitored online learning environments. At times the completion and return of a release form will be required.~~
- c) ~~Parents are encouraged to read and/or participate in social media projects.~~
- d) ~~As partners in education, parents are encouraged to model appropriate online behaviour and monitor social media use at home.~~
- e) ~~Parents participating in school-related activities must adhere to school district guidelines with regard to posting student photos and personal information.~~
- f) ~~Parents should not distribute any personal information about other students participating in the social media project.~~
- g) ~~Parents are encouraged to engage in collaborative opportunities to provide feedback to schools, the school district and the Ministry of Education.~~

School District #78 (Fraser-Cascade) ('SD#78') accepts that daily life today requires adapting to ever changing methods of communication. Appropriate use of Social Media by staff and students is clearly delineated in this Policy (5070).

As part of the SD#78 community, parents also have a responsibility to engage appropriately with Social Media that is connected to SD#78. To this end, we have developed the following guidelines to provide suggestions for parents when participating in Social Media activities, e.g. classroom blogs, SD#78 Facebook page, emails or any other Social Media platform/s used by parents in connection with SD#78 either directly, or indirectly in circumstances where the school parent, staff member and/or student is identifiable.

We encourage parents to set and maintain high ethical standards in their use of social networking. Be respectful of the opinions of others. Your posts and comments should help build and be supportive of our community. Your online behaviour should reflect the same standards of honesty, respect, and consideration that you use in face-to-face interactions.

Remember your responsibility as a good digital citizenship role model for your children.



SOCIAL MEDIA GUIDELINES FOR PARENTS

Guidelines

The following guidelines apply:

- You must adhere to the Terms of Use and site specific community standards of the relevant Social Media platform/website, as well as copyright, privacy, defamation, discrimination, harassment, other applicable laws and SD#78 policies;
- You must ensure that you do not use or disclose any confidential information, post or respond to material that is offensive, obscene, defamatory, threatening, harassing, bullying, discriminatory, hateful, racist, sexist, infringes copyright, or is otherwise unlawful;
- Disrespectful or offensive comments should not be made about staff, students, parents, or SD#78 in general. Parents should not comment on or forward unsupported information, e.g. rumours concerning SD#78, or comment or post material that might otherwise cause damage to SD#78 or a staff member's reputation;
- Be mindful that, by posting your comments and having online conversations etc. on social media sites you are broadcasting to the world. Even with the strictest privacy settings be aware that comments expressed via social networking pages under the impression of a 'private conversation' may still end up being shared into a more public domain, even with strict privacy settings;
- Parents should never discuss sensitive SD#78 matters with other parents using Facebook, blogs, ad other social media outlets. As noted above when posting, even on the strictest privacy settings, parents should act on the assumption that all posting are in the public domain;
- Before posting photographs and/or videos, permission should be sought from the subject contained within said material. This is especially the case where photographs and/or videos include parents of students and/or staff members of SD#78 . No photographs of students of SD#78 (with the exception of a parent/s own children and where approved by the relevant parents/s from time to time) are to be posted;
- Keep in mind it is suggested that staff members are not permitted to either make or accept invitations to or from parents to join Social Media sites;
- If you come across positive or negative remarks about SD#78 and/or its operations online that you believe are important, you are encouraged to share those posts with the School District who will consider such comments on a case by case basis;
- It is important to note that reports of cyber bullying and other technology abuses may result in notification to the RCMP or other relevant authorities where SD#78 is legally obliged to do so;
- We encourage parents to have frequent proactive discussions with your children around their use of technology, the internet, and social media application and how you expect that they will be used. You want your child to be able to actively come to you with any trouble they are having online.
- Encourage your child to report online behaviour to you that they feel is inappropriate or wrong when they come across it, and that you will support in a non-judgmental way.



SOCIAL MEDIA PARENTS CHECKLIST

- Call a Digital Family Meeting – set rules and expectations for behaviour with technology
- Draft a Social Media Contract
- Have a central charging station (e.g. your room, kitchen table). Keep devices out of their bedrooms!
- Have your child write a paragraph about why they should have a phone or be able to download an “app”
- Set up their social media accounts with them
- Know their passwords! To build trust between you and your child keep a sealed envelope containing their passwords in a safe place in case of an emergency. This allows them to keep their passwords private
- Set limits on use of technology – if you meet resistance, remind them who pays for the phone or device
- Buy, Use and Teach your child how to use a physical old fashioned alarm clock
- Set parental controls: Phone, Tablet, Computer
- Google yourself and your child. What is out there about you and your family?
- Review privacy settings on all social media accounts. Set Instagram as private!
- Check Instagram “DIRECT” mailbox and read the comment section of pictures and posts
- Explore strategies of what to do when a stranger talks to them online. Remind them that you won’t be upset and you just want them to be safe
- Ask your child what social media platforms are popular and why- show interest in order to open up dialogue and stay current with apps they could be using
- Actually read the privacy policies and terms of service with your child
- Discuss the difference between a healthy and unhealthy relationship
- Discuss both the positive and negative uses of social media
- Remind them of the permanence and public nature of all things shared electronically
- Discuss with your child the dangers of sharing intimate photos (sexting)
- Are location services turned OFF for camera and social media apps – do any of their posts have a geo-tag attached?
- Be mindful of and know what VAULT apps look like
- Put tape or band-aid on the laptop camera when not in use.
- Make strong passwords for all accounts and emails – that includes you as well !! Use letters, numbers, and special characters !@#\$\$%^&*
- Set up and be ready to use Find my iPhone or Android Device Manager
- Educate yourself – search online for anything you don’t understand
- Remember that your children are growing up online! Help guide them
- Encourage your child to create a positive digital footprint as they grow older
- Attend Social Media Information Sessions in the District

Related Policies, Procedures

- Policy 4050 (Technology Usage and Access)
- Policy 5075 (Media Consent)
- FOIPPA



PARENT PARENTAL/GUARDIAN CONSENT FORM FOR SOCIAL MEDIA SITES USAGE
CONSENT

The ~~Fraser-Cascade~~ School District acknowledges the importance of teachers, students and parents/guardians collaborating and learning in digital environments. It is also important that students, staff and parents/guardians use such tools in a safe and ethical manner. (See Administrative Regulation 5070.2 R: Social Media – Students and Parents/Guardians).

Teachers may use a variety of social media sites with students but are required to secure parental/guardian permission. Teachers will therefore provide a list of all services in the bottom section of this form, so that parents/guardians may consent for their child to participate in these social media activities.

Personal information will be collected by the School District for the above-noted purposes under the authority of Section 26 (c) of the Freedom of Information and Protection of Privacy Act (FOIPPA). If stored outside the country, information in your child's account may be subject to the laws of foreign jurisdictions, such as the United States. If you have any questions about this collection, please contact your child's teacher directly.

Consent

I understand that my child's information will be disclosed, stored and accessed from outside of the School District and may also be stored and accessed from outside of Canada for the social media sites listed below. This consent will be considered valid from the date on which it is signed until the end of the school year. I also hereby acknowledge that I have read and understood understand the district's Ssocial mMedia Ppolicy and Rregulations (5070, 5070.1 R, 5070.2 R), as well as the policies related to Computer and Internet Technology Usage and Access (#4050).

List of Social Media Services Accessed During Classroom Activities

Name of student or, if applicable, parent or guardian:

Signature of Parent / Guardian (student or, if an adult applicable, the Student), ~~parent or guardian~~:

Date Signed: _____

(MM/DD/YYYY)

Acceptable Use Policy For Schools (This Policy is also included in the Administrative Handbook)

OUR SCHOOL recognizes that access to technology in school gives students, parents and teachers greater opportunities to learn, engage, communicate, and develop skills that will prepare them for work, life, and citizenship. We are committed to helping students develop 21st-century technology and communication skills.

To that end, this **Acceptable Use Policy** outlines the guidelines and behaviours that users are expected to follow when using school technologies or when using personally-owned devices on school premises.

- Students, parents and teachers are expected to follow the same rules for good behaviour and respectful conduct online as offline.
- Misuse of social media can result in disciplinary action.
- YOUR SCHOOL makes a reasonable effort to ensure students' safety and security online, but will not be held accountable for any harm or damages that result from misuse of social media technologies.

We encourage teachers, students, staff, and other school community members to use social networking/media (Twitter, Facebook, etc.) as a way to connect with others, share educational resources, create and curate educational content, and enhance the classroom experience. While social networking is fun and valuable, there are some risks you should keep in mind when using these tools. In the social media world, the lines are blurred between what is public or private, personal or professional.

We've created these social networking/media guidelines for you to follow when representing the school in the virtual world.

Please do the following:

Use good judgment

- We expect you to use good judgment in all situations.
- You must know and follow the school's Code of Conduct and Privacy Policy.
- Regardless of your privacy settings, assume that all of the information you have shared on your social network is public information.

Be respectful

- Always treat others in a respectful, positive and considerate manner.

Be responsible and ethical

- If you are approved to represent the school, unless you are specifically authorized to speak on behalf of the school as a spokesperson, you should state that the views expressed in your postings, etc. are your own. Stick with discussing school-related matters that are within your area of responsibility.
- Be open about your affiliation with the school and the role/position you hold.

Be a good listener

- Keep in mind that one of the biggest benefits of social media is that it gives others another way to talk to you, ask questions directly and to share feedback.
- Be responsive to others when conversing online. Provide answers, thank people for their comments, and ask for further feedback, etc.
- Always be doing at least as much listening and responding as you do "talking."

Don't share the following:

Confidential information

- Do not publish, post or release information that is considered confidential or not public. If it seems confidential, it probably is. Online "conversations" are never private. Do not use your birth date, address, and cell phone number on any public website.

Private and personal information

- To ensure your safety, be careful about the type and amount of personal information you provide. Avoid talking about personal schedules or situations.

- NEVER give out or transmit personal information of students, parents, or co-workers
- Don't take information you may receive through social networking (such as e-mail addresses, customer names or telephone numbers) and assume it's the most up-to-date or correct.
- Always respect the privacy of the school community members.

Please be cautious with respect to:

Images

- Respect brand, trademark, copyright information and/or images of the school (if applicable).
- You may use photos and video (products, etc.) that are available on the school's website.
- It is generally not acceptable to post pictures of students without the expressed written consent of their parents.
- Do not post pictures of others (co-workers, etc.) without their permission.

Other sites

- A significant part of the interaction on blogs, Twitter, Facebook and other social networks involves passing on interesting content or linking to helpful resources. However, the school is ultimately responsible for any content that is shared. Don't blindly repost a link without looking at the content first.
- Pay attention to the security warnings that pop up on your computer before clicking on unfamiliar links. They actually serve a purpose and protect you and the school.
- When using Twitter, Facebook and other tools, be sure to follow their printed terms and conditions.

And if you don't get it right:

- Be sure to correct any mistake you make immediately, and make it clear what you've done to fix it.
- Apologize for the mistake if the situation warrants it.
- If it's a MAJOR mistake (e.g., exposing private information or reporting confidential information), please let someone know immediately so the school can take the proper steps to help minimize the impact it may have.

Netiquette

- Users should always use the Internet, network resources, and online sites in a courteous and respectful manner.
- Users should also recognize that among the valuable content online is unverified, incorrect, or inappropriate content. Users should use trusted sources when conducting research via the Internet.
- Users should also remember **not to post anything online that they wouldn't want parents, teachers, or future colleges or employers to see.** Once something is online, it's out there—and can sometimes be shared and spread in ways you never intended. If you see a message, comment, image, or anything else online that makes you concerned for your personal safety, bring it to the attention of an adult (teacher or staff if you're at school; parent if you're using the device at home) immediately.
- Users should never share personal information, including phone number, address, social security number, birthday, or financial information, over the Internet without adult permission.
- Users should recognize that communicating over the Internet brings anonymity and associated risks, and should carefully safeguard the personal information of themselves and others.

Cyberbullying

Cyberbullying will not be tolerated. Harassing, dissing, flaming, denigrating, impersonating, outing, tricking, excluding, and cyberstalking are all examples of cyberbullying. Don't be mean. Don't send emails or post comments with the intent of scaring, hurting, or intimidating someone else.

Engaging in these behaviors, or any online activities intended to harm (physically or emotionally) another person, will result in severe disciplinary action and loss of privileges. In some cases, cyberbullying can be a crime. Remember that your activities are monitored and retained by others.

Examples of Acceptable Use

I will:

- Follow the same guidelines for respectful, responsible behavior online that I am expected to follow offline.
- Treat social media carefully, and alert staff if there is any problem with their operation.

- Encourage positive, constructive discussion if allowed to use communicative or collaborative technologies.
- Alert a teacher or other staff member if I see threatening/bullying, inappropriate, or harmful content (images, messages, posts) online.
- Be cautious to protect the safety of myself and others.
- This is not intended to be an exhaustive list. Users should use their own good judgment when using social media

Examples of Unacceptable Use

I will not:

- Use social media in a way that could be personally or physically harmful to myself or others.
- Engage in cyberbullying, harassment, or disrespectful conduct toward others—staff or students.
- Try to find ways to circumvent the school’s safety measures and filtering tools.
- Use language online that would be unacceptable in the classroom.

This is not intended to be an exhaustive list. Users should use their own good judgment when using social media.

Limitation of Liability

YOUR SCHOOL will not be responsible for damage or harm to persons, files, data, or hardware.

Violations of this Acceptable Use Policy

Violations of this policy may have disciplinary repercussions, including:

- Suspension of volunteer privileges
- Removal from positions of leadership within YOUR SCHOOL.
- Removal of student from YOUR SCHOOL.
- Additional consequences determined by Administration.

I have read and understood this Acceptable Use Policy and agree to abide by it:

(Printed Name)

(Signature)

(Date)

Social Media Guidelines Resource

ERASE Student Advisory

Introduction

The purpose of this document is to provide best practice information and guidance to students, parents and teaching staff regarding the appropriate use of the Internet and social media within the educational system. Social media and technology has changed the way we live our lives, and can serve as a powerful tool to enhance education, communication and learning.

Unfortunately, among all the positive things happening online and with social media, we have seen a rise in negative youth behaviour displayed online, as well as a developing dependence on digital devices and media. A recent 2014 Media Smarts study sampled 5,436 students in grades 4-11 across Canada and found that:

- 24% of Canadian students have received a "sext" from someone else
- 15% of those who received a "sext" forwarded it on to someone else (**against the law**)
- 37% of students report that someone has said or done something mean or cruel to them online that made them feel upset
- 25% of students in Grade 4, 50% of students in Grade 7, and 85% of students in Grade 11 own their own cell phone
- 35% of students worry they spend too much time online

In the digital world, the lines between public and private, personal and professional are becoming increasingly blurred. It is important to keep pace with our use of technology as we learn to co-exist online as well as managing our digital footprint in the most positive light. These guidelines serve as a reminder of appropriate behaviour and conduct.

Who are we?

The ERASE Student Advisory is a group of 20 students from all over BC, representing public, independent and First Nations schools. We were selected to advise the Ministry of Education on bullying and student safety issues and develop social media guidelines to provide direction for students, parents and educators on how to use social media ethically and responsibly.

Our Goal

While social media can be a powerful educational tool, it can also be easily misused. These guidelines give students, parents, and teachers the practical knowledge they need to understand and manage students' use of social media in schools.

What is “social media”?

“Social media” is anything that allows people to communicate or share information online or electronically, and includes social networks (like Facebook, Twitter, or Tumblr), messaging services (like email or texting), or other online communities (like YouTube).

What does the law say?

Cyberbullying

As the law currently stands, there is no specific or stand-alone crime of cyberbullying. However, when the bullying behaviour reaches the level of criminal conduct, the current Criminal Code of Canada contains several offences that capture this criminal behaviour. The following Criminal Code offences may apply to the behaviours associated with cyberbullying:

- Criminal Harassment (s.264)
- Uttering Threats (s.264.1)
- Child Pornography: Making of, Distribution, Production and Accessing (s.163.1)
- Luring a Child (s.172.1)
- Voyeurism (s.162)
- Intimidation (s.423(1))
- Mischief in Relation to Data (s.430 (1.1))
- Unauthorized Use of Computer (s.342.1)
- Identity Fraud (s.403)
- Extortion (s.346)
- False Messages, Indecent or Harassing Telephone Calls (s. 372(1))
- Counselling Suicide (s.241)
- Defamatory Libel (s.298-302)
- Incitement of Hatred (s.319)

<http://laws-lois.justice.gc.ca/eng/acts/C-46/>

Self/Peer Exploitation (commonly known as ‘Sexting’)

The federal government recently passed Bill C13: *Protecting Canadians from Online Crime*, which prohibits the non-consensual distribution of intimate images. Bill C13 also gives the courts and law enforcement more powers to respond to criminal online behaviour, such as ordering the removal of intimate images and accessing evidence from the Internet and other new technologies.

The law defines an “intimate image” as one that shows a person exposing their breasts, genitals or anal region, or depicts them engaged in explicit sexual activity (meaning acts involving nudity or intimate sexual activity, but not including things like touching or kissing).

If you take or share a naked or “sexually explicit” image of yourself or someone else, you could be charged with a Criminal Code offence such as the non-consensual distribution of an intimate image or child pornography.

For information regarding the Age of Consent, please refer to the table in additional resources.

Sextortion

Sextortion involves individuals who coerce youth into sending sexual images or engaging in sexual acts via webcam and then blackmail them with the threat of distributing the sexual images/videos if they do not pay money or provide more sexual images/videos.

In many incidents, youth are participating in this activity believing they are engaging with another young person. Connections first start out within social networking sites (e.g. Facebook) and then progress to live video feeds (e.g. Skype) where youth engage in sexual behaviours that are secretly recorded by offenders over webcam. A network of people who devote their time to capturing images of young girls and boys are known as “cappers”.

This is extortion and a Criminal Code offence (s.346).

(Credit: Canadian Centre for Child Protection, [cybertip!ca](http://cybertip.ca))

Guidelines for Behaviour and Conduct:

1. Parameters of Expectation

The guidelines below are in place, regardless of how the social media is accessed. Whether it is accessed through regular internet browsers, through Apps on mobile devices using any operating systems (Android and iOS), through an iPod/iPad mobile devices or through another’s device; these are all considered the same when looking at access.

Given that negative social media content is posted and seen outside of school hours, and emerges again in social circles within schools, this can have a severely harmful effect on a school’s culture and climate of safety. As such, given the presence and availability of associated technology, these guidelines are in effect inside and outside school hours, and both on and off school grounds.

2. General Guidelines for Students

- 2.1 It is always suggested that students elect to speak to someone face-to-face if possible rather than through social media platforms as context is less likely to be lost in translation.
- 2.2 Unless the teacher instructs otherwise, social media, cellphones, and communication devices should not be used during instruction time; and should be kept out of sight.
- 2.3 Student behaviour online should reflect personal, classroom and school community values. This means that the expected behaviour of students is the same both in person and online.
- 2.4 Students are expected to use social media responsibly, and to demonstrate and show respect, not only for themselves and their future, but for their friends, peers, and other users they interact with online.
- 2.5 Any use of social media must abide by the terms of service/contract that is set out by the APP/social media platforms. This is especially critical when relating to minimum age of use and appropriate conduct.
- 2.6 Students must be aware of the potential consequences of what they post online. Anything shared by students will leave a digital footprint that is public, permanent, and searchable (even after it is deleted). Students should only post what they would want friends, peers, family members, teachers or future employers to see. Students are strongly encouraged to think critically about content shared and associated impacts before posting online.
- 2.7 Students must strive to utilize the Internet the safest way possible. Students should try not to exchange excessive personal information that may impose risk on the safety of a person, including: exact birth dates, phone numbers, addresses, pictures, social insurance number. Students should not share their passwords, even with close friends. Students should strive to have rotating passwords.
- 2.8 Students must not impersonate or use someone else's identity online (commonly known as catfishing). This includes creating fake profiles and deliberately compromising another person's social media accounts.

Impersonation online is fraud, which is a criminal offence.

- 2.9 Students are strongly advised to consider reporting any content or behaviour, to a trusted adult, that is inappropriate, compromising, illegal, or not suitable for a school environment. A good tool to report something anonymously is the ERASE reporting tool (see resource list).
- 2.10 Students are to refrain from posting/sending/communicating/messaging anything that is hateful, hurtful, or disrespectful to another individual. Students are prohibited from engaging in any cyberbullying related behaviour.
- 2.11 Students are encouraged to only "friend" or accept invitations from people they know to best control access and share information with people they know. Students should

- utilize the privacy settings available to control access to their network and personal information.
- 2.12 Students are to respect the privacy of others. They are not permitted to use a mobile device to capture or post an image or a voice recording of another individual without that individual's permission. This may also include online posting or electronic distribution of inappropriate pictures, intimate images or videos (real or altered), without the consent of the person reflected in the images.
- 2.13 Social media is a good medium to use when engaging in school related discussions and can help further facilitate group discussions within the context of course curriculum.

3. General Guidelines for Teachers and School Staff

- 3.1 Social media, when utilized appropriately, can provide a means to enrich school curriculum and provide an alternative teaching platform.
- 3.2 It is suggested, that at the start of each school year/term, all teachers should outline their specific rules regarding students' use of social media/devices within their classroom, taking into account the specific needs of each student. Teachers should use this opportunity to distribute and encourage students to sign and return the school's media consent forms. Teachers should also outline their plan for using social media as a teaching tool for the duration of their teaching period. It is recommended that this information be shared with parents so both students and parents are aware of what the teacher expects.
- 3.3 Teachers are encouraged not to interact with students in a personal manner on social media; unless it is for educational purposes, such as creating class groups or group activities. Teachers are encouraged to have a school-based account for this purpose and use it exclusively for educational and extracurricular activities. School staff should not be Facebook friends with students on their personal accounts. The exception would be with former students who have graduated, have moved away and/or had previous familial connections with.
- 3.4 Teachers, school staff/administrators should serve as role models for students in their use of social media. All responsibilities that apply to students' appropriate use of social media should also apply to teaching staff. This includes the use of personal social media, cell phones, and communication devices during class time. It is recommended that staff lead by example, and use these devices at appropriate times.
- 3.5 School staff (just like students), are encouraged to utilize appropriate privacy settings to control access to their personal social media sites. These privacy settings often change, so it is the staff's responsibility to keep their security settings current.

3.6 Teachers and school staff are reminded that (just like students) their online presence is an extension of themselves. They must represent themselves, always, as employees of the school district. This includes not sharing any confidential information regarding other staff or students, as well as any information or photos from their personal lives.

4. General Guidelines for Parents

4.1 Parents are encouraged to have frequent proactive discussions with their children around their use of the internet and social media applications. This should be done in a non-judgmental and supportive manner and not intended to punish behaviour. Research shows that teens who discuss social networking websites with their parents behave safer online. You want your child to be able to actively come to you with any trouble they are having online.

4.2 Set up agreements and guidelines for how you expect your child to use the device or computer that you gave to them. If it helps, have both the parents and the child sign and date this agreement. An example of a best practice is having the child write down his or her social media passwords on a piece of paper and then have the child sign it along with their parents. This paper is then put in a sealed envelope and put on the fridge or a secure place. If the parent feels the need to open the envelope, they must be prepared to have a discussion with their child around their concerns.

4.3 Encourage your child to report behaviour that they feel is inappropriate or crosses boundaries.

4.4 Stay informed – the applications and trends are changing every day and youth like to stay current on emerging social media platforms.

Resources for Further Information

ERASE Bullying BC Website - <http://www.erasebullying.ca/>

Student Online Reporting Tool - <https://reportbullyingbc.edudata.ca/apps/bullying/>

Media Smarts (parents resource) - <http://mediasmarts.ca/>

Cybertip.ca (preventing the sexual online exploitation of children) - <https://www.cybertip.ca/app/en/>

The door that's not locked (parent resource) - <http://www.thedoorthatsnotlocked.ca/>

TELUS wise footprint (keeping your digital footprint clean) - <https://wisefootprint.telus.com/en/>

Get Cyber Safe (Government of Canada resource on topics ranging from cyberbullying, identity theft, current online scams) - <http://www.getcybersafe.gc.ca/index-eng.aspx>

Net Smartz (age appropriate resources to teach children to be safe on and offline) - www.netsmartz.org

Words Wound (cyberbullying specific prevention for youth) - www.wordswound.org

Need Help Now (removal of posts and images online) - www.needhelpnow.ca

Additional Information on Age of Consent

Age of Consent in Canada: Sexual activity is only legal when both parties consent. Consent is defined within the Criminal Code of Canada in s. 273.1(1), as the voluntary agreement to engage in the sexual activity in question. Generally, the age of consent for sexual activity is 16 years.

(Credit: Women's Legal Education and Action Fund)

Glossary of Terms

Appropriate Use: Generally suitable or proper within the differing circumstances reflecting general and global values while maintaining respect in accordance to the laws, status and expectations of community members.

“Communication Devices” or (“Devices”) include any electronic and mobile device that exchanges data or connects wirelessly to the internet (i.e. Wi-Fi, cellular data plans). This includes mobile cell phones, smart phones, and mobile communication devices (i.e. tablets). Communicating with another person/persons electronically, includes both conventional SMS mobile (texting) messaging and Internet based communication applications. This electronic communication includes various social media private messaging (e.g. Twitter direct message)

“Cyberbullying behaviour” involves first time and/or repeated use of electronic information and communication technologies, to engage in conduct or behaviour, that is intended to, or can reasonably be expected to, cause: fear, intimidation, humiliation, distress or other damage or harm, to another’s health, emotional well-being, or reputation. This may also include online posting or electronic distribution of embarrassing pictures, intimate images or videos (real or altered). Cyberbullying is overt or covert bullying behaviour using digital technologies. Other examples include: harassment via digital devices, setting up defamatory personal websites or deliberately excluding someone from social networking spaces and groups. Cyberbullying can happen at any time. It can be in public or in private and sometimes is only known by the target and by the person perpetuating the bullying behaviour.

Global Values: equality, acceptance, freedom and individual responsibilities

Internet: The Internet is a vast global network that connects people with smaller networks. It is the primary platform for social media and can be accessed using communication devices.

Internet Browser: Software used to access information on the networks that the internet provides.

“Social Media” includes, but is not limited to, the following: social networks, emailing, blogging, tweeting, podcasts, videos, texting, online gaming communities and other at base platforms

Social Media is essentially any platform that allows people to communicate online or electronically to share and exchange information including video, audio and/or pictures with one another across the internet. Keep in mind, social media platforms change on a regular basis.

Trusted Adult: A trusted adult is someone who protects you, someone who cares about your ideas, opinions, and feelings, and someone who can help you. This trusted adult is someone other than your parents. This could be a coach, a teacher, or a close family friend for example.

SCHOOL DISTRICT NO. 78 (FRASER-CASCADE)

POLICY

NO: 7200

DATE: 1998-02-24

REVISED: 2002-04-23

2007-01-23

2010-05-25

SUBJECT: **SUSPENSIONS - STUDENTS**

The Board of Education believes that the suspension of students should occur only after all other available measures have been considered. In recognition that suspensions may be necessary from time to time, however, the Board gives general authorization to the Principal/Vice-Principal to suspend a student, or to remove a suspension, in accordance with the regulations of this policy.

SCHOOL DISTRICT NO. 78 (FRASER-CASCADE)

REGULATIONS

NO: 7200R

DATE: 1998-02-24

REVISED: 2002-04-23

2007-01-23

2010-05-25

SUBJECT: **SUSPENSIONS - STUDENTS**

1. Each school shall formulate a Code of Conduct for pupils that is consistent with this policy, other School Board policies, and the *School Act* and Regulations.
 - a) It is recommended that parents and/or pupils be consulted during the formulation of the Code of Conduct.
 - b) A copy of the Code of Conduct should be filed with the School Board upon formulation and after each revision.
 - c) At the beginning of each school year, or upon registration in the school, each student should be provided with a copy of the Code of Conduct.
2. The Board of Education authorizes the Principal/Vice-Principal of a school, or his/her designate, to suspend a student when he/she concludes that:
 - a) alternative means for dealing with the student in school (as per Appendix A; Sample Methods of Intervention/Response) have not worked or would not be appropriate in the particular situation;
 - b) the student is willfully disobedient to a teacher or any other employee of the Board carrying out responsibilities approved by the Board;
 - c) the behaviour of the student has a harmful effect on the character or persons of other pupils; or
 - d) suspension is an agreed upon learning tool as specified within the *Individual Educational Plan* (IEP) for students designated with behavioral disorders.
3. Where the Principal/Vice-Principal of a school, or his/her designate, feels that a student should be suspended for five (5) days or less, he/she may suspend the student as follows:
 - a) for informal suspensions of less than one day,
 - i) Parents/guardians shall be contacted by telephone and informed that their son/daughter is being sent home. They shall also be advised of the circumstances precipitating the informal suspension.
 - ii) The student shall be sent directly home and instructed to return to school at a designated time. The school administration may require that the student be accompanied by a parent/guardian.

- iii) If the parents/guardians cannot be contacted or if proper transportation cannot be arranged, the student is not to be sent home.
 - iv) No formal written contact needs to be made with the parents/guardians.
 - b) for formal suspensions of five (5) days or less,
 - i) Parents/guardians shall be contacted by telephone and/or personal interview prior to the student leaving the school.
 - ii) A confirmation letter, **Appendix B** informing the parents/guardians of the circumstances of the suspension and the anticipated date of return shall be dispatched immediately. The letter shall include a statement informing the students that they have a right to appeal the decision in accordance with Bylaw #21 - Student Appeals. A copy shall be sent to the Superintendent of Schools with supporting documentation of progressive discipline attempts and referral to any *IEP* as pertinent.
 - iii) The student shall be readmitted to school by the authorized person who imposed the suspension. It is recommended that the student and/or parent/guardian meet with a member of the school administration prior to readmittance to school.
- 4. In the case of a very serious violation of the Code of Conduct where the Principal of a school, or his/her designate, feels that a student should be suspended for more than five (5) days, the Principal will:
 - a) Suspend the student for a period of six (6) to ten (10) days;
 - b) Refer the student to the Board of Education for recommended suspensions exceeding ten (10) days.
 - c) The District Student Support Committee will review cases where individual students have received multiple suspensions in one year.
 - Composition of the District Student Support Committee (Appendix B)
 - District Student Support Committee Report Form (Appendix C)

The Principal shall proceed as follows:

- i) Inform the superintendent of his/her decision in writing and attach all pertinent documentation as per 3.b) ii) above.
- ii) Parents/guardians shall be contacted by telephone and/or personal interview prior to the student leaving the school.
- iii) A registered letter shall be sent to the parents/guardians informing them of

the circumstances of the suspension and advising them of either a, b or c above. If b or c, the letter shall advise parents that they will be contacted by the Superintendent of Schools.

The Superintendent shall proceed as follows:

- i) Convene a meeting of the District Review Committee or the Board of Education, as required, at the earliest opportunity to consider the circumstances and recommendation.
 - ii) Notice of the time and place of the meeting shall be given to all parties involved at least twenty-four hours prior to the meeting.
 - iii) The attendance of the student at this meeting is mandatory. The attendance of the parents/guardians at this meeting is encouraged but is not mandatory.
 - iv) After considering the information given by school personnel and the student or parents/guardians, the District Review Committee, or the Board, may suspend the student for a period of time deemed appropriate to the offence. In special circumstances, when the Board or the District Review Committee feel that it is appropriate, alternatives to suspension from school may be considered.
 - v) It is recommended that the student and/or parent/guardian meet with a member of the school administration prior to readmittance to school.
5. A decision of the Principal or District Review Committee may be appealed as provided for in Bylaw No. 21.
6. During the period of the suspension, schools shall ensure that students have an opportunity to pick up assignments and return completed assignments for marking.

Related Policies:

[Policy 7007 – Student Code of Conduct](#)

[Policy 7008 – Student Threat Assessment](#)

[Policy 7420 – Weapons, Violence, Bullying and Intimidation](#)

[Policy 7700 – Student Transportation](#)

NUMBER OF TIMES INTERVENTION/RESPONSE USED					SAMPLE METHODS OF INTERVENTION/RESPONSE
1	2	3	4	5	
					Class conference/meeting
					Restricted access to facilities/activities
					Reduced day length (permanent or temporary)
					Educational program change
					Peer counseling (not including mediation)
					Mentoring program/asset building
					Functional behavioural assessment and behaviour plan
					Daily/weekly monitoring
					Self-reflective exercise or research project in related topic
					Special education procedural change
					Restitution to school/community/victim
					Family group conference/justice circle (restorative justice)
					School-based team involvement
					Mediation/conflict resolution including peer mediation
					Counselling (in-school or referral to out-of-school professional)
					Police involvement (no charges)
					Criminal charges
					Service to school (e.g. garbage pick-up)
					Reminder/reprimand
					Detention(s)
					Suspension (in school)
					Suspension (out of school more than 5 days)
					Suspension (out of school 5 days or fewer)
					Other (please specify

Confirmation Letter to Parents

School letterhead

Dear Mr. and Mrs. (Last name)

Re: (Student name) Grade Date of Birth

This letter is to confirm our conversation that *** is suspended from *** School for three (3) days in accordance with **School Board Policy #7200: Suspension of Students**. *** is suspended for disrespectful behavior.

This suspension is in effect from ***dates. Before *** returns to school we need to have a meeting with you and **** to develop a behavior plan for****. We are available ***(date)

Students and/or parents have the right to appeal decisions of school district employees where such decisions significantly affect the health, education or safety of the student according to **Board Bylaw #21: Student Appeals**. Upon your request, we will provide you with specific information regarding the appeal process. Please feel free to examine the Fraser Cascade School District website for details regarding the appeal process (<http://www.sd78.bc.ca>).

It is ***** responsibility to make up work missed during the suspension. The school will support by providing assignments to be completed at home. We encourage **** to communicate with her teachers or administration through email. is not to be on school property during her suspension. She can make arrangements to pick up work after 3:30 pm on school days. All teacher email addresses are available on the school website *** All work must be completed to the satisfaction of her teachers.

Should you have any questions regarding this situation, please contact me. Parental involvement and support is paramount in helping young people to develop those qualities that will lead to success in school and the world of work. I thank you for your understanding and cooperation. It is our hope at *(school) that **** takes this opportunity to consider the importance of her own positive contribution to the learning environment and culture of our school.

Yours truly,

(School-based administrator)

cc Superintendent
 School Counsellor
 Student file

STUDENT SUSPENSIONS

COMPOSITION OF DISTRICT STUDENT SUPPORT COMMITTEE

The District Student Support Committee will consist of:

1. Assistant Superintendent
2. Principal or Vice Principal
3. School Counsellor and/or teacher(s)
4. Parents/Guardians
5. Student (if appropriate)

FUNCTION OF THE DISTRICT STUDENT SUPPORT COMMITTEE

It will be the function of the District Student Support Committee to:

1. Review cases of multiple suspensions/student;
2. Provide strategies, interventions, and possible aftermath placement;
3. To ensure student success and consistent attendance in Fraser Cascade.

APPENDIX D

**DISTRICT STUDENT SUPPORT COMMITTEE REPORT
AND RECOMMENDATIONS
(to be sent to the Superintendent)**

Student Information:

School:	Grade:	Birth date:
Student Name:	Gender:	Indigenous Student: YES NO
Parent/Guardian:	Phone Home: Work:	Band Name:
Address:		Social Service Agency:
Academic History:		First Nations Support Worker:

Participants in Attendance

Social/Behavioural History

Intervention: Behaviour Strategies/Placement

Behaviour/Discipline History:

Date	Presenting Behaviour	Discipline Action Taken

Concerns To Be Addressed:

Objectives Of Meeting:

Outcome(s) Of Meeting:

Person Responsible/Date of Implementation:

SCHOOL DISTRICT NO. 78 (FRASER-CASCADE)

POLICY

NO: 7340
DATE: 2008-06-24
REVISED: 2010-04-13

SUBJECT: **ALLERGIES AND LIFE-THREATENING ALLERGIES IN SCHOOLS**

The Board of Education for School District #78 believes that children who have anaphylaxis or any life-threatening allergy have a right to a safe, healthy learning environment. In accordance with this policy and its regulations, the safety, health and well-being of students is a shared responsibility of parents, school and district personnel and the Board.

SCHOOL DISTRICT NO. 78 (FRASER-CASCADE)

REGULATIONS

NO: 7340 R
DATE: 2008-06-24
REVISED: 2010-04-13

SUBJECT: **ALLERGIES AND LIFE-THREATENING ALLERGIES IN SCHOOLS**

Definition:

Anaphylaxis is a sudden, severe, and potentially fatal allergic reaction that requires immediate medical emergency intervention.

Signs and Symptoms:

The signs and symptoms of a severe allergic reaction can occur anywhere from within minutes to hours of exposure to an offending substance. Warning signs include but are not limited to:

- Hives, swelling rash or itching of the skin.
- Wheezing, shortness of breath, throat tightness, coughing, chest pain, problems swallowing, and nasal congestion.
- Nausea, pain/cramps, vomiting, and diarrhea.
- Pale/blue color, weak pulse, passing out, dizziness, and shock.
- Anxiety, feeling of impending doom, headache, and uterine cramps.

Responsibility:

The Board will ensure through policy that all employees receive the necessary training and instruction regarding preventative and emergency response to anaphylactic and other allergic reactions.

The district will ensure that all school leaders receive the necessary training and instruction in mitigating and responding to anaphylactic and other allergic reactions.

The principal of each school will ensure that all staff are trained and informed regarding their responsibility in dealing with anaphylactic and other allergic reactions, and that the school's policies and procedures are in place for both preventing and responding to such reactions.

General Procedures:

Each school will have an anaphylactic policy that identifies:

- Staff training commitments.
- Staff's responsibility to respond.

- The development and implementation of individual student emergency response plans.
- Procedures for informing TTOCs and volunteers.
- The location of and quick access to necessary medications.
- The meaningful involvement of parents in developing and implementing the emergency response plan.

Identifying Students/Monitoring and Reporting:

- At the beginning of each school year, using the district registration form, parents will be asked to report on their child's medical conditions, including whether the child has a medical diagnosis of anaphylaxis. Information on a student's life threatening conditions will be recorded and updated on the student's Permanent Student Record annually.
- Parents and students will provide schools with all the necessary information and details regarding any medical conditions and/or allergies. (Form A). This form will be revisited annually to ensure the information is updated regularly.

Principals will report information on each anaphylactic incident to the Board of Education via the superintendent in aggregate form using the Schools Protection Program Incident Form.

Emergency Procedure Plans:

- For anaphylaxis and all other significant medical concerns, schools will work cooperatively with the health nurse, parents, students and pertinent staff to develop and implement an emergency response plan that adequately addresses:
 - Pertinent medical information and symptoms.
 - Parent and student's responsibility.
 - Mitigating factors.
 - Necessary emergency responses in the event of a reaction.
 - Staff awareness and training needs.
 - Location and access to necessary medications.
 - Necessary preparations for off-site activities.
- Parents will provide all necessary equipment and medical resources so the school can respond to emergency situations as per the emergency medical plan.
- Students with identified medical conditions will wear a Medic Alert bracelet for all significant medical conditions that require particular responses in the case of an emergency.
- Information on all students with medical conditions will be posted in an agreed to visible area of the school so all volunteers, TTOCs and staff have access to this information as needed. Medical information and picture (Form B) will also be included in the Teacher's day planner for TTOCs and volunteers.

- When deemed necessary by the team developing the student's emergency response plan, the parents of all students or of a particular group of students will be notified of a particular student's medical condition and of their needed cooperation in ensuring that the school environment remains a safe place.(Form C)
- Student's medical conditions will be considered when planning field trips and off-site activities, with all the necessary preparations as per the student's emergency response plan.
- Each school will have a medical emergency protocol in place that will include:
 - Administering an auto-injector at first sign of reaction (Form D).
 - Calling emergency medical assistance, 911, (Form E).
 - Calling parents.
 - Administering a second dose.
 - One person remains with the student at all times
 - One person goes for help or calls for help
 - Student is transported to hospital by ambulance (the effects of the auto-injector may not last, and the student may have another anaphylactic reaction)
- On or before October 30th of each year, schools will submit an annual inventory of student emergency response plans. This inventory will provide the student's name, medical condition, date the response plan was developed or reviewed, and the date of expiration of all necessary medications.

Procedures for Permitting School Staff to Administer an Epinephrine Auto-Injector: No Preauthorization from parents:

- Schools will keep records of communication with parents/guardians regarding the Parental Consent Form (Form B). Documentation will be made of each date of communication or when communication was initiated. If there was no verbal contact, documentation will be made that a message was left on the answering machine or email.
- **NOTE:** After three attempts to obtain the Parent Consent Form (Form B) from the parents/guardians (communication documented) and the form is not returned, the parents/guardians must be notified that the Standard Procedure of Care for an anaphylactic or diabetes episode is:
 1. Call 911; and
 2. Contact the child's parents/guardians

Procedures: No Confirmed Diagnosis:

- Schools will **not** administer epinephrine auto-injector to a student with a suspected anaphylactic reaction where there is no confirmed diagnosis. Should this situation arise the emergency protocol is to call 911 and request a "Life Support Ambulance".

Provision and Storage of Medication:

- Parents/Guardians will provide a minimum of two epinephrine auto injectors available for staff access and use in the case of an emergency involving any persons in the facility with a need for the immediate administration of such medication.
- Schools will provide parents with MedicAlert application brochure and inform parents of the MedicAlert “No Child Without” program which provides free MedicAlert bracelets for children up to 14 years of age.
- Children at risk of anaphylaxis who have demonstrated maturity (as determined by the child’s parents/guardians) should carry one auto-injector with them at all times and have a back-up auto-injector at the school in a central, easily accessible, unlocked location. For children who have not demonstrated maturity, their auto-injectors will be stored in a designated school location.
- Parents will be informed that it is the parents’ responsibility to:
 - Provide the appropriate medication
 - 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)
 - Inform the school when they deem the child competent to carry their own medication(s). Children who have demonstrated maturity, usually Grade 1 or Grade 2, should carry their own auto-injector, and it is their duty to ensure their child understands they must carry their medication on their person at all times
 - Provide a second auto-injector to be stored in a central, accessible safe but unlocked location
 - Ensure anaphylaxis medications have not expired
 - Ensure they replace expired medications

Allergy Awareness, Prevention and Avoidance Strategies:

The school principal will ensure that the necessary training and information is provided in order to support an allergy-aware environment and support prevention and avoidance; as outlined in the *Responsibilities of the School Principal*.

Training Strategy:

All staff members reasonably expected to have supervisory responsibility of school-age and pre-school students will be formally trained in administering an epinephrine auto-injection device such as Epipen by a Public Health Nurse or other qualified trainer in September with an update at the end of January annually. Depending on maturity, best practice suggests training should include student peers.

Efforts will be made to include the parents, and students (where appropriate), in the training. The provision of training will be provided by individuals trained to teach anaphylaxis management.

The training sessions will include:

- signs and symptoms of anaphylaxis;
- common allergens
- avoidance strategies
- emergency protocols
- use of single dose epinephrine auto-injectors

- o identification of at-risk students (as outlined in the individual student emergency procedure plan)
- o emergency plans
- o method of communication with and strategies to educate and raise awareness of parents, students, employees and volunteers about anaphylaxis

Related Policies, Procedures, Resources:

Policy 7300 (Treatment of Pupils with Medical Problems)

Policy 7330 (Pupils – Illness or Accident at School)

Anaphylaxis Protection Order (BC Ministry of Education) - [link](#)

British Columbia Anaphylactic and Child Safety Framework - [link](#)

Responsibilities of the Parents of an Anaphylactic Child

- ☐ Inform the school of their child's allergies
- ☐ Provide a MedicAlert® bracelet for their child
- ☐ Provide the school with current medical instructions from their physician
- ☐ Provide the school with up-to-date auto-injectors, and keep them current
- ☐ 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)
- ☐ Inform the school when they deem the student competent to carry his/her own medication(s) and to ensure that the student
- ☐ understands that he/she must carry the medication on their person at all times
- ☐ Provide the school with an auto-injector trainer if necessary
- ☐ Provide support to school and teachers as requested
- ☐ Provide in-service for staff if requested
- ☐ Participate in parent advisory/support groups
- ☐ Assist in school communication plans
- ☐ Assist in developing policies and procedures for reducing risk to their child
- ☐ Participate in the development of an emergency response plan for their child
- ☐ Review both the emergency protocol and the procedures for reducing risk with school personnel annually
- ☐ Provide transportation for their child until emergency procedures are in place for busing or when, for any reason, the bus company cannot provide a trained driver
- ☐ In cooperation with the principal and classroom teacher, implement a "buddy" system to identify unusual behaviour
- ☐ Supply information for school publications:
 - recipes
 - foods to avoid
 - alternate snack suggestions
 - resources
- ☐ Be willing to provide safe food/food ideas for special occasions
- ☐ Teach their child:
 - to recognize the first symptoms of an anaphylactic reaction
 - to know where medication is kept, and who can get it
 - to communicate clearly when he or she feels a reaction starting
 - to carry his/her own auto-injector in a fanny-pack
 - not to share snacks, lunches, or drinks
 - the importance of hand-washing
 - to cope with teasing and being left out
 - to report bullying and threats to an adult in authority

- to take as much responsibility as possible for his/her own safety
- ☐ Welcome other parents' questions (communicated through the Principal or school official) regarding safe foods.

Responsibilities of the School Principal

- ☐ Work as closely as possible with the parents of an anaphylactic child
- ☐ Ensure that the parents have completed all necessary forms
- ☐ Develop a school policy or procedure (or implement the board policy or procedure) for reducing risk in classrooms and common areas
- ☐ Ensure that the parents of anaphylactic child are aware of all relevant board and school policies and procedures and have the opportunity to review them
- ☐ Ensure that an emergency response plan, based on physician's instructions, is developed and reviewed annually for each child with a life-threatening allergy
- ☐ Ensure that instructions from the child's physician are on file
- ☐ Notify the school community of the anaphylactic child, allergens, treatment
- ☐ Post allergy-alert forms in staff room and office
- ☐ Maintain up-to-date emergency contacts and telephone numbers
- ☐ Ensure that all staff and volunteers have received information on anaphylaxis, and that those in positions of responsibility for the anaphylactic child receive training in the use of an auto-injector
- ☐ Maintain an up-to-date list of school personnel who have received in-service and training in the use of an auto-injector
- ☐ Advise the bus driver of the presence of a child with life-threatening allergies on his/her bus, and ensure that he/she receives appropriate information and training in emergency response procedures
- ☐ Advise the parents of other students on the school bus, explaining anaphylaxis and the need for their cooperation
- ☐ In cooperation with the parents and classroom teacher, implement a "buddy" system to identify unusual behaviour
- ☐ Ensure that all substitute teachers are informed of the presence of an anaphylactic child and have been adequately trained to deal with an emergency.
- ☐ Inform all parents that a child with life-threatening allergies is attending the school and ask for their support
- ☐ Work with the school council to increase community awareness of anaphylaxis and the role of the school in protecting students with life-threatening allergies
- ☐ Arrange for in-service
- ☐ Store auto-injectors in easily accessible locations and ensure location is known to staff
- ☐ Establish safe procedures for field trips and extra-curricular activities
- ☐ Establish a disciplinary procedure for dealing with bullying and threats
- ☐ Understand expectations for staff who eat an unsafe food - must be in staff room only (vigilant hand and surface washing prior to exiting staff room to help maintain reducing the risk).

Responsibilities of the Classroom Teacher

- ☐ Participate in the review of the individual plan for children in his/her classroom with life-threatening allergies
- ☐ Display photo poster, with parental approval and regard to the privacy needs of older children
- ☐ Discuss anaphylaxis with the class, in age-appropriate terms
- ☐ Encourage students not to share lunches or trade snacks
- ☐ Choose allergy-free foods for classroom events
- ☐ Establish procedures to ensure that the anaphylactic child eats only what he/she brings from home
- ☐ Reinforce hand washing with class before and after eating (please let us know if/when out of soap)
- ☐ Facilitate communication with other parents
- ☐ In cooperation with the parents and the principal, implement a “buddy” system to identify unusual behaviour
- ☐ Understand expectations for staff who eat an unsafe food - must be in staff room only (vigilant hand and surface washing prior to exiting staff room to help maintain reducing the risk)
- ☐ Enforce school rules about bullying and threats
- ☐ Leave information in an organized, prominent, and accessible format for substitute teachers, parent volunteers, or others who may have occasional contact
- ☐ Follow the school policies for reducing risk in classrooms and common areas
- ☐ Plan appropriately for field trips:
 - ensure that emergency response plans are considered
 - ensure that auto-injectors are taken
 - take a cell phone in case of emergency
- ☐ Participate in on-going Epinephrine training and awareness of anaphylaxis symptoms as required. Follow Student Emergency Plan if they think a student is having an anaphylactic reaction or says they feel like they have symptoms.

Responsibilities of Bus Operators and Bus Drivers

- ☐ Once a student has been identified as anaphylactic, ensure that drivers trained in emergency response procedures are assigned to the student's bus
- ☐ Attend in-service and auto-injector training
- ☐ Carry a copy of the emergency alert form on the school bus
- ☐ Ensure that the principal and/or parents are informed if a trained driver is unavailable
- ☐ Assist in developing procedures to minimize risk while travelling on the school bus
- ☐ Assist in developing an emergency action plan that relates directly to busing
- ☐ Carry out emergency action plan as necessary
- ☐ Ensure that an auto-injector is stored in a safe and accessible place on the bus or that the child carries an auto-injector in an identified location while on the school bus

Responsibilities of Public Health/School Nurse

- ☐ Consult with and provide information to parents, students and school personnel
- ☐ Participate in planning school policy
- ☐ Participate in in-service and auto-injector training
- ☐ Assist in developing emergency response plans
- ☐ Refer known cases of anaphylaxis to the school principal

Responsibilities of Anaphylactic Students

- ☐ Take as much responsibility as possible for avoiding allergens
- ☐ Eat only foods brought from home or approved for consumption
- ☐ Take responsibility for checking labels and monitoring intake (as developmentally appropriate)
- ☐ Wash hands before eating
- ☐ Learn to recognize symptoms of an anaphylactic reaction (as developmentally appropriate)
- ☐ Promptly inform an adult as soon as accidental exposure occurs or symptoms appear
- ☐ Keep an auto-injector handy at all times
- ☐ Know how to use the auto-injector (as developmentally appropriate).

Responsibilities of all Parents

- ☐ Respond cooperatively to requests from school to eliminate allergens from packed lunches and snacks
- ☐ Participate in parent information sessions
- ☐ Encourage children to respect anaphylactic child and school policies
- ☐ Inform the teacher prior to distribution of food products to any children in the school

**Responsibilities of All Students
(as developmentally appropriate)**

- ☐ Learn to recognize symptoms of anaphylactic reaction
- ☐ Avoid sharing food, especially with anaphylactic children
- ☐ Follow school rules about keeping allergens out of the classroom and washing hands
- ☐ Refrain from “bullying” or “teasing” a child with a food allergy

SEVERE ALLERGY ALERT FORM

The personal information on this form is collected under the authority of the *School Act*, the Student Record Regulation and the *Freedom of Information and Protection of Privacy Act*. The purpose of this collection is to respond to potential emergency situations involving your student whom you have identified as subject to a potentially life-threatening allergy. If you have any questions concerning the collection, use or disclosure of this information please contact your school principal either in writing or by telephone.

STUDENT INFORMATION (To be completed by Parent/s)

Name of Student: _____ Date of Birth: _____

Address: _____

Home Telephone: _____ Medic Alert I.D.: _____

Name of Parent: _____ Business #: _____

Name of Guardian: _____ Business #: _____

Emergency Contact Person(s): _____ Telephone #: _____

PHYSICIAN INFORMATION (To be completed by Physician)

Nature of Allergy/Allergens: _____

Symptoms of Reaction: _____

Recommended Response to Reaction: _____

Medication	Dosage	<u>Expiration</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional Instructions or Information: _____

Name of Physician: _____ Telephone: _____

Signature of Physician: _____ Date: _____



Canadian School Boards Association

Canadian School Boards Association

TO BE COMPLETED BY PARENT**[TO BE POSTED, FOLLOWING PARENTAL CONSENT]**

Student's Name _____

- **ALLERGY – DESCRIPTION**

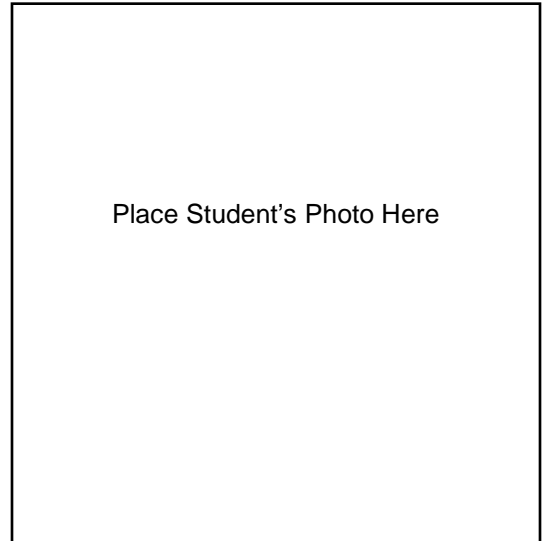
This student has a **DANGEROUS**, life-threatening allergy to the following:

and all substances containing them in any form or amount including the following kinds of items:

- **AVOIDANCE**

The key to preventing an emergency is **ABSOLUTE AVOIDANCE** of these allergens at all times.

- **GENERAL PRECAUTIONS**

**SYMPTOMS FOLLOWING EXPOSURE TO A PARTICULAR MATERIAL CAN INCLUDE:**

- | | |
|--|---|
| • hives and itchiness on any part of the body; | • swelling of any body parts, especially eyelids, lips, face or tongue; |
| • nausea, vomiting, diarrhea; | |
| • difficulty breathing or swallowing; | • coughing, wheezing or change of voice; |
| • panic or sense of doom; | • fainting or loss of consciousness; |
| • throat tightness or closing; | • other, please specify _____ |

EMERGENCY MEASURES

- Get **EpiPen® (epinephrine)** or other Medication and administer immediately.
- **HAVE SOMEONE CALL AN AMBULANCE** and advise of need for an **EpiPen® (epinephrine)**.
- Unless student is resisting, lay student down, tilt head back and elevate legs.
- Cover and reassure student.
- Record the time at which **EpiPen® (epinephrine)** was administered.
- Have someone call the parent.
- If the ambulance has not arrived in 10-15 minutes, and breathing difficulties are present, administer a second **EpiPen® (epinephrine)**.
- Even if symptoms subside, students require medical attention because there may be a delayed reaction, take the student to hospital immediately in the ambulance.
- If possible, have a school staff member accompany the student to the hospital.
- Provide ambulance and/or hospital personnel with a copy of the **Severe Allergy Alert Form** for the student and the time at which the **EpiPen® (epinephrine)** or **Medication** was administered.

I agree that the school may post my student's picture, take the Emergency measures and that this information will be shared, as necessary, with the staff of the school and health care providers.

Date_____
Parent's Signature

Sample Letter to Parents

Dear Parents:

Re: Medical Danger

One of our *[state grade level]* students has a life-threatening allergy to all nuts. The only way to ensure a safe environment for this child is to try to make our classroom *nut-free*. To do this we need everyone's co-operation.

Please check the ingredients of all foods your children bring to school. Coconut is not a risk for nut allergies only for students with specific coconut allergies.

In a classroom setting, cross-contamination is the greatest risk from this type of allergy. Cross-contamination is when a few crumbs from one child's snack are dropped and then picked up by and allergic child. ***Even a small amount can kill.***

It is difficult at the best of times to get children to eat healthy snacks; however, I hope you will appreciate the seriousness of this condition and that you will assist us at the school in our efforts to create as safe an environment as possible. With your co-operation we can minimize the risk of an allergic reaction.

Anyone wishing further information about this type of allergy may contact the child's parents. There is also an information pack available at the school.

Yours sincerely,

Teacher



Please return this lower portion to the Homeroom teacher

We, the parents/guardians of: _____
Name of Student

have received and read the letter regarding the student with the life-threatening allergy.

Signature of Parent/Guardian

Date

How to use the EpiPen® Auto- Injector... Three simple steps:



Comment utiliser l'auto-injecteur d'adrénaline EpiPen® en trois étapes simples.



1. Pull off grey safety cap.
1. Enlever le couvercle gris de sécurité.



2. Jab black tip into outer thigh until unit activates.
2. D'un coup sec, placer le bout noir sur la cuisse jusqu'au déclenchement du mécanisme d'auto-injection.



3. Hold EpiPen® in place several seconds. Then discard unit.
3. Laisser en place pour plusieurs secondes. L'unité EpiPen® doit ensuite être enlevée et jetée.



Canadian School Boards Association

Canadian School Boards Association

To Be Posted by Telephone

9-1-1 Protocol: Anaphylaxis

1. **Emergency Phone Number** _____
2. **Hello, my name is** _____
3. **We are located at :**
Address: _____
Nearest major intersection: _____
4. **Tell them:**
"We need an ambulance immediately. We have a child going into anaphylactic shock. An EpiPen[®] is being given now."
5. **Give the following information about the child:**
 - level of consciousness
 - breathing
 - bleeding
 - age
6. **My phone number is** _____
7. **The closest entrance for the ambulance is on:**

8. **Do you need any more information?**
9. **How long will it take you to get here?**
10. **Tell them:** "A staff member will meet you at the entrance to provide further information."
11. **Call the parents/guardians/emergency contact.**

ANAPHYLAXIS PROTECTION ORDER

Authority: *School Act*, section 88(1) and 168(2)(t)

Ministerial Order 232/07 (M232/07).....Effective September 13, 2007
Amended by M234/09.....Effective February 18, 2009

1 In this order,

“anaphylactic student” means a student with an anaphylactic allergy;

“anaphylaxis” means a sudden and severe allergic reaction, which can be fatal, requiring immediate medical emergency measures be taken, and “anaphylactic” has a corresponding meaning;

“Anaphylactic Framework” means the current policy entitled “Anaphylactic and Child Safety Framework” approved by the Minister and issued by the Ministry of Education.

2 Every board must establish and maintain policy and procedures relating to anaphylaxis in accordance with this Order and the Anaphylactic Framework and must ensure that the policy and procedures are available on the board’s website and otherwise made available to the public.

3 The anaphylaxis policy established and maintained by each board must include the following:

- (a) a process for identifying anaphylactic students;
- (b) a process for keeping a record with information relating to the specific allergies for each identified anaphylactic student which forms part of the record required to be maintained under section 2 of the Permanent Student Record Order;
- (c) a process for 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 in accordance with the Anaphylactic Framework including:
 - i) procedures for obtaining preauthorization for employees to administer medication to an anaphylactic student, and
 - ii) procedures for permitting employees to administer medication to an anaphylactic student in an emergency where there is no preauthorization;
- (f) a process for principals to monitor and report information about anaphylactic incidents to the board in aggregate form.

[am. M034/09]

4 The anaphylactic policy established and maintained by each board must include allergy awareness and prevention and avoidance strategies consistent with the Anaphylactic Framework.

ANAPHYLAXIS PROTECTION ORDER

5 Boards must establish a training strategy consistent with the Anaphylactic Framework to be implemented by each school. Training must include information relating to:

- (a) signs and symptoms of anaphylaxis;
- (b) common allergens;
- (c) avoidance strategies;
- (d) emergency protocols;
- (e) how to use the epinephrine auto-injector;
- (f) identification of at-risk students;
- (g) emergency plans;
- (h) method of communication with and strategies to educate and raise awareness of parents, students, employees and volunteers about anaphylaxis.

British Columbia Anaphylactic and Child Safety Framework

Ministry of Education

September 2007
(Minor revision in 2013)



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).

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BC Anaphylactic and Child Safety Framework

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

BC Anaphylactic and Child Safety Framework

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 death². 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 organizations³ 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

BC Anaphylactic and Child Safety Framework

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 risk⁴. In the school age population, it is estimated that between 2-4% of children are at risk of anaphylactic reactions to foods⁵.

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

BC Anaphylactic and Child Safety Framework

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.

BC Anaphylactic and Child Safety Framework

Purpose	<p>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.</p> <p>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.</p>
Scope	<p>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 reaction⁶. Pre-existing asthma is a predictor for anaphylaxis fatalities. Moreover epinephrine can be used to treat life-threatening asthma as well as anaphylactic reactions.</p> <p>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.</p> <p>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.</p> <p>As a minimum standard, boards of education must implement the <i>core components</i> of the Framework.</p>

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

BC Anaphylactic and Child Safety Framework

Application	<p>The Framework provides guidance and direction to all public schools and is available to all independent schools⁷.</p> <p>The Framework applies to students and preschool age children participating in early learning programs.</p> <p>The Framework will be accessible to the First Nations education system.</p>
Goal	<p>The Ministry of Education recommends boards of education adopt the following goal:</p> <p><i>The primary goal of implementing comprehensive anaphylaxis policies, procedures and guidelines in schools is to reduce preventable serious reactions and deaths due to anaphylaxis.</i></p>

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.

BC Anaphylactic and Child Safety Framework

- | | |
|------------------------|---|
| Duty to Assist | <ul style="list-style-type: none">• 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 | <ul style="list-style-type: none">• Every employee exposed to individual student emergency response plans has a duty to maintain the confidentiality of all student personal health information. |
| Prevention | <ul style="list-style-type: none">• 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.

BC Anaphylactic and Child Safety Framework

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	<p><i>Anaphylaxis</i> - pronounced [anna-fill-axis]</p> <p>The anaphylaxis policy established and maintained by each board must include the following definition as stated in the Anaphylactic Protection Order (September 2007)...</p> <p>Anaphylaxis is a sudden and severe allergic reaction, which can be fatal, requiring immediate medical emergency measures be taken.</p> <p>In addition, the Ministry of Education supports the inclusion of the following description of potential triggers, signs and symptoms ...</p> <p>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 person⁸.</p> <p>An anaphylactic reaction can involve any of the following symptoms, which may appear alone or in any combination, regardless of the triggering allergen:</p> <ul style="list-style-type: none">• 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
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⁸ Canadian Society of Allergy and Clinical Immunology, *Anaphylaxis in Schools and Other Settings*, pp. 6-7.

BC Anaphylactic and Child Safety Framework

	<ul style="list-style-type: none"> • Cardiovascular (heart): pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock • Other: anxiety, feeling of “impending doom”, headache, uterine cramps in females <p>Because of the unpredictability of reactions, early symptoms should never be ignored, especially if the person has suffered an anaphylactic reaction in the past.</p> <p>It is important to note that anaphylaxis can occur without hives.</p> <p>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 <i>Anaphylaxis Emergency Plan</i>. The cause of the reaction can be investigated later.</p> <p>The most dangerous symptoms of an allergic reaction involve:</p> <ul style="list-style-type: none"> • breathing difficulties caused by swelling of the airways and • a drop in blood pressure indicated by dizziness, lightheadedness or feeling faint/weak. <p>Both of these symptoms may lead to death if untreated.</p>
Identifying individuals at risk	<p>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:</p> <ul style="list-style-type: none"> • Boards of education use a common registration form including a section on life-threatening conditions⁹. • Parents/guardians are responsible for: <ul style="list-style-type: none"> ○ notifying the school principal when a child is diagnosed as being at risk of anaphylaxis ○ providing the school with updated medical information annually ○ 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).

BC Anaphylactic and Child Safety Framework

<p>Record Keeping - Monitoring and Reporting</p>	<p>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.</p> <p>In accordance with the <i>Anaphylaxis Protection Order</i>, the anaphylaxis policy established and maintained by each board must include processes for:</p> <ul style="list-style-type: none"> • 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). <p>Aggregate data is required to ensure student privacy and to ensure alignment with privacy legislation.</p> <p>Boards of Education are required to report to the Ministry of Education annually with respect to anaphylaxis policy and implementation.</p>
<p>Emergency Procedure Plans</p>	<p style="text-align: center;">1. Student Level Emergency Procedure Plan</p> <p>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.</p> <p>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.</p>

BC Anaphylactic and Child Safety Framework

	<p>The student emergency response plan shall include at minimum:</p> <ul style="list-style-type: none">• 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. <p>Those exposed to individual student emergency response plans have a duty to maintain the confidentiality of all student personal health information</p> <p>The student's emergency response plan shall also explicitly address:</p> <ul style="list-style-type: none">• 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. <hr/> <h3>2. School Level Emergency Procedure Plan</h3> <hr/> <p>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 <i>Allergy Safe Communities</i>¹⁰).</p> <p>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:</p> <ul style="list-style-type: none">• 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). <p>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.</p>
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¹⁰ www.allergysafecommunities.ca

BC Anaphylactic and Child Safety Framework

Use of Medical Identification	<p>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.</p> <p>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.</p> <p>For those with financial need, Medic Alert® provides financial assistance to obtain their products¹².</p>
Provision and Storage of Medication	<p>Epinephrine auto-injectors are life-saving medication. Access to auto-injectors is critical.</p> <p>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.</p> <p>The anaphylaxis policies, procedures and guidelines established and maintained by each board must also ensure parents/guardians are informed that it is their responsibility:</p> <ul style="list-style-type: none"> • 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, medications, medical devices, 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>

BC Anaphylactic and Child Safety Framework

	<ul style="list-style-type: none"> • 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	<p>“Avoidance is the cornerstone of preventing an allergic reaction. Much can be done to reduce the risk when avoidance strategies are developed”¹³.</p> <p>The anaphylaxis policy established and maintained by each board must outline allergy avoidance strategies:</p> <ul style="list-style-type: none"> • 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. <p>The Ministry of Education requires allergy awareness, prevention and avoidance strategies are included in the board’s training policy.</p> <p><i>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.</i></p>

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

BC Anaphylactic and Child Safety Framework

Training Strategy	<p>Anaphylaxis training is a critical component of managing risk associated with anaphylaxis.</p> <p>The anaphylaxis policies, procedures and guidelines established and maintained by each board shall ensure:</p> <ul style="list-style-type: none">• 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, <i>Anaphylaxis in Schools and Other Settings, 2005</i>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:<ul style="list-style-type: none">○ signs and symptoms of anaphylaxis;○ common allergens○ avoidance strategies○ emergency protocols○ use of the epinephrine auto-injector○ identification of at-risk students (as outlined in the individual student emergency response plan)○ emergency plans○ method of communication with and strategies to educate and raise awareness of parents, students, employees and volunteers about anaphylaxis¹⁵.
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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>

BC Anaphylactic and Child Safety Framework

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.

BC Anaphylactic and Child Safety Framework

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.

BC Anaphylactic and Child Safety Framework

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.besta.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)



School District No. 27 (Cariboo-Chilcotin)

ANAPHYLAXIS

Policy No. 5141.2

Confirmed: January 2017

Effective: February 2014

Initial Adoption: May 1999

Preamble

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

The Board of Education of School District No. 27 (Cariboo-Chilcotin) recognizes that it has a duty of care to students who are at risk from life-threatening allergic reactions while under school supervision. The Board 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 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 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 the Board of Education cannot guarantee an allergen-free environment, the Board will take reasonable steps to provide an allergy-safe and allergy-aware environment for students with life-threatening allergies.

All District schools must implement the steps outlined in Board Procedures on anaphylaxis, which include:

- a. a process for identifying anaphylactic students;**
- b. a process for 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. a process for 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:**

- i. procedures for obtaining preauthorization¹ for employees to administer medication to an anaphylactic student, and
- ii. procedures for permitting employees to administer medication to an anaphylactic student² in an emergency where there is no preauthorization;
- f. a process for principals to monitor and report information about anaphylactic incidents to the board in aggregate form.

Regulations

1. Description of Anaphylaxis

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 reaction to reaction in the same persons.

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), and that up to 6% of young children less than three years of age are at risk³. In the school age population, it is estimated that between 2-4% of children are at risk of anaphylactic reactions to foods.

An anaphylactic reaction can involve **any** of the following symptoms, which may appear alone or in any combination, regardless of the triggering allergen:

- i. **Skin:** hives, swelling, itching, warmth, redness, rash
- ii. **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
- iii. **Gastrointestinal (stomach):** nausea, pain/cramps, vomiting, diarrhoea
- iv. **Cardiovascular (heart):** pale/blue colour, weak pulse, passing out, dizzy/light-headed, shock
- v. **Other:** anxiety, feeling of "impending doom", headache, uterine cramps in females

¹ Must be obtained from both the student's physician and the student's parents

² This applies to students who have a known medical diagnosis of anaphylaxis. For students who have not been identified as anaphylactic, the standard emergency procedure is to call emergency medical care (911 where available) – school staff should not administer medication to unidentified students.

³ Canadian Society of Allergy and Clinical Immunology. Anaphylaxis in Schools and Other Settings. 2005.

Because of the unpredictability of reactions, early symptoms should never be ignored⁴, 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 Student Emergency Procedure Plan. The cause of the reaction can be investigated later.

The following symptoms may lead to death if untreated:

- a. breathing difficulties caused by swelling of the airways; and/or
- b. a drop in blood pressure indicated by dizziness, light-headedness or feeling faint/weak.

2. Identifying Individuals at Risk

At the time of registration, using the district registration form parents are asked to report on their child's medical conditions, including whether their child has a medical diagnosis of anaphylaxis. Information on a student's life threatening conditions will be recorded and updated on the student's Permanent Student Record annually.

It is the responsibility of the parent/guardian to:

- a. Inform the school principal when their child is diagnosed as being at risk for anaphylaxis.
- b. In a timely manner, complete medical forms and the Student Emergency Procedure Plan which includes a photograph, description of the child's allergy, emergency procedures, contact information, and consent to administer medication. The Student Emergency Procedure Plan should be posted in key areas such as in the child's classroom, the office, the teacher's daybook, and food consumption areas (e.g. lunch rooms, cafeterias). Parental permission is required to post or distribute the plan.⁵
- c. Provide the school with updated medical information at the beginning of each school year, and whenever there is a significant change related to their child.
- d. Inform service providers of programs delivered on school property by non-school personnel of their child's anaphylaxis and care plan, as these programs are not the responsibility of the school.

The school will contact anaphylactic students and their parents to encourage the use of medical identifying information (e.g. MedicAlert®)

⁴ Training strategies need to address the need for a rapid emergency response when symptoms of an anaphylactic reaction appear. Students may be in denial, or unaware, that they are experiencing an anaphylactic reaction.

⁵ A section for parental consent is included on the Student Emergency Procedure Plan.

bracelet). The identifying information could alert others to the student's allergies and indicate that the student carries an epinephrine auto-injector. Information accessed through a special number on the identifying information can also assist first responders, such as paramedics, to access important information quickly.

3. Record Keeping – Monitoring and Reporting

For each identified student, the school principal will keep a Student Emergency Procedure Plan on file. These plans will contain the following information:

- a. Student-Level Information
 - i. Name
 - ii. Contact information
 - iii. Diagnosis
 - iv. Symptoms
 - v. Emergency Response Plan
- b. School-Level Information
 - i. Emergency procedures/treatment
- c. Physician section including the student's diagnosis, medication and physician's signature.

It is the school principal's responsibility for collecting and managing the information on students' life threatening health conditions and reviewing that information annually to form part of the students' Permanent Student Records.

The school principal will also monitor and report information about anaphylactic incidents to the board of education in aggregate form (to include number of at-risk anaphylactic students and number of anaphylactic incidents) at a frequency and in a form as directed by the Superintendent.

4. Emergency Procedure Plans

a. Student Level Emergency Procedure Plan

The school principal must ensure that the parents and student (where appropriate), are provided with an opportunity to meet with designated staff, prior to the beginning of each school year or as soon as possible to develop/update an individual Student Emergency Procedure Plan. The Student Emergency Procedure Plan must be signed by the student's parents and the student's physician. A copy of the plan will be placed in readily accessible, designated areas such as the classroom and office.

The Student Emergency Procedure Plan will include at minimum:

- i. the diagnosis;
- ii. the current treatment regimen;
- iii. who within the school community is to be informed about

- iv. the plan – e.g. teachers, volunteers, classmates;
current emergency contact information for the student's parents/guardian;
- v. a requirement for those exposed to the plan to maintain the confidentiality of the student's personal health information⁶;
- vi. information regarding the parent's responsibility for advising the school about any change/s in the student's condition; and
- vii. information regarding the school's responsibility for updating records

b. School Level Emergency Procedure Plan

Each school must develop a School Level Emergency Procedure Plan, which must include the following elements:

- i. Administer the student's auto-injector (single dose, single-use) at the first sign of a reaction. The use of epinephrine for a potentially life-threatening allergic reaction will not harm a normally healthy child, if epinephrine was not required. Note time of administration.
- ii. Call emergency medical care (911 – where available)
- iii. Contact the child's parent/guardian
- iv. A second auto-injector may be administered within 5 to 10 minutes or sooner, after the first dose is given IF symptoms have not improved (i.e. the reaction is continuing, getting worse, or has recurred).
- v. If an auto-injector has been administered, the student must be transported to a hospital (the effects of the auto-injector may not last, and the student may have another anaphylactic reaction).
- vi. One person stays with the child at all times.
- vii. One person goes for help or calls for help.

The school principal, or designated staff, must ensure that emergency plan measures are in place for scenarios where students are off-site (e.g. bringing additional single dose, single-use auto-injectors on field trips).

5. Provision and Storage of Medication

Children at risk of anaphylaxis who have demonstrated maturity⁷ should carry one auto-injector with them at all times and have a back-up auto-injector stored at the school in a central, easily accessible, unlocked location. For children who have not demonstrated maturity, their auto-injector(s) will be stored in a designated school location(s).

⁶ To be in compliance with the Freedom of Information and Protection of Privacy Act (FOIPPA);

⁷ As determined by the child's parents.

The location(s) of student auto-injectors must be known to all staff members and caregivers.

Parents will be informed that it is the parents' responsibility:

- a. to provide the appropriate medication (e.g. single dose, single-use epinephrine auto-injectors) for their anaphylactic child;
- b. 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);
- c. to inform the school when they deem the child competent to carry their own medication/s (children who have demonstrated maturity, usually Grade 1 or Grade 2, should carry their own auto-injector), and it is their duty to ensure their child understands they must carry their medication on their person at all times;
- d. to provide a second auto-injector to be stored in a central, accessible, safe but unlocked location;
- e. to ensure anaphylaxis medications have not expired; and
- f. to ensure that they replace expired medications.

6. Allergy Awareness, Prevention and Avoidance Strategies

a. Awareness

The school principal should ensure:

- i. That all school staff and persons reasonably expected to have supervisory responsibility of school-age students and preschool age children participating in early learning programs (e.g. food service staff, volunteers, bus drivers, custodians) receive training annually or biannually, in the recognition of a severe allergic reaction and the use of single dose, single-use auto-injectors and standard emergency procedure plans.
- ii. That all members of the school community including substitute employees, employees on call, student teachers and volunteers have appropriate information about severe allergies including background information on allergies, anaphylaxis and safety procedures.
- iii. With the consent of the parent, the principal and the classroom teacher must ensure that the student's classmates are provided with information on severe allergies in a manner that is appropriate for the age and maturity level of the students, and that strategies to reduce teasing and bullying are incorporated into this information.

Posters which describe signs and symptoms of anaphylaxis and how to administer a single dose, single-use auto-injector should be placed in relevant areas. These areas may include classrooms, office, staff room, lunch room and/or the cafeteria.

b. Avoidance/Prevention

Individuals at risk of anaphylaxis must learn to avoid specific triggers. While the key responsibility lies with the students at risk and their families, the school community must participate in creating an "allergy-aware" environment. Special care is taken to avoid exposure to allergy-causing substances. Parents are asked to consult with the teacher before sending in food to classrooms where there are food-allergic children. The risk of accidental exposure to a food allergen can be significantly diminished by means of such measures.

Given that anaphylaxis can be triggered by minute amounts of an allergen when ingested, students with food allergies must be encouraged to follow certain guidelines:

- i. Eat only food which they have brought from home unless it is packaged, clearly labeled and approved by their parents (Elementary schools).
- ii. If eating in a cafeteria, ensure food service staff understands the life-threatening nature of their allergy. When in doubt, avoid the food item in question.
- iii. Wash hands before and after eating.
- iv. Not share food, utensils or containers.
- v. Place food on a napkin or wax paper rather than in direct contact with a desk or table.

Non-food allergens (e.g. medications, latex) will be identified and restricted from classrooms and common areas where a child with a related allergy may encounter that substance.

7. Training Strategy

At the beginning of each school year, a training session on anaphylaxis and anaphylactic shock will be held for all school staff and persons reasonably expected to have supervisory responsibility of school-age students and preschool age children participating in early learning programs (e.g. food service staff, volunteers, bus drivers, custodians). Training will be provided by individuals trained to teach anaphylaxis management (i.e. public health nurses etc.)

Efforts shall be made to include the parents, and students (where appropriate), in the training. Experts (e.g. public health nurses, trained occupational health & safety staff) will be consulted in the development of training policies and the implementation of training.

The training sessions will include:

- a. signs and symptoms of anaphylaxis;
- b. common allergens;
- c. avoidance strategies;
- d. emergency protocols;
- e. use of single dose, single-use epinephrine auto-injectors;
- f. identification of at-risk students (as outlined in the individual

- g. Student Emergency Procedure Plan);
- h. emergency plans; and
- h. method of communication with and strategies to educate and raise awareness of parents, students, employees and volunteers about anaphylaxis.

Additional Best Practice:

- a. distinction between the needs of younger and older anaphylactic students.

Participants will have an opportunity to practice using an auto-injector trainer (i.e. device used for training purposes) and are encouraged to practice with the auto-injector trainers throughout the year, especially if they have a student at risk in their care.

Students will learn about anaphylaxis in a general assembly or special class presentations.

Regulation Attachments

Anaphylactic Student Emergency Procedure Plan Form

School District No. 27 (Cariboo-Chilcotin) ANAPHYLACTIC STUDENT EMERGENCY PROCEDURE PLAN				Photo ID	
Parent / Guardian to Complete					
Student Name					
Date of Birth (y/m/d)		Sex Male Female	MSP No.		
Parent/Guardian			Daytime Phone		
Emergency Contact			Daytime Phone		
• Discussed and reviewed Anaphylaxis Responsibility Checklist with principal?				Y	N
• Two auto-injectors provided to school?				Y	N
• Student aware of how to administer?				Y	N
• 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 health, safety, treatment and protection AND emergency care and response. If you have any questions about the collection of your child's personal information, 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 outline 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)	

Physician to Complete					
Physician Name				Day Phone	
				Fax	
Allergies (Do not include antibiotics or other drugs)					
Peanuts	Nuts	Dairy	Other Food		
Insects	Latex	Other:			
Symptoms • 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 color, weak pulse, passing out, dizzy/light-headed, shock • Other: anxiety, feeling of "impending doom", headache, uterine cramps in females Additional Symptoms:					
EMERGENCY PROTOCOL			EMERGENCY MEDICATION		
1. Administer single dose, single-use auto-injector and call 911 2. Notify Parent/Guardian 3. Administer second auto-injector in 5 to 10 minutes, or sooner, if symptoms do not improve or if symptoms recur 4. Have ambulance transport student to hospital			NOTE: Emergency medication must be a single-dose single use 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)		



STUDENT HEALTH AND SAFETY

Policy 1.4: Student Health and Safety

Regulation 1.4.1-R: Head Lice

Regulation 1.4.2-R: Allergies and Anaphylaxis

Regulation 1.4.3-R: Bomb Threat Procedures

Regulation 1.4.4-R: Critical Incident Response / Reporting and Investigation

POLICY 1.4 STUDENT HEALTH AND SAFETY

Adopted: 1994-03-14

Reviewed: 2008-05-15

Revised: 1998-02-11, 2007-06-18, 2007-11-21, 2008-04-07, 2008-11-20

The Board places a very high priority on ensuring the health and safety of the people in this school district. To this end the following policy directions are set.

- All schools will have an emergency evacuation plan and ensure that all staff and students are fully conversant with it and capable of playing their part in using it.
- A fire drill procedure, consistent with the advice of the fire department, will be practiced regularly in each school, with a frequency recommendation by the fire department.
- A "Security Threat/Secured Room/Lockdown" procedure consistent with "Emergency Procedures Manual: Quick Reference Guide" will be practiced annually in every site.
- All safety recommendation and legal requirements of statutory authorities will be implemented in all schools. Any departure from such recommendations requires Board approval.
- All schools will reasonably accommodate students with medically diagnosed allergies, particularly where those allergies are life threatening. Allergies may be to food, animals, plants, or a wide range of other substances, including scented products, cleaners, chemicals, and other materials affecting air quality.

REGULATION 1.4.1-R HEAD LICE

Adopted: 2000-03-09

Reviewed: 2008-05-15

Revised: 2000-03-16

Procedures

In consultation with the Public Health Unit, schools shall develop a plan for the control of head lice which includes the following steps:

1. Schools will provide basic student and parent education including information on the importance of regular checks, detection methods and suggested treatment.
2. Parents will be advised that they must inform the school if their child has head lice.
3. Staff shall be made aware of possible signs of head lice.
4. Schools may decide to conduct regular head checks using trained volunteers. If a parent objects to this practice, he/she will inform the school principal.
5. When a child is found to have head lice, parents will be contacted and are expected to begin treatment. Students will not be sent home from school and the issue should be dealt with sensitively.
6. Letters and information will be sent to the parents of other students in the school where a case of head lice has been detected.

7. When a case of head lice persists, the child may be asked to return home until he/she is nit free. In such unusual cases, support for the family will be provided through consultation with Public Health.

**REGULATION 1.4.2-R
ALLERGIES AND ANAPHYLAXIS**

Adopted:	2008-01-06
Reviewed:	2008-05-15
Revised:	2008-03-20, 2008-04-07, 2008-11-20

Anaphylaxis

Anaphylaxis is a severe allergic reaction which requires immediate treatment to prevent sudden death from suffocation or cardiac arrest. Potential life-threatening allergens include peanuts and other legumes, nut products, shellfish, fish, cow's milk, eggs, insect venom, etc.

School Principals, in conjunction with parents, students and the Public Health Nurse (PHN) will develop "School Plans" when an anaphylactic child is under their care. School plans will include ways of minimizing risk for the anaphylactic child, as well as procedures for dealing with an anaphylactic emergency. These plans will be considered in the context of the anaphylactic child's age and maturity. As children mature, they should be expected to take increasing personal responsibility for avoidance of their specific allergens.

1. Administrative Regulations

- Ensure that this checklist is used to develop and implement the school's plan:
- The parent(s)/guardian(s) will inform the principal of the student's anaphylactic condition and have the child's physician/specialist complete the "Request for Administration of Medication/Pre-Loaded Auto Injection Epi-Pen at School" form (Appendix A). This form must be updated as required.
- An Anaphylaxis Action Plan must be completed and in place prior to a student attending school. Registration forms of Kindergarten and new students will be reviewed and those identified as Anaphylactic will be referred to the Public Health Nurse (PHN) so the Action Plan can be completed prior to the child's attendance at school.
- After discussion with parent(s)/guardian(s), and when appropriate, students in the class of the student with anaphylaxis should be given information about allergies and be asked to cooperate with the school's expectations to make the school as safe as possible. This will be followed up with classroom education presented by the Public Health Nurse, when required.
- All staff in schools shall receive in-service from the Public Health Nurse, or designated staff, in a timely manner. Procedures will be put in place to educate teachers-on-call, substitute education assistants, secretaries, playground supervisors, custodians, bus drivers and volunteers.
- All staff will take reasonable steps which are consistent with school board policy to create as safe as an environment as possible for the student with anaphylaxis outside the classroom.
- Parent(s)/guardian(s) will complete a "Request for Administration of Medication/Pre-Loaded Auto Injection an Epi-Pen® at School" form (Appendix A), and provide a current Epi-Pen®, which will be stored according to the Action Plan.

2. Responsibilities of the Principal

- Arrange a meeting with the parent(s)/guardian(s) of the student with anaphylaxis (and consult with the PHN, as required) to devise/revise the Anaphylaxis Action Plan, preferably before the first day of school/as soon as practicable.
- Ensure that the parent(s)/guardian(s) have completed, signed and updated all necessary forms, that the Anaphylaxis Action Plan is implemented and that all medical information is updated.

- Ensure that in-service is provided annually to school personnel and others who are in regular contact with children with anaphylaxis. In-service should focus on how to recognize and treat an anaphylactic reaction, school policies to protect children with anaphylaxis from exposure, and school protocol for responding to emergencies. Provide all school personnel and others with the School Responsibilities Checklist. (School personnel and others include: teachers, teachers-on-call, secretaries, bus drivers, education assistants, custodians, student teachers, noon hour supervisors, crossing guards and volunteers.)
- Post anaphylaxis action plans in appropriate classrooms (perhaps in attendance folder), in the staffroom and in the office. (The posting of children's pictures should occur only after consultation with parents.)
- Maintain an up-to-date list of emergency contacts and phone numbers.
- When appropriate, inform all parents/guardians that an anaphylactic student is attending the school/class and ask for their support.
- Ensure that Epi-Pens® are stored in a safe (unlocked) but easily accessible location and that staff has been informed of the Epi-Pen's® location.
- Establish safe procedures for field trips and extra-curricular activities.
- With teachers, develop a school procedure for reducing risk in classrooms and other common areas.
- Set up a meeting with the bus driver and parent(s)/guardian(s) to ensure the driver has been "trained" and that the parent(s)/guardian(s) are knowledgeable of the Action Plan and that questions have been asked and answered. This may be done in conjunction with other pre-arranged meetings or educational sessions.
- Ensure that the bus supervisor receives a copy of the student's picture and information as contained in the Action Plan.
- Ensure parents are aware of bus safety rules.
- If the student with anaphylaxis is on the lunch program, the caterer must be made aware of the allergy. If the caterer cannot ensure allergen-free food then the child should not participate in the lunch program.

3. Responsibilities of the Parent or Guardian of a Student with Anaphylaxis

- Inform the school of the child's anaphylactic allergies and make an appointment to meet with the principal, prior to attendance in school.
- Meet with the principal to develop an Anaphylactic Action Plan. Issues to be discussed:
 - if photos will be displayed in the school
 - where medication will be kept
 - prevention of exposure in classroom, school bus, on field trips and on playground
 - where a designated safe eating area will be in the classroom
- Participate in the development of the Anaphylaxis Action Plan.
- Provide the school with current Epi-Pen® (2 are recommended). Check expiry date and check for damage or discolouration.
- Consider a Medic Alert bracelet for the child, to be worn at all times.
- The parent may wish to share information with other parents in the school in consultation with principal.

- Teach your child with anaphylaxis:
 - to recognize and if possible communicate the first signs of an anaphylactic reaction
 - to know where medication is kept – if child is responsible have them carry Epi-Pen® in a fanny pack
 - to wear a Medic Alert bracelet at all time
 - to eat only food approved from home
 - to wash hands before and after eating
 - to take as much responsibility for their own safety as possible
- take medication home at end of school year or when the child leaves the school

4. Responsibilities of the Classroom Teacher

- Follow all school policies regarding reducing risk for the student with anaphylaxis.
- Discuss anaphylaxis in age-appropriate terms, using Public Health Nurse or videos as a resource. The goal is to create a positive and helpful attitude toward the student with anaphylaxis.
- Create a positive attitude towards an allergen-safe zone. Education of the classmates will decrease the probability of teasing.
- Discourage sharing of foods, drinks, and utensils.
- Request that the parents of the student with anaphylaxis provide food for their child when there are special occasions.
- Do not use food in crafts.
- Reinforce hand washing before and after eating.
- Ensure desk and food preparation areas are washed with warm soapy water after eating. (This may become a classroom project and might be completed by students in an effort to maintain a clean and safe classroom environment.)
- Leave information in an organized, obvious, accessible format for Teachers-on-Call according to the Anaphylaxis Action Plan.
- Ensure the student carries the Epi-Pen® according to Anaphylaxis Action Plan (if student carries an Epi-Pen®).
- The Epi-Pen® must be taken on all field trips. Supervisors and drivers are to be made aware of the student with anaphylaxis and appropriate response.
- Follow plan developed by principal and parent(s)/guardian(s) to ensure a safe eating environment that does not isolate the child.

5. Responsibilities of the Student with Anaphylaxis

- The student should:
 - know where the Epi-Pen® is kept
 - take as much responsibility as possible to avoid allergens
 - eat only food permitted from home
 - be responsible for reading food labels (older students)
 - wash their hands before and after eating
 - know the signs and symptoms of an anaphylactic reaction
 - tell an adult as soon as an accidental exposure occurs or symptoms appear

6. Responsibilities of the Parent(s)/Guardian(s) Regarding Bus Transportation

- Provide transportation for the student until procedures are in place.
- Be aware of bus safety rules and discuss bus safety rules with the student.
- Discuss with the student the importance of always sitting in the designated area.
- The student is encouraged to wear a Medic Alert bracelet and must carry their Epi-Pen® according to the Anaphylaxis Action Plan.
- The student should tell the bus driver (and other students) if having signs of anaphylaxis.
- The student should understand that the driver will help give the Epi-Pen® in case of an anaphylactic reaction.

7. Responsibilities of the Bus Driver

- Be trained to recognize signs of anaphylaxis and use Epi-Pen®.
- Assign a seating area to the student with anaphylaxis near the front of the bus (unless other arrangements are agreed to by parent/guardian and principal).
- Be aware of student and if problem occurs, stop vehicle when appropriate.
- Observe signs and symptoms and give Epi-Pen® as per Anaphylaxis Action Plan. Note time of injection.
- Call and report situation to Central Dispatch and request necessary assistance.
- Closely monitor the student and stay with the student until help arrives, unless directed otherwise.

8. Precautions for Teachers Outside the Classroom (Field Trips)

- A cell phone, the Anaphylaxis Action Plan and student's Epi-Pen® should be taken on all school outings.
- In the event of an anaphylactic reaction give Epi-Pen® and call 911.
- All adults accompanying students on a school outing should know who has anaphylaxis and where the Epi-Pen® is kept.
- Students must not eat or drink on the bus at any time.
- Students should only eat foods approved from their home.

See related SD20 forms

- **Request for Administration of Medication/Pre-Loaded Auto Injection Epi-Pen® at School**
- **Anaphylaxis Action Form/Plan – Elementary School Student**
- **Anaphylaxis Action Form/Plan – Secondary School Student**

**REGULATION 1.4.3-R
BOMB THREAT PROCEDURES**

Adopted: 1999-03-19

Reviewed: 2008-05-15

Revised:

Preamble

From time to time a school may receive a telephone call warning that a bomb has been placed in the building. There is the responsibility to protect students and employees from acts of this nature and to discourage future similar actions.

In the event of a bomb threat, the Principal/Vice-Principal will consult with the RCMP immediately. Students and employees will be evacuated from the area after consultation with the RCMP.

1. Person Receiving the Call:

1. Listen
2. Be calm and courteous
3. Do not interrupt the caller
4. Keep the caller on the phone as long as possible
5. Write down exact wording of threat
6. Use the attached form to obtain as much information as possible

Note the following:

- a. Sex of caller
 - b. Accent
 - c. Voice – loud, soft, other
 - d. Speech – fast, slow, other
 - e. Diction – good, nasal, lisp
 - f. Manner – emotional, calm, vulgar
 - g. Background noise
7. Try to signal the Principal/Vice-Principal in charge if unable to do so, notify the Principal/Vice-Principal immediately after the call
 8. Initiate call trace after hanging up the phone. PRESS *57, after voice announcement PRESS 1, hang up
 9. Complete the information sheet (attached) and give it to your Principal/ Vice-Principal.
 10. Be available to answer questions

2. Principal/Vice-Principal:

- ◆ Alert:
 - 1) RCMP and Fire Department
 - 2) Staff
 - 3) Supervisor of Custodial/Risk Management

4) Superintendent or Executive Assistant to the Superintendent

3. **Evacuation:**

The Principal/Vice-Principal will make the decision to evacuate the school after considering the following:

- a) the exact words used by the caller
- b) whether the caller's voice indicates he/she is nervous
- c) whether there may be any connection to recent incidents in the school
- d) whether there have been similar threats in other schools
- e) safety of students/staff

4. **Evacuation Guidelines:**

Keep cool
Follow instructions of supervisor
Follow same procedures for a fire drill

5. **Search:**

After consultation with the RCMP. and Fire Department, a search of the building and surrounding area(s) will be conducted. The search will be conducted under the direction of the RCMP and the Fire Department.

- Don't touch anything
- Report any suspect object
- Be of help by identifying strange or misplaced objects

**REGULATION 1.4.4-R
CRITICAL INCIDENT RESPONSE /
REPORTING AND INVESTIGATION**

Adopted:	2007-06-18
Reviewed:	2008-05-15
Revised:	2007-10-15, 2008-05-20

A.1

- In the event of a minor accident or other safety incident, the first priority is the proper care and treatment of the injured people and the completion of accident reports. In the event of serious or life threatening injuries, events should be reported to the District Office immediately after proper care has been arranged. In the event a student needs to be sent home or to hospital, the parent, guardian or emergency contact must be notified.
- Where a student must be transported to medical aid immediately, the Board should have secured the parent/guardians' consent to secure emergency services (ie, call an ambulance) and have the parent/guardians' written agreement to pay any costs associated with securing this medical assistance.

A.2

- If there has been an injury of the sort that is likely to precipitate a claim for damages or costs, it is important to coordinate the investigation through the district's insurer in order that reports prepared for contemplation of potential litigation are legally protected from disclosure.
- All incident reports need to be submitted to the insurer. Serious incidents should be reported immediately and directly and advice secured on the investigation process.

- Witness reports should be secured as soon as possible after any serious incident from the supervisor on duty at the time, the supervising teacher, and other witnesses who observed what happened.
- Witnesses should be asked to provide a written account (unless too young to write, in which case they may be interviewed and the questions and responses transcribed) informing any or all of the following: what happened (ie. what they saw and heard), what was done for the injured participant(s), who attended to them, who was contacted and how, where they were sent and how (ie. by ambulance), and any additional comments.
- Witness statements should be signed and dated.

A.3

- A follow-up review of any serious accident/incident occurring on or off site will commence immediately.
- Investigations will be conducted by the site principal/manager and site Health and Safety Committee. External experts in incident investigations may be required and requested.
- The investigation report is to be sent to: Superintendent of Schools, District Occupational Health and Safety Committee. The Superintendent of Schools shall determine any further communication regarding the report.
- Upon completion of the investigation report the site or District Occupational Health and Safety Committee shall evaluate the risk management policies, procedures and practices employed to address the identified risks (i.e. what worked, what didn't, why). Identifying what, if any, changes to policy, procedures and/or practices should be considered to reduce the potential for similar incidents while minimizing intrusion into safe programs. The Committee shall forward any related policy or regulations recommendations to the District Policy Committee.
- Each school will have a procedure to review health and safety issues regularly.
- Schools shall administer prescribed medication to students in accordance with the Ministry of Health's approved procedure. Non-prescribed medications will not normally be administered.
- Parents have a responsibility to notify the school if their children have medical conditions that puts them at risk. The school will have a procedure to deal with such medical alerts.
- To prevent the spread of communicable disease the district will implement the recommendations of the Medical Officer of Health. This includes required immunization against certain diseases, control measure against head lice, appropriate safety procedures for handling body fluids and hygiene regulations.
- Any student may be excused from required immunization on the basis of health, moral or religious reasons. Such students can be excluded from the school if they represent a medical risk to the other students or if their unprotected status presents a medical risk to them.
- Schools will direct needed safety measures beyond these stated. These measures include wearing of bicycle helmets and ensuring sound levels are below those that damage hearing.
- All schools will have a policy to deal with crisis and crisis prevention.

THE BOARD OF EDUCATION OF SCHOOL DISTRICT NO. 5 (SOUTHEAST KOOTENAY)

POLICY

ALLERGIES AND LIFE THREATENING ALLERGIES IN SCHOOL

SECTION 3.32

The Board is committed to the principle of providing a safe learning and teaching environment for its students. This includes a safe environment for all those who have been identified as having the potential for an anaphylaxis event. Anaphylaxis is the term used to describe an acute, severe, life-threatening allergic reaction, which requires immediate medical treatment. While it is impossible to create a risk-free environment, school staff and parent(s)/guardian(s) can take important steps to minimize potentially fatal anaphylactic reactions.

Description of Anaphylaxis

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 reaction to reaction in the same persons.

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), and that up to 6% of young children less than three years of age are at risk³. In the school age population, it is estimated that between 2-4% of children are at risk of anaphylactic reactions to foods.

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
- **Cardiovascular (heart):** pale/blue color, weak pulse, passing out, dizzy/light-headed, shock
- **Other:** anxiety, feeling of “impending doom”, headache, uterine cramps in females

Because of the unpredictability of reactions, early symptoms should never be ignored⁴, especially if the person has suffered an anaphylactic reaction in the past.

It is important to note that anaphylaxis can occur without hives.

Footnote:

³ Canadian Society of Allergy and Clinical Immunology. Anaphylaxis in Schools and Other Settings, 2005.

⁴ Training strategies need to address the need for a rapid emergency response when symptoms of an anaphylactic reaction appear. Students may be in denial, or unaware, that they are experiencing an anaphylactic reaction.

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 Action Plan*. The cause of the reaction can be investigated later.

The following symptoms may lead to death if untreated:

- breathing difficulties caused by swelling of the airways; and/or
 - a drop in blood pressure indicated by dizziness, light-headedness or feeling faint/weak.
1. The Principal of the school is responsible for developing an individual school plan that creates and maintains as safe and healthy an environment as is reasonably possible for students who may experience anaphylaxis, a severe, life threatening allergic reaction. The parent(s)/guardian(s) of the student is/are a partner in this process and shall receive a copy of this policy and individual school plan.
 2. Procedures: To realize the Board's policy of securing for students of the District who have anaphylactic reactions a reasonable level of safety and well-being, the following procedures are to be followed:
 - 2.1 At the time of registration, parent(s)/guardian(s) will be asked to report on their child's medical conditions, including whether their child has a medical diagnosis of anaphylaxis, and will be asked to complete the "Request for Administration of Medication" form if medication is required. The information must be reviewed annually and the form updated when there are changes to medication or dosages of medication.
 - 2.2 The anaphylactic student's parent(s)/guardian(s) must meet with the Principal prior to the student's first day in a school or any time there is a change in the medical condition. A meeting with the student's teacher(s) will be arranged as soon as possible.
 - 2.3 The public health nurse will be informed of the student's condition.
 - 2.4 The parent(s) guardians of student's with anaphylactic condition will be encouraged to use the Medic-Alert identification program.
 - 2.5 Following discussion with students with anaphylaxis and his/her parent(s)/guardian(s), other students and parents in the class may be given information of the student's condition.
 - 2.6 The Principal will ensure, on an annual basis, that all staff shall receive education about anaphylaxis. Identified staff will receive training which will include instruction on the administration of the child specific medical alert plan and may include training for use of the epinephrine auto-injector.
 - 2.7 The District Health and Safety Officer, on an annual basis, will ensure that all bus drivers receive education about anaphylaxis. Identified staff will receive training which will

include instruction on the administration of the child specific medical alert plan and may include training for use of the epinephrine auto-injector.

- 2.8 The District will provide an annual in-service for all TOC's.
- 2.9 It is vital that students with anaphylaxis be easily identified. The child's specific medical alert information must include a description of the allergy as well as the emergency treatment plan. The emergency protocols shall include:
- administering an epinephrine auto-injector
 - calling emergency medical care (911 – where available)
 - calling the student's parents
 - administering a second dose within 5 to 15 minutes if symptoms have not improved
 - transportation to the hospital (arranging for ambulance)

This information must be in the school medical alert binder. The medical alert information (with an up-to-date photograph of the student) may be posted at various locations such as the student's classroom, medical room and any other room used on a regular basis by the student. In addition all buses will maintain an up-to-date medical alert binder.

- 2.10 The student's anaphylactic record and emergency plan will form part of the student's permanent record, as defined in the Permanent Student Record Order. The student should carry an epinephrine auto-injector with them at all times. The epinephrine auto-injector must be clearly identified with the student's name. If possible, the parent(s)/guardian(s) should provide the school with a second epinephrine auto-injector which will be stored in a safe, accessible location. This location will be made known to all staff.
- 2.11 The school Principal will develop guidelines to reflect the circumstances (i.e. peanut aware zones, storage of the injectors, etc.) of the school. The guidelines will include procedures and avoidance strategies to be followed by staff and students. (Refer to the most recent edition of Anaphylaxis: A Handbook for School Boards, a publication of the Canadian School Boards Association).
- 2.12 The Principal will maintain a current inventory of individual student emergency plans, including a plan to ensure that any medications are kept up to date and have not expired.
- 2.13 The Principal will submit all anaphylactic incidents to the District Health and Safety Officer as soon as possible after the occurrence. The District Health and Safety Officer will maintain a record of all incidents.
- 2.14 The Principal or designate will place the used injector back into carrying case and give to emergency personnel.
- 2.15 All overnight outdoor field trips will include an epinephrine auto-injector in their First Aid Kit.

ANAPHYLAXIS EMERGENCY ACTION PLAN
Parent(s)/Guardian(s) Agreement

I/we, _____, [name of parent(s)/guardian(s)] acknowledge my/our participation in the development of an Anaphylaxis Emergency Action Plan the ("Emergency Action Plan") for _____ (name of student) ("The Child").

We agree to complete the Emergency Action Plan (on reverse); provide the school with doctor instructions and signatures, as well as:

- Supply school with appropriate medications and up-to date epinephrine auto injector(s);
- Identify where the medication will be housed (with the student, in the classroom, a central location);
- Provide The Child with medic alert bracelet and fanny-pack for epinephrine auto injector;
- Update the Child's information and ensure The Child knows his/her responsibilities for his/her own safety.

I understand that my/our failure to do so may result in an inability to implement timely emergency procedures.

I/we authorize the staff of School District No. 5 (Southeast Kootenay) and its agents, including volunteers, to execute the school's commitments as outlined within this plan. I/we also give consent for the identification of The Child as a person with, _____ (nature of condition/risk). I/we understand that this may include the display of pertinent information, including a picture of The Child in strategic locations within the school. It is understood that the reason for this display is to enable the staff of School District No. 5 (Southeast Kootenay) and its agents to be able to respond to potential emergencies in a timely fashion. It is clearly understood that student confidentiality will be maintained whenever possible.

I /we authorize the staff of School District No. 5 (Southeast Kootenay) and its agents to administer the designated medication and to obtain suitable medical assistance.

I/we agree to assume all costs associated with the medical treatment and absolve the staff of School District No. 5 (Southeast Kootenay) and the School District No. 5 (Southeast Kootenay) School Board of the responsibility for any adverse reactions resulting from the administration of the designated medication.

The agreement is valid from the date signed until revoked.

Signature of Parent(s)/Guardian(s)

Date Signed

Copies to: ___ Parent(s)/Guardian(s)
 ___ Student file
 ___ Medical Alert Binder
 ___ Nursing Support Care Plan (if necessary)

ANAPHYLAXIS EMERGENCY ACTION PLAN

Child's Name: _____

Date of Birth: _____

Parent/Guardian: (Photo I.D.) _____

Home Phone Number: _____

Work Phone Number: _____

Emergency Contact: Home _____

Emergency Contact: Work _____

Physician & Phone #: _____

(This information is being repeated on this form because this form will be placed in the child's fanny pack.)

My child's anaphylaxis triggers are:

Foods (i.e. peanuts, nuts, milk, all dairy, eggs, shellfish, fish, food additives) (list):

Insect Stings (list):

Medications (list):

Others (list):

**The information collected on this form is subject to and protected by the provisions
of the Freedom of Information and Protection of Privacy Act.**

My child's anaphylaxis symptoms are usually [i.e. swelling (eyes, lips, face, tongue) vomiting difficulty breathing or swallowing coughing or choking cold, clammy, sweaty skin stomach cramps, diarrhea flushed face or body dizziness, confusion fainting or loss of consciousness change of voice others (list):

My child's emergency treatment is: _____

Medication is kept/stored (where?): _____

Epinephrine auto injector (specify brand and dosage): _____

Expiry Date of epinephrine auto injector: _____

Standard Emergency Response:

- 1) administer single dose auto injector
- 2) call 911 and tell the dispatcher that a child is having a life-threatening anaphylactic reaction
- 3) call the parent, guardian or emergency contact person Parent/Guardian
- 4) administer a second dose in 5 to 15 minutes if symptoms have not improved
- 5) arrange for ambulance transportation to the hospital

Call 911 and tell the dispatcher that a child is having a life-threatening anaphylactic reaction.

Call the parent, guardian or emergency contact person Parent/Guardian.

Signature of Parent(s)/Guardian(s)

Date Completed

Reviewed by

Date Completed

Expiry Date of Action Plan

**The information collected on this form is subject to and protected by the provisions
of the Freedom of Information and Protection of Privacy Act**

ANAPHYLACTIC STUDENT EMERGENCY PROCEDURE PLAN

Parent/Guardian please complete:

Student's Name _____ Date of Birth (Y/M/D) _____
Sex: ☐ Male ☐ Female
Parent/Guardian _____ Daytime Phone _____
Emergency Contact _____ Daytime Phone _____
Physician _____ Daytime Phone _____

Physician please complete:

Physician's Name _____
Daytime Phone _____ Fax _____
Allergen (Do not include antibiotics or other drugs. Please be as specific as possible.)
☐ Peanuts ☐ Nuts ☐ Dairy Other food _____
☐ Spiders ☐ Insects ☐ Latex Any other allergens _____

Symptoms:

- 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

Additional symptoms _____

Emergency Protocol

- Administer single dose auto-injector and call 911
- Notify Parent/Guardian
- Administer second auto-injector in 5 to 15 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)

Parent/Guardian please complete

Discussed and reviewed Anaphylaxis Responsibility Checklist with principal?..... ☐ yes ☐ no
Two auto-injectors provided to school?..... ☐ yes ☐ no
Student aware of how to administer?..... ☐ yes ☐ no

Auto-injector locations _____

Your child's personal information is collected under the authority of the *School Act* and the *Freedom of Information and Protection of Privacy Act*. The Board of Education may use your child's personal information for the purposes of:

- Health, safety, treatment and protection
- Emergency care and response

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 *BC Anaphylactic and Child Safety Framework 2007*) 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)

Date Agreed: February 10, 2016
Date Amended:
Date Reviewed:
Related Documents:

Form 436.5 – Anaphylactic Student Emergency Procedure Plan
Page 2 of 2

SD 42 PROCEDURE: 9601.1

ANAPHYLAXIS

Purpose(s)

To provide guidelines for identifying individuals at risk for anaphylaxis, and for the development of school procedures and individual school plans that create and maintain as safe and healthy an environment as is reasonably possible for students who are known to have or have been identified as having the potential for anaphylaxis.

Description of Anaphylaxis

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 reaction to reaction in the same persons.

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), and that up to 6% of young children less than three years of age are at risk¹. In the school age population, it is estimated that between 2-4% of children are at risk of anaphylactic reactions to foods.

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;
- **Cardiovascular (heart):** pale/blue colour, weak pulse, passing out, dizzy/light-headed, shock;
- **Other:** anxiety, feeling of "impending doom", headache, uterine cramps in females.

Because of the unpredictability of reactions, early symptoms should never be ignored², especially if the person has suffered an anaphylactic reaction in the past.

It is important to note that anaphylaxis can occur without hives.

¹ Canadian Society of Allergy and Clinical Immunology. Anaphylaxis in Schools and Other Settings. 2005.

² Training strategies need to address the need for a rapid emergency response when symptoms of an anaphylactic reaction appear. Students may be in denial, or unaware, that they are experiencing an anaphylactic reaction.

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 Individual Student Emergency Procedure Plan*. The cause of the reaction can be investigated later.

The following symptoms may lead to death if untreated:

- breathing difficulties caused by swelling of the airways; and/or
- a drop in blood pressure indicated by dizziness, light-headedness or feeling faint/weak.

Identifying Individuals at Risk

At the time of registration, using the district registration form, parents are asked to report on their child's medical conditions, including whether their child has a medical diagnosis of anaphylaxis. Information on a student's life threatening conditions will be recorded and updated on the student's Permanent Student Record annually.

It is the responsibility of the parent/guardian to:

- Inform the school principal when their child is diagnosed as being at risk for anaphylaxis;
- In a timely manner, complete medical forms and the *Anaphylaxis Individual Student Emergency Procedure Plan* which includes a photograph, description of the child's allergy, emergency procedures, contact information, and consent to administer medication. The *Anaphylaxis Individual Student Emergency Procedure Plan* should be posted in key areas such as in the child's classroom, the office, the teacher's daybook, and food consumption areas (e.g. lunch rooms, cafeterias). Parental permission is required to post or distribute the plan;³
- Provide the school with updated medical information at the beginning of each school year, and whenever there is a significant change related to their child;
- Inform non School District No. 42 service providers of programs delivered on school property by non-school personnel of their child's anaphylaxis and care plan, as these programs are not the responsibility of the school.

The school will contact anaphylactic students and their parents to encourage the use of medical identifying information (e.g. MedicAlert® bracelet). The identifying information could alert others to the student's allergies and indicate that the student carries an epinephrine auto-injector. Information accessed through a special number on the identifying information can also assist first responders, such as paramedics, to access important information quickly.

Record Keeping – Monitoring and Reporting

For each identified student, the school principal will keep an *Anaphylaxis Individual Student Emergency Procedure Plan* on file. These plans will contain the following information:

³ A section for parental consent is included on the *Anaphylaxis Individual Student Emergency Procedure Plan*.

- Student-Level Information
 - Name
 - Contact information
 - Diagnosis
 - Symptoms
 - Emergency Response Plan
- School-Level Information
 - Emergency procedures/treatment
- Physician section including the student's diagnosis, medication and physician's signature.

It is the school principal's responsibility for collecting and managing the information on students' life threatening health conditions and reviewing that information annually to form part of the students' Permanent Student Records.

The school principal will also monitor and report information about anaphylactic incidents to the Board of Education in aggregate form (to include number of at-risk anaphylactic students and number of anaphylactic incidents) at a frequency and in a form as directed by the Superintendent.

Emergency Procedure Plans

(see form: *Anaphylaxis Individual Student Emergency Procedure Plan*)

A) Anaphylaxis Individual Student Emergency Procedure Plan

The school principal must ensure that the parents and student (where appropriate), are provided with an opportunity to meet with designated staff, prior to the beginning of each school year or as soon as possible to develop/update an *Anaphylaxis Individual Student Emergency Procedure Plan*. The *Anaphylaxis Individual Student Emergency Procedure Plan* must be signed by the student's parents and the student's physician. A copy of the plan will be placed in readily accessible, designated areas such as the classroom and office.

The *Anaphylaxis Individual Student Emergency Procedure Plan* will 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;
- current emergency contact information for the student's parents/guardian;
- a requirement for those exposed to the plan to maintain the confidentiality of the student's personal health information⁴;
- information regarding the parent's responsibility for advising the school about any change/s in the student's condition; and
- information regarding the school's responsibility for updating records.

⁴ To be in compliance with the Freedom of Information and Protection of Privacy Act (FOIPPA).

B) School Wide Emergency Procedure Response Plan

Each school must develop a School Procedure Plan, which must include the following elements:

1) Student Emergency Response Procedures: When a student is in anaphylactic shock, school personnel will:


- 
- Administer the student's auto-injector (single dose) at the first sign of a reaction. The use of epinephrine for a potentially life-threatening allergic reaction will not harm a normally healthy child, if epinephrine was *not* required. Note time of administration.
 - Call emergency medical care (911 – where available).
 - Contact the child's parent/guardian.
 - A second auto-injector may be administered within 5 to 15 minutes after the first dose is given IF symptoms have not improved (i.e. the reaction is continuing, getting worse, or has recurred).
 - If an auto-injector has been administered, the student must be transported to a hospital (the effects of the auto-injector may not last, and the student may have another anaphylactic reaction).
 - One person stays with the child at all times.
 - One person goes for help or calls for help.

The school principal, or designated staff, must ensure that emergency plan measures are in place for scenarios where students are off-site per School District Field Trip Policy & Procedures (e.g. bringing additional single dose auto-injectors on field trips).

2) Provision and Storage of Medication

Children at risk of anaphylaxis who have demonstrated maturity⁵ should carry one auto-injector with them at all times and have a back-up auto-injector stored at the school in a central, easily accessible, unlocked location. For children who have not demonstrated maturity, their auto-injector(s) will be stored in a designated school location(s). The location(s) of student auto-injectors must be known to all staff members and caregivers.

Parents will be informed that it is the parents' responsibility:

- 
- to provide the appropriate medication (e.g. single dose epinephrine auto-injectors) 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). Children who have demonstrated maturity, usually Grade 1 or Grade 2, should carry their own auto-injector, and it is their duty to ensure their child understands they must carry their medication on their person at all times;

⁵ As determined by the child's parents.

- to provide a second auto-injector to be stored in a central, accessible, safe but unlocked location;
- to ensure anaphylaxis medications have not expired; and
- to ensure that they replace expired medications.

3) Allergy Awareness, Prevention and Avoidance Strategies

Awareness

The school principal should ensure:

- That all school staff and persons reasonably expected to have supervisory responsibility of school-age students and preschool-age children participating in early learning programs (e.g. food service staff, volunteers, bus drivers, custodians) receive training annually in the recognition of a severe allergic reaction and the use of single dose auto-injectors and standard emergency procedure plans.
- That all members of the school community including substitute employees, employees-on-call, student teachers and volunteers have appropriate information about severe allergies including background information on allergies, anaphylaxis and safety procedures.
- With the consent of the parent, the principal and the classroom teacher must ensure that the student's classmates are provided with information on severe allergies in a manner that is appropriate for the age and maturity level of the students, and that strategies to reduce teasing and bullying are incorporated into this information.
- Posters which describe signs and symptoms of anaphylaxis and how to administer a single dose auto-injector should be placed in relevant areas. These areas may include classrooms, office, staff room, lunch room and/or the cafeteria.

Avoidance/Prevention

Individuals at risk of anaphylaxis must learn to avoid specific triggers. While the key responsibility lies with the students at risk and their families, the school community must participate in creating an allergy-aware environment. Special care is taken to avoid exposure to allergy-causing substances. Parents are asked to consult with the teacher before sending in food to classrooms where there are food-allergic children. The risk of accidental exposure to a food allergen can be significantly diminished by means of such measures.

Given that anaphylaxis can be triggered by minute amounts of an allergen when ingested, students with food allergies must be encouraged to follow certain guidelines:

- Eat only food which they have brought from home unless it is packaged, clearly labelled and approved by their parents (*Elementary schools*).

- If eating in a cafeteria, ensure food service staff understand the life-threatening nature of their allergy. When in doubt, avoid the food item in question.
- Wash hands before and after eating.
- Not share food, utensils or containers.
- Place food on a napkin or wax paper rather than in direct contact with a desk or table.

Non-food allergens (e.g. medications, latex) will be identified and restricted from classrooms and common areas where a child with a related allergy may encounter that substance.

4) Training Strategy

At the beginning of each school year, a training session on anaphylaxis and anaphylactic shock will be held for all school staff and persons reasonably expected to have supervisory responsibility of school-age students and preschool age children participating in early learning programs (e.g. food service staff, volunteers, bus drivers, custodians).

Efforts shall be made to include the parents, and students (where appropriate), in the training. Experts (e.g. public health nurses, trained occupational health & safety staff) will be consulted in the development of training policies and the implementation of training. Training will be provided by individuals trained to teach anaphylaxis management.

The training sessions will include:

- signs and symptoms of anaphylaxis;
- common allergens;
- avoidance strategies;
- emergency protocols;
- use of single dose epinephrine auto-injectors;
- identification of at-risk students (as outlined in the individual Student Emergency Procedure Plan);
- emergency plans; and
- method of communication with and strategies to educate and raise awareness of parents, students, employees and volunteers about anaphylaxis.

Additional Best Practice:

- distinction between the needs of younger and older anaphylactic students.

Participants will have an opportunity to practice using an auto-injector trainer (i.e. device used for training purposes) and are encouraged to practice with the

auto-injector trainers throughout the year, especially if they have a student at risk in their care.

Students will learn about anaphylaxis in a general assembly or special class presentations.

RECEIVED FOR INFORMATION: October 29, 2014

UPDATED: September 23, 2015

ANAPHYLAXIS INDIVIDUAL STUDENT EMERGENCY PROCEDURE PLAN

Parent/Guardian please complete	Physician please complete
<p>Student's Name: _____</p> <p>Date of Birth: _____ (Y/M/D)</p> <p>Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Parent/Guardian #1: _____</p> <p>Daytime Phone: _____</p> <p>Parent/Guardian #2: _____</p> <p>Daytime Phone: _____</p> <p>Emergency Contact: _____</p> <p>Daytime Phone: _____</p> <p>Physician: _____</p> <p>Daytime Phone: _____</p> <p>Care Card # _____</p>	<p>Physician's Name: _____</p> <p>Daytime Phone: _____ Fax: _____</p> <p>Allergen: (Do not include antibiotics or other drugs)</p> <p><input type="checkbox"/> Peanuts <input type="checkbox"/> Nuts <input type="checkbox"/> Dairy <input type="checkbox"/> Other food _____</p> <p><input type="checkbox"/> Insects <input type="checkbox"/> Latex <input type="checkbox"/> Other _____</p> <p>Symptoms:</p> <ul style="list-style-type: none"> • 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 <p>Additional symptoms: _____</p>
<p><u>Emergency Protocol</u></p> <ul style="list-style-type: none"> • Administer single dose auto-injector and call 911 • Inform dispatcher the child is having a life-threatening anaphylactic reaction • Notify Parent/Guardian • Administer second auto-injector in 5 to 15 minutes after the first dose is given, if symptoms do not improve or if symptoms recur • Have ambulance transport student to hospital 	<p><u>Emergency Medication</u></p> <p>NOTE: Emergency medication must be a single-dose auto-injector for school setting. Oral antihistamines will not be administered by school personnel.</p> <p>Name of emergency medication: _____</p> <p>Dosage: _____</p>
<p>DO NOT LEAVE THE STUDENT ALONE</p>	<p>_____</p> <p>Physician Signature</p> <p>_____</p> <p>Date (Y/M/D)</p>

Anaphylaxis Individual Student Emergency Procedure Plan

Parent/Guardian please complete

Discussed and reviewed Anaphylaxis procedure and responsibilities with Principal?..... ☐ yes ☐ no

Two auto-injectors provided to school?..... ☐ yes ☐ no

Student is aware of how to administer?..... ☐ yes ☐ no

Auto-injector locations: _____

Your child's personal information is collected under the authority of the *School Act* and the *Freedom of Information and Protection of Privacy Act*. The Board of Education may use your child's personal information for the purposes of:

- Health, safety, treatment and protection
- Emergency care and response

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 *BC Anaphylactic and Child Safety Framework 2007*) 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) _____

Copies to: ☐ Parent(s)/Guardian(s) ☐ Student File ☐ Medical Alert Binder ☐ TTOC file
☐ Nursing Support Care Plan (if necessary) ☐ Child's Fanny Pack ☐ Student Information System inputted