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## **REGULATION 5141.2**

### **RESPONDING TO UNEXPECTED HEALTH EMERGENCIES**

#### **1.0 RATIONALE**

The Greater Victoria School District (the District) believes all schools have the duty to be prepared to deal with medical emergencies that students, staff or volunteers may experience. Unexpected health emergencies can arise without warning and require an immediate response. Further, the District believes that all schools must have readily accessible Epinephrine autoinjectors, Automated External Defibrillators (AEDs) and Naloxone kits.

#### **2.0 PURPOSE**

To ensure a timely, effective, and equitable response to unexpected health emergencies in all district schools, including anaphylaxis, cardiac arrest and opioid overdose, through the storage of Epinephrine autoinjectors and Naloxone kits, and the strategic deployment and maintenance of AEDs.

#### **3.0 SCOPE**

This Administrative Regulation applies to all schools within the District, including elementary, middle, and secondary schools.

#### **4.0 DEFINITIONS**

- 4.1 An emergency is a sudden, unexpected occurrence requiring immediate action to stabilize the situation.
- 4.2 Anaphylaxis is a sudden and severe allergic reaction, which can be fatal. Anaphylaxis is a medical emergency that requires immediate emergency treatment with an Epinephrine auto-injector.

## 5.0 ROLES AND RESPONSIBILITIES

All schools must:

- Maintain an accurate Anaphylaxis Action Form for each student at risk of anaphylaxis.
- Maintain clearly marked, barrier-free access to AEDs and Naloxone kits.
- Conduct routine inspections to ensure equipment is functional and up-to-date.
- Ensure staff are trained in emergency response procedures.
- Respond to emergencies using a standardized protocol.

District Leadership:

- Ensure all schools are equipped with AEDs and Naloxone kits.
- Provide support for training and equipment maintenance.
- The Superintendent will review the relevant Board Policies and Regulations with Principals on an annual basis.

School Administrators:

- Ensure emergency equipment is accessible and clearly marked.
- Coordinate staff training and emergency drills.
- Maintain a record of incidents in accordance with the *Freedom of Information and Protection of Privacy Protection Act* (FOIPPA/FIPPA) legislation.
- Report incidents and inspection logs to the District office.

District Occupational Health and Safety Advisor:

- Develop and distribute training materials.
- Maintain district-wide records of inspections and incidents.
- Liaise with public health and emergency services for updates and support.

Teachers and Support Staff:

- Participate in emergency response drills.
- Know the location of emergency equipment.
- Assist in emergency response when appropriate.

Students:

- Grade 10 students receive CPR/AED training.
- Classmates and peers of students at risk of anaphylaxis should be aware and receive anaphylaxis training
- All students are encouraged to immediately report emergencies to staff.

## 6.0 EQUIPMENT ACCESSIBILITY AND PLACEMENT

AEDs and Naloxone kits must be:

- Located in high-traffic, easily accessible areas.
- Clearly marked with visible signage.
- Mounted at a height compliant with accessibility standards.
- Never locked away or obstructed.

## **7.0 INSPECTION AND MAINTENANCE**

Automated monitoring systems may be used where available.

Monthly inspections must be conducted to:

- Check AEDs battery levels, pad expiration dates, and Naloxone shelf life.
- Log inspection and maintenance activities.

## **8.0. TRAINING AND AWARENESS**

Annual training available for staff in:

- Anaphylaxis, CPR, AED use, and opioid overdose response.
- Location and use of emergency equipment.
- Grade 10 students receive CPR/ AED training.

## **9.0. EMERGENCY RESPONSE PROTOCOL**

In the event of a health emergency:

1. Call 911 immediately.
2. Assess the situation and determine if epinephrine auto-injector, AED or Naloxone is needed.
3. Retrieve and use the Epinephrine auto-injector, AED or Naloxone kit as trained.
4. Continue care until emergency responders arrive, including administering a second epinephrine auto-injector after 5 minutes if symptoms have not improved.
5. Call student(s) parent(s) or guardian(s) if applicable.
6. Have student(s)/individual(s) transported to hospital by ambulance.
7. Document the incident and report to Superintendent and school-based safety personnel.

## **REFERENCES**

*School Act* Sections 88(1) and 168(2)(t)

Ministerial Order (M149/89)

Policy 5131 Student, Staff and Volunteer Safety

Policy and Regulation 5141.21 Anaphylaxis

*Greater Victoria School District*

Adopted: November 24, 2025