

MANAGING ANAPHYLAXIS

RESOURCE KIT FOR SCHOOL COMMUNITIES

January 2006



ANAPHYLAXIS RESOURCE KIT

A Comprehensive Guide for the Management of Anaphylaxis

BACKGROUND

Anaphylaxis is a severe allergic reaction that may be fatal. “Canadian physicians report that the number of affected individuals is rising, and that by far the most common culprit is the peanut.”¹

Throughout York Region schools, there are numerous students that are affected by this condition. The school community needs to keep these students safe and respond to their needs consistently. “School systems must be aware that anaphylaxis is a life-threatening condition, regardless of the substance that triggers it.”²

RATIONALE

The following **Anaphylaxis Resource Kit** was developed in partnership with the York Catholic District School Board, the York Region District School Board and the School Team of York Region Health Services. The purpose of the resource is to provide a comprehensive, hands-on teaching package for school administrators and staff to educate the entire school community. It can be used to raise awareness of the causes of anaphylaxis and how to deal with this life threatening condition.

York Region Health Services School Team would like to thank the following people for their contribution to this anaphylaxis resource kit: Loretta Bernard, Carol Gallimore, Heather Sears-Hochfellner, Sharon Hall, Mary Turfryer and Anne Harkonen.

The Anaphylaxis Resource Kit includes the following:

- Anaphylaxis PowerPoint Presentation
- Sabrina’s Law – Bill 3 (An Act to protect anaphylactic pupils)
- Video/Booklet – “Taking Control – Life Threatening Food Allergies and You”
- EpiPen® Trainer
- Anaphylaxis: A Handbook for School Boards, September, 2001 (Canadian School Boards Association)
- Information Sheets – Nutrition Matters: Peanut/Nut Safe Environments
Fundraising With Food
- Products & Services – AAIA Product List & Anaphylaxis Canada Brochure
- Additional Resources:
 - Medic Alert – Because you’ve got a life to live
 - Fact Sheets (York Region Health Services):
 - Anaphylaxis Alert
 - Anaphylactic Checklist for Schools
 - Anaphylaxis Emergency Response Plan
 - Allergy and Anaphylaxis Resource List

¹ Anaphylaxis: A Handbook for School Boards, 2001, Page 1

² Anaphylaxis: A Handbook for School Boards, 2001, Page 9

SECTION 1	Anaphylaxis PowerPoint Presentation (Facilitator's Guide & Disc)
SECTION 2	Sabrina's Law - Bill 3 (An Act to protect anaphylactic pupils)
SECTION 3	Taking Control – Life Threatening Food Allergies and You (Video & Booklet)
SECTION 4	EpiPen® Trainer
SECTION 5	<u>Anaphylaxis: A Handbook for School Boards</u> (Canadian School Boards Association)
SECTION 6	Nutrition Matters – Peanut/Nut Safe Environments Fundraising With Food
SECTION 7	Products & Services Catalogue (AAIA & Anaphylaxis Canada)
SECTION 8	Additional Resources: Medic Alert Fact Sheets (4)

SECTION 1

Managing Anaphylaxis at Schools PowerPoint Presentation

Facilitator's Guide



ANAPHYLAXIS

POWERPOINT PRESENTATION

FACILITATOR'S GUIDE

(FOR USE WITH THE ANAPHYLAXIS POWERPOINT PRESENTATION [MANAGING ANAPHYLAXIS AT SCHOOLS](#))



November 2005

Anaphylaxis PowerPoint Presentation

FACILITATOR'S GUIDE

- The following presentation provides a brief overview of anaphylaxis and Sabrina's Law. It focuses on defining anaphylaxis, the symptoms, and causes, as well as the immediate emergency response plan.
- It is your school's responsibility to develop an action plan following your school board's policy and be able to manage an anaphylactic crisis.
- This presentation is intended to be used in conjunction with the video/booklet, "Taking Control - Life Threatening Food Allergies and You", and the EpiPen® Trainer included in the Anaphylaxis Resource Kit.
- For more background information on this life threatening condition, please refer to all eight sections of the Anaphylaxis Resource Kit particularly Sabrina's Law and the hand book from the Canadian School Boards Association.

What is Anaphylaxis?

- Anaphylaxis is a severe allergic reaction that can lead to death very quickly if untreated.
- An anaphylactic reaction can develop within seconds to minutes of exposure, but may be delayed for several hours. These delayed reactions can be extremely dangerous because the initial symptoms could be mild. Be aware that serious symptoms can occur one to eight hours later.
- Anaphylaxis is also called “generalized allergic reaction” or “allergic shock” and occurs when your immune system becomes unusually sensitive and overreacts to common substances such foods or medications.
- An anaphylactic reaction affects most or all body systems.
- The difference between anaphylaxis and other allergic reactions, is that other allergic reactions only affect individual body systems such as:
 - upper respiratory (sneezing, runny nose)
 - lower respiratory (asthma)
 - skin (swelling, hives, rashes, itchiness)
 - digestive (nausea, vomiting, diarrhea)

Symptoms of Anaphylaxis

- The life threatening symptoms that warn of a drop in blood pressure and shock include a sense of fear or doom, panic, weakness, unsteadiness or dizziness.
- Whereas all symptoms associated with breathing difficulty indicate the airway closing.
- Both types of symptoms require immediate action!
- Not all symptoms have to be present and they do not always occur in the same order.
- People may have inward symptoms first, before the outward symptoms appear.
- No two reactions are the same. Each individual and each situation is unique.
- Anaphylactic children usually know when a reaction is taking place.
- Again, always listen to the child or youth!
- Do not ignore a student complaining of having an anaphylactic reaction!

Common Causes of Anaphylaxis

- Foods which commonly produce severe allergic reactions include peanuts, shellfish, fish, tree nuts (i.e. almonds, brazil nuts, macadamias, hazelnuts, filberts, pine nuts, pistachios, cashews, pecans, walnuts) and eggs.
- Other foods that often cause anaphylaxis include: milk and milk products, soy, wheat, sesame seeds and sulphites.
- With some foods it takes only a trace amount of the substance to trigger anaphylaxis and sometimes death.
- Most people react to the protein part of these foods, known as the trigger or allergen.
- Anaphylactic reactions most often occur by ingesting the allergens or injecting it.
- In some cases a person can develop a reaction from just touching a counter top or even inhaling an allergen.
- All utensils, dishes and surfaces exposed to the allergen (i.e. peanut butter) must be thoroughly cleaned with soap & water and not just water alone to ensure complete removal of the allergen.
- In most foods, peanuts or nuts might be a "hidden" ingredient (eg. cookies, chocolates, granola bars, etc.). Cross contamination can easily occur (eg. peanut butter in jam jar).

Common Causes Cont'd.....

- Bulk foods should be avoided by someone with an allergy to nuts.
- Depending on the sensitivity of the person, the initial exposures to the allergen could be non life-threatening reactions. However with more and more exposure, each reaction could be, and most often is, dangerously worse. It depends on the sensitivity of the person.
- On the other hand, other people (especially those allergic to foods or insects) could have life-threatening reactions with initial exposures.
- While the condition often appears in early childhood, it can develop at any age.

Emergency Treatment

- Anyone suffering from anaphylaxis must be previously diagnosed by an allergist or physician who is responsible for prescribing the appropriate treatment.
- The treatment is epinephrine (adrenaline) which is a hormone produced in our bodies when we are stressed.
- It works on the cardiovascular and respiratory systems to constrict blood vessels and to improve breathing. It can also prevent low blood pressure and prevent loss of consciousness.
- We can feel it as a pounding heart, anxiety or trembling.
- Epinephrine is only given by injection and the most common methods are the EpiPen[®] and EpiPen[®] Jr. Auto-Injectors.
- An auto-injector is a device that is spring-loaded with a needle that injects the epinephrine into the muscle.

Tragedy In the Shape of a Peanut

- Tragic deaths do occur with anaphylaxis.
- This article describes a 14 year old girl, Carrie Gordon, who died on a camping trip from a trace amount of peanut butter that had been transferred to a jam jar.
- Another case involved a 12 year old who had eaten a cookie that contained peanuts. She felt something funny in her throat and walked home. She died at home.
- They both died of anaphylaxis.
- Anaphylaxis is a terrifying medical emergency that can occur anywhere – school, home, outdoors, parties – anywhere!

How Do You Use the EpiPen®?

1. Pull off grey safety cap.
 2. Jab black tip into outer thigh until unit activates and a click will be heard.
 3. Hold EpiPen® in place for 10 seconds. The used EpiPen® should be sent to the hospital with the student.
- If possible, remove clothing from the outer thigh area and if that is too difficult, the EpiPen® may be used directly through the clothing.
 - Always administer EpiPen® immediately if a student is complaining or anaphylactic symptoms appear. People have died as a result of delayed administration.
 - A student can self-administer an EpiPen®; however individuals of any age may require assistance because of the rapid progression of symptoms, or because of the stress of the situation.
 - Always go to the hospital, even if symptoms seem to go away after the first injection.
 - It's important to have a second EpiPen®, because the effects of epinephrine wear off 10 to 20 minutes after the injection. A second dose may be required only if life-threatening symptoms do not subside or if symptoms reoccur after the first injection.

Are There Risks?

- An EpiPen[®] accidentally given, is not a cause for concern as outlined by the Canadian Paediatric Society: “In young patients serious adverse effects of epinephrine such as, cardiac arrhythmias and hypertensive crises are extremely rare, and the life-saving benefit of injecting epinephrine in cases of suspected anaphylaxis out-weighs any small risk of side effects.”¹
- If in doubt, always administer epinephrine.
- If it was determined that it was not an anaphylactic reaction and the EpiPen[®] was given, the effects of epinephrine are increased heart rate, nervousness, sweating, nausea/vomiting, headache and dizziness.

¹ Canadian Paediatric Society Position Statement, 1994, Page 338

In Summary

- Do not delay in providing emergency procedures by trying to contact parents. Parents must be contacted after emergency treatment.
- Never assume that other people are up to date or know about anaphylaxis.
- Be aware and able to recognize the symptoms of anaphylaxis and know how, when and where to give the EpiPen®.
- Practise with the EpiPen® Trainer on a regular basis! PLEASE NOTE it is the responsibility of the school to ensure that proper training is provided on correct use of the EpiPen®
- Be prepared and plan ahead!

SECTION 2

Sabrina's Law Bill 3

An Act to protect
anaphylactic pupils



CHAPTER 7

An Act to protect anaphylactic pupils

Assented to June 13, 2005

Her Majesty, by and with the advice and consent of the Legislative Assembly of the Province of Ontario, enacts as follows:

Definitions

1. (1) In this Act,

“anaphylaxis” means a severe systemic allergic reaction which can be fatal, resulting in circulatory collapse or shock, and “anaphylactic” has a corresponding meaning; (“anaphylaxie”, “anaphylactique”)

“board” means a district school board or a school authority; (“conseil”)

“consent” means consent given by an individual with the capacity to provide consent to treatment for the purposes of the *Health Care Consent Act, 1996*; (“consentement”)

“employee” means an employee of a board who regularly works at the school, in the case of a school operated by the board. (“employé”)

Expressions related to education

(2) Expressions in this Act related to education have the same meaning as in the *Education Act*, unless the context requires otherwise.

Establishment of policy

2. (1) Every board shall establish and maintain an anaphylactic policy in accordance with this section.

Contents of anaphylactic policy

(2) The anaphylactic policy shall include the following:

1. Strategies that reduce the risk of exposure to anaphylactic causative agents in classrooms and common school areas.

2. A communication plan for the dissemination of information on life-threatening allergies to parents, pupils and employees.
3. Regular training on dealing with life-threatening allergies for all employees and others who are in direct contact with pupils on a regular basis.
4. A requirement that every school principal develop an individual plan for each pupil who has an anaphylactic allergy.
5. A requirement that every school principal ensure that, upon registration, parents, guardians and pupils shall be asked to supply information on life-threatening allergies.
6. A requirement that every school principal maintain a file for each anaphylactic pupil of current treatment and other information, including a copy of any prescriptions and instructions from the pupil's physician or nurse and a current emergency contact list.

Contents of individual plan

(3) An individual plan for a pupil with an anaphylactic allergy shall be consistent with the board's policy and shall include:

1. Details informing employees and others who are in direct contact with the pupil on a regular basis of the type of allergy, monitoring and avoidance strategies and appropriate treatment.
2. A readily accessible emergency procedure for the pupil, including emergency contact information.
3. Storage for epinephrine auto-injectors, where necessary.

Administration of medication

3. (1) Employees may be preauthorized to administer medication or supervise a pupil while he or she takes medication in response to an anaphylactic reaction, if the school has up-to-date treatment information and the consent of the parent, guardian or pupil, as applicable.

Obligation to keep school informed

(2) It is the obligation of the pupil's parent or guardian and the pupil to ensure that the information in the pupil's file is kept up-to-date with the medication that the pupil is taking.

Emergency administration of medication

(3) If an employee has reason to believe that a pupil is experiencing an anaphylactic reaction, the employee may administer an epinephrine auto-injector or other medication prescribed to the pupil for the treatment of an anaphylactic reaction, even if there is no preauthorization to do so under subsection (1).

Immunity

(4) No action for damages shall be instituted respecting any act done in good faith or for any neglect or default in good faith in response to an anaphylactic reaction in accordance with this Act, unless the damages are the result of an employee's gross negligence.

Common law preserved

(5) This section does not affect or in any way interfere with the duties any person may have under common law.

Commencement

4. This Act comes into force on January 1, 2006.

Short title

5. The short title of this Act is *Sabrina's Law, 2005*.

As downloaded from:

www.e-laws.gov.on.ca/DBLaws/Source/Statutes/English/2005/S05007_e.htm

SECTION 3

Video: Life Threatening Food Allergies and You



To order your copy of “Taking Control Life Threatening Food Allergies and You” video or DVD, please visit the MediaWorks website:

http://mediaworkstudio.tripod.com/about_volume1.htm

SECTION 4

EpiPen® Trainer



To purchase your own EpiPen® trainer download an order form from the AAIA website:

www.aaia.ca/ENGLISH/Main_Pages/Resources.htm#Edresources

SECTION 5

Anaphylaxis: A Handbook for School Boards

**(From the Canadian School
Boards Association)**



To download a copy of “Anaphylaxis: A Handbook for School Boards, please visit the Canadian School Board Association website at:

www.cdnsba.org/publications/anaphylaxis.php

SECTION 6

Nutrition Matters Newsletters





NutritionMatters

Nutrition Services | Health Services Department

PEANUT/NUT SAFE ENVIRONMENTS

Why has my child asked me to avoid sending peanut and/or nut products for lunches and snacks?

Most likely, there are children in the school, daycare or camp who have a peanut/nut allergy. Peanut/nut allergies can be severe and may be fatal. Even tiny amounts of peanut/nut particles or residue can cause someone with a peanut/nut allergy to have a strong reaction. Without treatment, this person could die within minutes. “Peanut/Nut-Safe” environments can only be achieved when everyone is committed. That’s why your help and cooperation are very important.

Why am I being asked to avoid sending both peanuts and nuts?

Peanuts are *not* the same as other nuts because they are actually members of the legume family. Other nuts such as walnuts, cashews, almonds, etc., are “tree” nuts. However, one third of children with peanut allergies have a “tree nut” allergy as well¹. Also, peanuts are often processed in facilities which pack “tree nuts”, so there is a risk that “tree nuts” may carry some peanut protein residue on them. Some children are so sensitive to peanuts, that even this small amount may present a problem for them.

What do I do?

The most important thing you can do is to avoid sending any foods from home that may contain peanuts and/or nuts. Check the ingredient list for **peanut oil, peanut butter, peanut sauce, peanut flour, peanut meal, mixed nuts, ground nuts, goober nuts, goober peas, artificial nuts and mandalona nuts**. There are many hidden sources of peanuts/nuts in foods. Some examples include cookies, chocolate, granola bars, some cereal bars, and some vegetable oils and shortening.

How do I know if a food contains peanuts or nuts?

- ✓ Read the labels to see if peanuts/nuts are present.
- ✓ Check the list of ingredients **each time** you buy a product. Remember, ingredients may change.
- ✓ Look for “may contain peanuts/nuts” on the label.
- ✓ Try to avoid products that do not carry a list of ingredients.
- ✓ Imported, non-Canadian products have different labeling requirements, so read the label carefully when choosing these products.

¹Weisnagel, J. www.allerg.qc.ca/peanutallergy.htm, 1998

What does it mean when the label says “may contain peanuts”?

The food industry is allowed to voluntarily label products with the statement “may contain nuts” if they cannot guarantee that the food they are producing is free of peanuts and/or nuts. Usually they cannot guarantee this, because peanuts and/or nuts are being used in the same machine as foods which were produced with no peanuts and/or nuts. This can result in contamination with peanut and/or nut residue or even small particles.

Note: The presence of foods labeled with “may contain” in a classroom would only be a concern when there is a potential that allergic children would actually eat these foods. For example, in the early grades where snacks are provided to the whole class.

Avoiding peanuts is not enough!

Avoiding peanuts and/or nuts is not enough for anyone who has a peanut and/or nut allergy. Even tiny amounts of peanut and/or nut residue on containers, utensils, jam jars, cutting boards and counter tops can be harmful and even fatal. **The table or desk where a peanut and/or nut lunch or snack has been eaten should always be washed with soap and hot water.**

My child enjoys peanut butter sandwiches. What do I make for lunch?

Here are some easy to make “Peanut and/or Nut-Safe” lunch and snack ideas! The key to a balanced lunch is to include three out of the four food groups listed in Canada’s Food Guide to Healthy Eating.

Mix and match from the following lists to make lunch and snack choices.

Grain Products	Vegetables and Fruit	Milk Products	Meat and Alternatives	Combination Foods
bread/ bagels/rolls/buns/ pita bread	fresh fruit/ fruit juices/canned fruit	2% or 1% milk (white or chocolate)	meats/chicken/ fish	macaroni and cheese/ pasta with sauce
rice/noodles/ pasta	raw vegetables/ vegetable juice	yogurt/milk pudding	deli meats	pizza
crackers/ breadsticks	coleslaw/ potato salad/green salad	cheese/cream cheese/cottage cheese	tofu/beans/ lentils/baked beans*	chili*/soups
English muffins	cooked vegetables	cream soups (made with milk)	canned tuna/salmon	beef stew

*part of the legume family or may contain legumes

For more information contact:

Allergy Asthma Information Association @ 1-888-250-2298 or visit their website @ www.cadvision.com/allergy

Adapted from materials produced by Nutritionists in the Halton Regional Health Dept. and Toronto Public Health, North York Office and private practice dietitian—Lynn Roblin. Produced and distributed by Nutrition Services, York Region Health Services Department, January, 2001. May be reproduced, provided source is acknowledged. For more information call a Public Health Dietitian at Health Connection, at 1-800-361-5653.





Fundraising With Food

Raising money presents a constant challenge for schools and clubs. When healthy food choices are used as fundraising items the healthy eating message that we are all actively promoting is reinforced.

SCHOOL FOOD DAYS

Offer balanced meals on school food days by including milk, fruit juice or a piece of fruit.

Pizza Days *Best Choice* ✓

- no extra cheese, ham instead of pepperoni or bacon; load up on veggies, and offer fruit juice.

Sub Sandwiches *Best Choice* ✓

- whole wheat buns, plenty of vegetables, limited mayonnaise and special sauce; choose ham, turkey or roast beef most often.
Serve with milk.

Soups *Best Choice* ✓

- vegetable soups with lots of vegetables for fibre, black/kidney beans for protein, pasta or rice for extra grains, cream soups made with milk; serve with whole wheat rolls.

A word about hotdogs...all meat-based hotdogs are high in fat, sodium and nitrates, and the protein level is low, making hotdogs a poor nutritional choice for fundraisers.

HEALTHY SNACK STANDS

Food items sold during lunch as fundraisers should reinforce healthy eating messages.

BEYOND CHOCOLATE

Traditionally, school fundraisers targeted to the community have been chocolate bars and other processed foods. Check out companies in your community that may be interested in having their healthy products (eg, specialty shaped pasta) used for fundraising. Try a few of these healthy, successful products:

- cheese
- boxes/baskets of citrus fruits or apples
- muffin/cookie batters
- gift baskets of fruit/cheese and preserves

A word about allergies... if there are children in your school or club who have life-threatening food allergies (eg, peanuts), avoid using food products containing those allergens as fundraisers.

Adapted from materials produced by Public Health Dietitians/Nutritionists in Ontario. Produced and distributed by Nutrition Services, York Region Health Services, July 2002. May be reproduced provided source is acknowledged. For more information contact a Public Health Dietitian at Health Connection, at 1-800-361-5653.

SECTION 7

Products & Services Catalogues

Allergy/Asthma Information Association & Anaphylaxis Canada



To access services and catalogues from these two associations please visit their websites:

www.aaia.ca

www.anaphylaxis.org

SECTION 8

Additional Resources:

**Medic Alert Information
York Region Fact Sheets (4)**





To receive brochures and information available from Medic Alert visit their website: www.medicalert.ca



Allergy and Anaphylaxis Resource List

1. York Region Health Services Health Connection

Tel: 1-800-361-5653
Fax: 905-762-2955

An Anaphylaxis Resource Kit was developed in partnership with the York Catholic District School Board, the York Region District School Board and the School Team of York Region Health Services. The purpose of the resource is to provide a comprehensive, hands-on teaching package for school administrators and staff to educate the entire school community. It can be used to raise awareness of the causes of anaphylaxis and how to deal with this life threatening condition.

2. Canadian School Boards Association

130 Slater Street, Suite 350
Ottawa, Ontario
K1P 6E2
Tel: 613-235-3724
Fax: 613-238-8434
e-mail: admin@cdnsba.org
website: www.cdnsba.org

The Canadian School Boards Association has revised their handbook, Anaphylaxis: A Handbook for School Boards. CSBA worked closely with an advisory group of health and legal professionals and other stakeholders, as well as school administrators and school personnel to produce an up-to-date, comprehensive tool for school boards.

3. National Anaphylaxis Advisory Committee of the Allergy Asthma Information Association

AAIA National Advisory Committee
c/o AAIA Atlantic
20 South Road
Doaktown, New Brunswick
E9C 1G1
Tel: 506-365-4501

The National Advisory Committee has prepared an Anaphylaxis Reference Kit, including speakers notes and overheads, as a teaching tool to help educators and to inform about anaphylaxis and the procedures that should be followed to protect individuals with anaphylaxis.



4. **Anaphylaxis Canada**

416 Moore Ave. Suite 306
Ontario, Canada
M4G 1C9
Tel: 416-785-5666
1-888-ANA-PHYL-AXIS
Fax: 416-785-0458
e-mail: info@anaphylaxis.ca
website: www.anaphylaxis.org and www.gosafe.ca

Anaphylaxis Canada maintains an extensive website with links to many information sources, articles, and other sites of interest. The network also has an extensive list of publications, audio tapes, video tapes, and supplies for adults and children.

5. **Allergy Asthma Information Association**

(National Office)
P.O. Box 100
Etobicoke, Ontario
M9W 5K9
Tel: 416-679-9521
Fax: 416-679-9524
e-mail: national@aaia.ca
website: www.aaia.ca

6. **The Food Allergy and Anaphylaxis Network**

10400 Eaton Place, Suite 107
Fairfax, VA, USA 22030-2208
Tel: 703-691-3179
Fax: 703-691-2713
website: www.foodallergy.org/

Food Allergy and Anaphylaxis Network is an American organization with an extensive education and publication program. In addition to its main web page, it maintains web pages for kids and teens.

7. **Canadian Medic Alert Foundation**

2005 Sheppard Ave. E.
Suite 800
Toronto, Ontario
M2J 504
website: www.medicalert.ca

Canadian MedicAlert Foundation is Canada's leading medical information service, serving more than one million Canadians, including over 100,000 children and teens.

Adapted with permission from the Canadian School Boards Association: [Anaphylaxis: A Handbook for School Boards](#), September, 2001.



Anaphylactic Checklist for Schools

There are 3 key categories to consider in providing a safe environment for anaphylactic students:

- Information and awareness for the entire school community
- Avoidance of the allergen
- Emergency response procedures in case of accidental exposure

Information and Awareness

Identification of the individual anaphylactic student and a school-wide understanding of procedures to prevent exposure and treat an emergency are **imperative**

- Identify anaphylactic students to all school staff; a photo of the child and symptoms of the child's reaction, including emergency response plan, should be known and posted in the student's classroom and the school's staff room
- Maintain a current file with up-to-date medical information and treatment protocol, signed by the child's physician
- Provide in-service for teachers and non-teaching school staff, bus drivers, and volunteers in:
 - Anaphylaxis prevention
 - Recognition and management
 - School policy
 - Use of the auto-injectors and where they are located
- Include auto-injector training in all first aid courses provided to staff
- Share information with, and ask for co-operation from, other students, parents, and parent organizations
- Maintain open communication between parents and the school:
 - Parents should alert the school to their child's anaphylaxis/ allergies **every year**
 - Ensure parents have provided school with two up-to-date EpiPens® and a consent (signed form) for school staff to administer medication



Avoidance

Protecting anaphylactic students from exposure to life-threatening substances creates a major challenge to schools. Policies and procedures may vary depending on the age of the child, the organization and physical layout of the school, and the properties of the allergen itself.

- Provide allergen-free areas (**allergens** are any substance or condition, such as foods, medications, insect stings, latex or exercise, that can bring on an allergic reaction or a severe, life threatening, allergic reaction, known as anaphylaxis)
- Establish safe lunchroom and eating area procedures, including cleaning and hand-washing routines
- Avoid allergens hidden in school activities (play dough, stuffed toys, pet foods, etc.)
- Take special precautions around holidays and special celebrations, along with attempts to plan activities that are not food-oriented
- Establish policies for school bus safety
- Take special precautions in planning field trips and extra-curricular events

Emergency Response

When accidental exposure triggers an anaphylactic reaction, there is **no time to waste**. The school should establish a **separate emergency plan for each student**, in co-operation with parents, the child's physician and the public health nurse. This emergency plan should be in place, whether the student is at school, on the school bus, or on a field trip. For example:

- Follow this procedure as quickly as possible:
 - **Administer EpiPen® (epinephrine)**
 - **Call 9-1-1 for ambulance**
 - **Contact family members**

A Shared Responsibility

As the occurrence of serious allergies continues to increase, a growing number of schools are entering a partnership with parents and health professionals to protect anaphylactic children from potential tragedy. The **cooperation** of the entire school community is essential for the **safety** of anaphylactic children.

Adapted with permission from the Canadian School Boards Association: [Anaphylaxis: A Handbook for School Boards](#), September 2001.

Anaphylaxis Alert

What is Anaphylaxis?

It is a severe, life threatening allergic reaction that, if not treated, can very quickly lead to death.

Signs and Symptoms

- Tingling in mouth
- Swelling of the eyes, lips, face, tongue
- Hives, itching
- Flushing of the face and body
- Vomiting, upset stomach, diarrhea
- Tightness in throat, mouth, chest
- Difficulty breathing, wheezing, swallowing
- Coughing, choking, change in voice
- Weakness, unsteadiness, dizziness, feeling faint
- Cold clammy skin
- Sense of fear or doom, panic
- Loss of consciousness

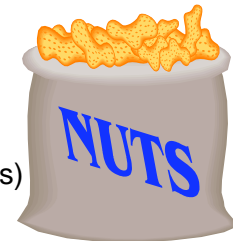
What are the causes?

Peanuts (including peanut butter) are a legume that is the leading cause of anaphylaxis.

Even a trace amount can trigger a reaction and sometimes death!

Other causes are:

- Shellfish (shrimp, lobster)
- Fish
- Tree nuts & their products (almonds, brazil nuts, macadamias, hazelnuts, filberts, pine nuts, pistachios, cashews, pecans, walnuts)
- Eggs
- Milk
- Soy
- Wheat
- Sesame seeds
- Sulphites
- Other legumes (chickpeas, pinto beans, soybeans, kidney beans)
- Latex (band-aids, balloons, gloves, etc.)
- Insects (honey bees, yellow jackets, hornets and wasps)
- Vigorous Exercise
- Medications (penicillin, aspirin, etc.)
- Perfumes





All of the above are called **allergens**. They are any substance or condition that can bring on an allergic reaction or a severe, life threatening, allergic reaction known as anaphylaxis.

Prevention

Reactions to the above allergens can be life threatening, but avoiding contact with the allergic food, substance or insect can prevent allergic reactions. Unfortunately, contact with a food allergen is often caused by cross-contamination.

What is cross-contamination of food?

Cross-contamination is when a safe food comes into contact with an allergen. This causes the safe food to be unsafe.

How can cross-contamination occur?

Cross-contamination occurs anytime one food comes in contact with another food or surface.

Guidelines to help avoid cross-contamination:

- Always check the oil in which foods are cooked. Peanut oil must be avoided if you have a peanut allergy, while those with a fish allergy will have to ensure that foods such as french fries are not cooked in the same oil in which fish was cooked
- When using mayonnaise or other spreads, ensure that the knife and/or spoon used to spread a filling such as egg, tuna or salmon is not put back into the jar as this will contaminate the mayonnaise
- Never dip a knife into jam after it was used to spread peanut butter
- When serving cookies or sandwiches, use different serving trays or plates for each type. For example, traces of egg, fish or peanut butter will contaminate other sandwiches on a plate
- When serving ice cream, use a different scoop for each type of ice cream, as small amounts of nuts are left on the scoop and spread to "safe" ice cream
- Avoid foods served as a buffet in restaurants, as the ingredients are usually not known and the same serving spoon may be used for more than one dish. Also avoid casseroles and dishes with mixed ingredients
- Be careful in donut shops that display donuts on metal racks, as small amounts of coconut and nuts may fall from one donut to another

- Never eat any food that has been touched by a food to which you are allergic. For example, removing peanuts from a sundae **does not** make it safe to eat
- Never eat unwrapped candy from coin-operated vending machines. Previously, the machine may have contained a food to which you are allergic, such as peanuts. Also the ingredients may not be listed on the vending machines
- Always use clean utensils for each type of food you are preparing and serving. Traces of food may be left on cutting boards, counters, knives, serving spoons, dish clothes, towels and **even hands** and may **unknowingly** be spread to other foods
- Ensure that the foods to which you are allergic are not cooked on the same grill as the food you are going to eat. The grill and utensils need to be cleaned before use
- Be careful of "the kiss". Avoid kissing a child if you have just eaten a food to which the child is allergic

Cross-contamination at the grocery store:

- Use caution with bulk food bins, as there may be cross-contamination. Also, the scoop may have been used in more than one bin and may be contaminated with traces of other foods. For example, chocolate covered peanuts may easily drop into the chocolate covered raisins
- Be aware of speciality coffees and the machines used to grind the coffee beans. Traces of the food you are allergic to may end up in your coffee! Almond Amaretto coffee beans are flavoured with either real almonds or artificial flavouring, and if you are allergic to almonds, you may have a reaction. The same holds true for hazelnut, mocha, and others
- In the deli section, automatic bread, cheese and meat slicers may contain traces of the foods to which you are allergic (e.g., a fruit and nut loaf may have been sliced before your bread)
- Check to see if fish and meats are stored at the same deli-counter. Fluids from fish may have leaked and contaminated the meats. This may also happen at the grocery check-out if the previous person's groceries included fish

Remember...when in doubt...throw it out!

- If you suspect there has been cross-contamination of an allergen with any foods you have bought, throw it out

When travelling:

- Always take your own food with you on a plane, train, bus, or ferry. When making airline reservations, inform the company of your allergy and ask that they not serve that food while you are travelling

What to do if you have life-threatening allergies

- Be aware of the causes of anaphylaxis
- Always carry an EpiPen® and know how to use it
- Wear a medic alert bracelet at all times
- Teach others (ie. family, friends, teachers, babysitters, etc.) of anaphylaxis and allergies and of an emergency response plan
- Keep medication which could cause anaphylaxis out of the house
- For those individuals allergic to latex, avoid latex supplies such as surgical gloves, dental supplies, condoms, erasers, balloons, carpet backing, band-aids, etc
- Often people with latex allergies, can react to specific foods such as bananas, kiwis and avocados
- People who experience any anaphylactic reactions must be properly diagnosed and tested by an **allergist** to determine the severity of the allergy and have a **plan of care** in place for each unique individual

Insect sting alert

If the allergy is to insect stings, there is venom immunotherapy that can be given by an allergist that offers approximately 98% protection against anaphylactic reactions to insect stings.

Steps to avoid insect stings:

- Refrain from use of perfumes, hairsprays or other cosmetics
- Wear dark clothing, as insects are attracted to bright or shiny colours
- Do not wear loose clothing in which insects may become trapped
- Open all vehicle windows if a bee or wasp hitches a ride
- Properly cover foods kept outside (especially high sugar foods)
- Never drink from open soft drink cans that have been left outside
- Do not touch objects without looking to see whether there is an insect on or in them
- Keep area around garbage cans clean and occasionally spray them with insecticide
- Rinse food jars and cans before putting in recycling container
- Avoid walking barefoot
- Do not idly kick rotting logs or bushes that are unfamiliar to you
- Grow garden plants that do not attract stinging insects
- Avoid swatting the insect, gently blow it away, **stay calm!**
- Avoid insect nests or have them removed by a professional exterminator or by someone who is not insect sensitive



Adapted with permission from the Canadian School Boards Association: Anaphylaxis: A Handbook for School Boards, September 2001.



Anaphylaxis Emergency Response Plan

ACTION:

- If there is ANY suspicion that a student has symptoms of an anaphylactic reaction:
 1. **Administer EpiPen® (epinephrine)**
 2. **Call 9-1-1 for Ambulance**
 3. **Contact Family Members**
- DO NOT WAIT – People have died as a result of delayed administration!
 - TO INJECT EpiPen®:
 1. Pull off grey safety cap.
 2. Jab black tip into outer thigh until unit activates and a click will be heard. This may be done through the student's clothing, if necessary.
 3. Hold EpiPen® in place for 10 seconds. Record time EpiPen® was given.

(The used EpiPen® should be sent to the hospital with the student).
 - If in **doubt, always** administer epinephrine. There is no risk to the student if EpiPen® is given accidentally
- If the ambulance has not arrived in 10 to 20 minutes and there are recurring, life-threatening symptoms (such as difficulty breathing) or no relief, administer a second EpiPen®
- Always take the student to the hospital, even if symptoms seem to go away after the first injection. There may be a delayed reaction and the student needs to be observed at the hospital for 4 to 8 hours
- If possible, have a school staff member accompany the student to the hospital

Bibliography

AAIA National Anaphylaxis Committee. Anaphylaxis Reference Kit. Doaktown, New Brunswick, 1999.

Canadian Paediatric Society Position Statement, 1994, Page 338.

Curran, Kimberly. "Taking Control – Life Threatening Food Allergies and You". Cobourg, Ontario, Media Works, 2003.

Dunning, Paula. Anaphylaxis: A Handbook for School Boards. Ottawa, Canadian School Boards Association, 2001.

Jethalal, Bhiku. "Tragedy in the Shape of a Peanut". Toronto, Toronto Star, 1994.

Ottawa Public Health. Anaphylaxis Prevention PowerPoint Presentation, July 2005.

Sabrina's Law, S.O. 2005, C.7.