Anaphylaxis / Life-threatening Allergies

HANDBOOK

POLICIES, PROCEDURES
AND GUIDELINES FOR SCHOOLS

FEBRUARY 2009
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## REFERENCE DOCUMENTS

**FORMS**
- Student Information Form (school form)
- Medical Alert Info & Care Plan (Allergies/Anaphylaxis)
- Anaphylaxis Emergency Guide / Guidelines / 911 Protocol (3 pages)
- Allergen Alert Stop Sign
- Be Safe Poster

**SAMPLE LETTERS / NEWSLETTERS / INSERTS**
- Strategies-Anaphylaxis (includes sample letter to parent/guardian)
- Halloween Nut Message
SCHOOL DISTRICT INFORMATION & CONTACT
♦ Board Policy No. 9610 – Treatment of Students with Medical Problems
♦ Board Policy No. 9601 – Treatment of Students with a Known Risk of Anaphylaxis/Life-threatening Allergies
♦ The Manager, Safe Schools (604-599-7429) can provide advice and publications

Note: The above documents may be viewed and downloaded from http://www.sd36.bc.ca/Board/Policies/section9000.html

ADDITIONAL INFORMATION AND WEBSITES
♦ Fraser Health Newsletter Inserts – www.fraserhealth.ca (school health\health topics)
♦ Allergy/Asthma Information Association. www.aaia.ca
♦ Canadian MedicAlert Foundation. www.medicalert.ca
INTRODUCTION

The Anaphylaxis Handbook has been created based on the Surrey School District policy and regulation for the treatment of anaphylaxis / life threatening allergies (www.sd36.bc.ca/Board/Policies/). It contains procedures, guidelines, forms, and reference documents to reduce preventable, serious reactions and deaths due to anaphylaxis / life-threatening allergies in schools.

Policy # 9601 and Regulation # 9601.1

For treatment of students with a known risk of anaphylaxis / life-threatening allergies.

The Board is committed to providing a level of care that will ensure the safety and well-being of students with a known risk of anaphylaxis/life-threatening allergies. Given the severe consequences of anaphylaxis, effective training, management and response is very important. It is necessary for parents/guardians, school administrators, staff, students and others to share in these responsibilities, to provide a safe environment in schools along with prompt appropriate response to any crisis that may develop.

While it is impossible to completely eliminate all potential allergens from the school environment, strategies to minimize risk, including identification of individuals at-risk, recognition of symptoms, potential triggers and regulations around emergency response (Anaphylaxis Emergency Plan) are essential to set standards and provide for consistency among all schools and for all students. It should be noted that any food, non-food item (i.e. plant, latex, etc.) or scent could trigger an anaphylactic reaction.

The Board expects all staff will be provided training, as appropriate, to recognize symptoms and respond effectively.

1.0 OBJECTIVE

To provide anaphylaxis policies, procedures and guidelines to reduce preventable, serious reactions and deaths due to anaphylaxis / life-threatening allergies in schools.

2.0 DEFINITIONS, SYMPTOMS AND EMERGENCY TREATMENT

Anaphylaxis (an-‘uh-fuh’-lak-sis) is a sudden and potentially fatal allergic reaction, requiring immediate medical emergency measures be taken.

A severe allergic reaction usually occurs within seconds or minutes of exposure to the allergen. Even a microscopic amount of the allergen can cause a reaction but immediate intervention can prevent possible death. 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 person.

A conservative estimate is that one in fifty Canadians suffers from extreme life-threatening allergies to certain foods, scents, medications, insect stings, or non-food materials such as latex, or to vigorous exercise. For them, exposure to even a minute amount of the substance to which they are allergic can trigger an anaphylactic reaction. Although peanuts and peanut/nut products are the most common foods to cause anaphylaxis, tree nuts, shellfish, fish, eggs, sulphites, milk, sesame seeds, insect venom (bees, wasps, etc.), medications or any other food can cause this dangerous condition. In recent years, anaphylaxis has increased dramatically among children and adolescents. It is estimated that between 2-4% of school-aged children are at risk of anaphylactic reactions to foods.

Anaphylactic reactions occur when the body’s sensitized immune system overreacts in response to the presence of a particular allergen. Anaphylaxis affects multiple body
systems, including skin, upper and lower respiratory, gastrointestinal, and cardiovascular.

**Symptoms** may include any of the following, which may appear alone or in any combination, regardless of the triggering allergen:

- itchy eyes, nose, face, body
- flushing/redness/warmth of face and body
- swelling of eyes, face, lips, tongue and throat (throat tightness), trouble swallowing
- nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing
- cough, hoarse voice, inability to breathe
- hives/rash
- headache, nausea, pain/cramps, vomiting, diarrhoea, uterine cramps in females
- wheezing, shortness of breath, chest pain/tightness
- anxiety, a feeling of foreboding, fear, and apprehension
- weakness and dizziness/light-headedness, pale blue colour, weak pulse, shock
- loss of consciousness, coma

The most dangerous symptoms of an allergic reaction involve:

- breathing difficulties caused by swelling of the airways
- a drop in blood pressure indicated by dizziness

**Epinephrine (EpiPen® auto-injector)**

The recommended emergency treatment for a student suffering an anaphylactic reaction is the administration of epinephrine (adrenaline) by an auto-injector (i.e., EpiPen®. The person affected must then be rushed to hospital to receive further medical attention, even if the symptoms decrease with the administration of the epinephrine.

The epinephrine can be easily and safely administered with this device by non-medical personnel with minimal training. EpiPens® can be safely transported, are easy to administer, and, since the needle is hidden, can be managed by even the most squeamish. A single injection of the auto-injector may not be sufficient to stop an anaphylactic reaction but will normally give the sufferer 10 to 20 minutes of relief--often sufficient time to reach an emergency room. It is recommended that people with severe allergies have at least two auto-injectors available to them at all times, with at least one always carried on their body.

The greatest risk of exposure is in new situations, or when normal daily routines are interrupted, such as birthday parties, camping or school trips. Young students are at greatest risk of accidental exposure, but many allergists believe that more deaths occur among teenagers due to their increased independence, peer pressure, and reluctance to carry medication.

There is a need to ensure the safety of students who suffer from extreme allergies and empower school administrators to respond to their needs consistently but at the same time recognize individual differences from case to case. The following procedure is intended to achieve this end.
3.0 **IDENTIFICATION OF INDIVIDUALS AT-RISK**

Because of the unpredictability of reactions, early symptoms should never be ignored, especially if the person has suffered an anaphylactic reaction in the past. Since it is not always possible to identify a child at-risk of anaphylaxis in advance, and because there is recognition that anaphylaxis, asthma and severe allergies are intertwined, it is prudent for school communities to recognize and be prepared to respond to an anaphylactic event, should it occur. (Refer to Appendix A)

4.0 **OVERVIEW**

4.1 **Three A’s of Anaphylaxis**

Management of this medical condition should follow the three A’s of anaphylaxis:

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<th>AWARENESS</th>
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<td>Awareness</td>
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**Awareness**
- The anaphylactic child must be identified to those who have day-to-day contact.
- Information must be provided on which allergens can cause the reaction.
- A treatment protocol must be in place and understood by those responsible.
- This is an opportunity for students to be taught about the challenges others face and learn understanding, tolerance and accommodation.

**Avoidance**
- Avoidance is the key to preventing anaphylaxis.
- It is impossible to completely eliminate all potential allergens from the school environment. Children with allergies need to be vigilant. Strategies to **minimize risk** include the following:
  a. In cooperation with the other students and their parents designate the child’s classroom/lunchroom “allergen aware”.
  b. Encourage good habits of hand washing before and after eating, and clean up after eating.
  c. Where possible, and in coordination with the parent of the anaphylactic child, arrange for hot lunch, sports days and other food-related occasions to provide allergen-free foods.
- As the student matures and enters the secondary school level the student assumes more responsibility for his or her allergy management.

**Action**
- Know how to recognize the symptoms of an anaphylactic reaction and the protocol to follow. **This knowledge is critically important as it can be life saving.**
- Know where the child’s *EpiPens* (adrenalin auto-injector) are located.
- Know how to administer the *EpiPen* at first sign of a reaction (even if the child is capable of self-administering, the severity of symptoms and the stress of the situation require an adult’s help). Ask the school nurse to provide training.
- Arrange immediate transport to the hospital and possible re-administration of another *EpiPen* after 15 minutes.

**There is no danger in reacting too quickly!**
The above outline of the Three “A’s” and the need for shared responsibility is a brief introduction to the issues surrounding anaphylaxis. Additional information is available and should be referred to when there is an anaphylactic student at your school.

5.0 PROCEDURES

♦ Creating an Allergen-Aware School Environment
♦ Roles and Responsibilities
♦ Communication Plan

5.1 Creating an Allergen-Safe School Environment

Elementary

While parents may ask that peanuts and peanut products (or other allergens) be banned from the school as part of a prevention plan, such a request cannot be reliably implemented. There is no legal responsibility in any jurisdiction to reduce the risk of exposure to allergens to zero; the Board cannot assume responsibility for providing a ‘peanut-free’ (or other allergen-free) environment.

We live in a world that is contaminated with potential allergens. Anaphylactic students must learn to avoid specific triggers (see Appendix A). While the key responsibility lies with anaphylactic individuals and their family, in the case of a young anaphylactic student, the school community must also be aware. The approach is to regularly educate the parent community and solicit the co-operation of families, and to set in place procedures that are designed to safeguard the anaphylactic student.

In classrooms of anaphylactic students, special care is taken to avoid allergens. Parents must consult staff before supplying food, toys, balloons, or craft materials to these classrooms. Lists of packaged ‘safe’ food and latex free toys and craft materials can be made available, which can be distributed to the teachers and to the parents of classmates of anaphylactic students.

Note: Lists should be used as guidelines and should highlight the need to always read labels.

In short, the risk of accidental exposure to an allergen can be significantly reduced, although it can never be completely removed.

Given that anaphylaxis can be triggered by minute amounts of allergen, food anaphylactic students 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.
♦ wash hands before eating.
♦ do not share food, utensils, or containers.
♦ wipe off the desk table area with handiwipe to ensure a clean food space.
♦ place food on a napkin or waxed paper rather than in direct contact with a desk or table.
♦ do not leave food unattended.
Secondary

Procedures must be developed that take into consideration the age, maturity and responsibility level of anaphylactic students. Secondary students may possess the necessary level of maturity and responsibility to monitor their environment for allergens.

An increased vigilance is needed in secondary settings and for secondary school age students as they travel further, as they are extremely vulnerable to peer influences, and as they may, at this stage of their development, deny their vulnerability. Secondary schools should follow guidelines as outlined in the administrative procedures. The secondary students with a risk of anaphylaxis should carry the epinephrine at all times. Secondary school staff should:

- ensure cafeteria staff are aware of anaphylactic students and are educated about anaphylaxis, i.e. foods with allergens that could be served or found in the school cafeteria; cross contamination with food handling; labels on packaged foods;
- ensure cafeteria staff wear latex-free gloves when preparing food;
- consider arranging presentation of information on allergy and anaphylaxis through the vehicle of an academic program or through school assemblies

**Note: While an individual may know how to self-administer epinephrine, he/she will not be capable of doing so during a reaction due to anxiety and distress.**

5.2 Roles and Responsibilities

Children with anaphylaxis live with a level of stress most of us cannot imagine. Their safety depends on the shared responsibility of:

- Anaphylactic student and his/her parents
- School Administrators and Staff
- Others students, parents, parent groups, coaches, etc.
- Public Health Nurse

The safety of anaphylactic students in a school setting is assisted by the cooperation of the entire school community. To minimize risk of exposure, and to ensure rapid response to an emergency, parents, students and school personnel must all understand and fulfill their responsibilities. Given the severe consequences of anaphylaxis, it is very important for all parties to accept their responsibilities to strive to provide a safe environment in schools and prompt appropriate response to any crisis that may develop.

School Principal

1. Works closely with the parents of an anaphylactic student.

2. Arrange to meet with the parents/guardians of the anaphylactic student to devise/review the emergency protocol for the student, prior to the start of school year or upon admission, to gather medical information related to the condition including: causal factors, severity of allergy, past incidents of anaphylactic reactions, and other health considerations.

3. Ensures that upon registration, parents, guardians and students are asked to supply information on life-threatening allergies, and to complete MEDICAL ALERT INFO & CARE PLAN (Allergies/Anaphylaxis).

4. Maintains a file for each anaphylactic student of current treatment and other information, including a copy of any prescriptions and instructions from the
student’s physician and a current emergency contact list. This file must be kept in a readily accessible location.

5. Develops an individual plan for each student who has an anaphylactic allergy, with signature and approval by parents and a **qualified physician or allergist**. The plan must include the following components:
   - details informing employees and others who are in direct contact with the student on a regular basis of the type of allergy, monitoring and avoidance strategies and appropriate treatment;
   - a readily accessible emergency procedure for the student, including emergency contact information; and
   - proper storage for epinephrine auto-injectors and medication, in a central unlocked location.

6. Develops a communication plan for the dissemination of information on life-threatening allergies to parents, students and employees.

7. Ensures parents provide an auto-injector to designated person(s) immediately. **At least two auto-injectors are suggested, one located with the student and one located in the school office in a known accessible unlocked location.**

8. Requests parent to provide bodypouch/backpack/fannypack for transport of auto-injector with student and Medic Alert® bracelet. (Older students may prefer backpacks.) **It must be documented where in the backpack the auto-injector is located to save time searching.**

9. Ensures maintenance staff are requested to cover/remove garbage containers to reduce the risk of insect-induced anaphylaxis. This applies to any staff/PAC members who are collecting recycling for fund-raising.

10. Requests the school community not bring or send allergens to school.

11. Notifies all appropriate school personnel (student’s teacher(s), educational assistant, TOC’s, office staff, bus driver, lunch supervisor, cafeteria, workers, etc.) of medical alert concern, treatment and established procedure: **MEDICAL ALERT INFO & CARE PLAN (Allergies/Anaphylaxis).**

12. **Ensures there is a standard process to inform TOC’s of any anaphylactic students.**

13. Monitors and reports information about anaphylactic incidents to the board in aggregate form (to include number of at-risk anaphylactic students and number of anaphylactic incidents). Provide an annual inventory of individual student emergency response plans to make certain they are up to date and medication is not expired.

14. Reviews procedures with entire staff each year in September.

15. Develops and maintains a Prevention and Management Plan that is consistent with this document.

16. Designates which staff will carry out emergency procedures and provides them with a copy of **MEDICAL ALERT INFO & CARE PLAN (Allergies/Anaphylaxis).**

17. Ensures that several staff are trained and available to carry out emergency procedures.

18. Posts Student Medical Alert, forms in the staff room and/or school office, and/or Teacher’s Day Book.
19. Arranges for training session(s) for all school personnel (including occasional teachers, secretaries, educational assistants, caretakers, food services staff, bus drivers, and volunteers) on how to recognize and treat anaphylactic reaction, on school procedures to protect anaphylactic students from exposure, and on school protocol for responding to emergencies. This session and ongoing review sessions should also include training in the emergency administration of the auto-injector and administering second dose (within 10 – 15 minutes if symptoms have not improved). Training should take into consideration the age, maturity and responsibility-level of anaphylactic students.

20. Conducts food safety discussions with all students at beginning of year and at regular intervals throughout the year while exercising sensitivity to impact on affected student’s need for privacy.


22. Works to ensure that the school’s first aid supplies are allergen-free (non-latex gloves, non-latex band aids).

**Teacher**

1. Displays *MEDICAL ALERT INFO & CARE PLAN (Allergies/Anaphylaxis)* and Anaphylaxis Emergency Guide/Guidelines/911 Protocol, in the classroom and staff room for elementary students, with parental approval, when appropriate, based on the age, maturity and responsibility-level of the anaphylactic student(s).

2. Reviews *MEDICAL ALERT INFO & CARE PLAN (Allergies/Anaphylaxis)*, to become aware of likely symptoms and location of EpiPen in secondary schools.

3. Discusses anaphylaxis with the class, in age-appropriate terms.

4. Encourages students not to share lunches or trade snacks.

5. Encourages/organizes celebrations and activities which are not focused on food or if this is not possible choose allergy-free foods for classroom events.

6. Establishes procedures to ensure that the anaphylactic student eats only what he/she brings from home.

7. Reinforces with all students the importance of hand washing before and after eating.

8. Facilitates communication with other parents.


10. Leaves information in an organized, prominent and accessible format for occasional teachers.

11. Ensures that epinephrine and cell phones are taken on field trips.
Parent(s) of an Anaphylactic Child

1. Informs the school of their child’s allergies and completes MEDICAL ALERT INFO & CARE PLAN (Allergies/Anaphylaxis).

2. Ensures that their child’s file is kept up-to-date with the medication the child is taking.

3. Provides a MedicAlert® bracelet for their child.

4. Provides the school with two up-to-date auto-injection kits, clearly labelled with child’s name and prescription details; provides student with a body pouch or fanny pack for carrying at least one auto-injector at all times on their body.

5. Provides appropriate means of transporting auto-injectors and ensures that one is with the student daily when he/she is sent to school (An alternate arrangement may need to be made for very young students or those who have difficulty in managing responsibility.)

6. Reviews the school Prevention and Management Plan with school personnel and provides in-service support and information as requested.

7. Provides their child with safe foods, including for special occasions.

8. Teaches their child:
   ♦ about their allergen and the substances that trigger it;
   ♦ 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 body pouch/backpack/fanny pack;
   ♦ not to share snacks, lunches or drinks and to politely explain why he/she is not sharing;
   ♦ to understand the importance of hand-washing;
   ♦ to cope with teasing and being left out;
   ♦ to report bullying and threats to an adult in authority; and to take as much responsibility as possible for his/her own safety;
   ♦ to carry the proper amount of medication at all times;
   ♦ to avoid harmful insects and to report insect stings;
   ♦ to recognize and avoid toys and supplies containing latex.
   ♦ Consult with allergist on an annual basis to assess if the auto-injector is still required (blood testing recommended).
Anaphylactic Student
Staff must recognize that an anaphylactic student will likely not be able to self-administer during an anaphylactic reaction.

1. Has an age appropriate understanding of his/her allergy and its triggers. Learns how to inform others of the allergy and its consequences.
2. Complies with taking medication as arranged and approved by Principal
3. Takes as much responsibility as possible for avoiding allergens.
4. Takes responsibility for checking food labels and monitoring food intake (older students).
5. Washes hands before and after eating.
6. Takes responsibility for asking for latex-free equipment and supplies where age appropriate.
7. Learns to recognize symptoms of an anaphylactic reaction.
8. Promptly informs an adult, as soon as accidental exposure occurs or symptoms appear.
9. Keeps an auto-injector on their person at all times (where age appropriate).
10. Keeps a backup auto-injector available at all times (where age appropriate).
11. Knows how to use the auto-injector.

Public Health / Nurse
1. Acts in an advisory capacity to Principal and staff in order to collaborate and facilitate access to information, training and other relevant resources.
2. Provides annual training to staff. This may include the option of a “train the trainer” session for the training of other school personnel as appropriate.

All Parents
1. Respond co-operatively to requests from school to eliminate allergens from packed lunches and snacks.
2. Participate in parent information sessions.
3. Encourage students to respect anaphylactic student and school prevention plans.

All Students
1. Learn to recognize symptoms of anaphylactic reactions.
2. Avoid sharing food, especially with anaphylactic students.
3. Follow school rules about keeping allergens out of the classroom and washing hands.
4. Refrain from bullying or teasing a student with a food allergy.
5.3 **Communication Plan**

As part of its communication plan to disseminate information on life-threatening allergies, the Board has prepared sample letters to parents, potential newsletter samples, and additional information for school principals and staff.

Sample letters and newsletters can be found under *Reference Documents* appended to the back of this Handbook.

5.4 **Prevention and Management**

If you have students who are subject to anaphylactic reactions, you must have a Prevention and Management Plan. And if you have a plan, it must contain elements that can and will be executed without fail.

By establishing a plan, you can minimize a child’s exposure to triggering allergens, limit the need to use emergency measures, and avoid trauma to all involved parties.

Before developing your plan, determine what you and your staff are prepared to commit to. Are your expectations realistic? Can you act with consistency? Plans which are unrealistic and cannot be implemented consistently may endanger the student and increase liability to the Board.

**School Prevention and Management Plan**

When the school community recognizes the right of parents to feed their students whatever they choose, but acknowledges the right to life and safety as greater, most families are receptive to procedures which protect the allergic child. Part of the task of working with the community is to help see those relative values. This fulfills part of the school’s duty to provide a safe environment for all students and the school’s responsibility to spread information and create awareness, the first aspect of an anaphylactic policy. The second part is the development of reasonable procedures for avoidance of potentially anaphylactic situations. The third part of a good plan is being able to execute appropriate emergency measures.

Naturally, circumstances will vary greatly from school to school. Your school’s plan should consider the individual needs of students according to:

- age
- maturity
- personal characteristics and competencies
- the severity of the allergy
- self-supervision

A prevention plan may include:

- requiring anaphylactic students to eat only food prepared at home;
- if possible, avoid using the classroom of an anaphylactic student as an eating area;
- creating an allergen-free classroom or allergen-free lunch area for anaphylactic students;
- limiting the sharing of food and utensils and containers;
- increasing attention to the cleanliness of food preparation and eating areas;
- encouraging students to wash their hands before and after eating;
- developing strategies for monitoring allergen-free areas, and for identifying high-risk areas for anaphylactic students;
encouraging the anaphylactic child to make mealtime precautions like:
- placing food on wax paper or a paper napkin rather than directly on the desk or table;
- taking only one item at a time from the lunch bag to prevent other students from touching the food;
- packing up their lunch and leaving it with the lunch supervisor, if it is necessary to leave the room during lunchtime;
- sending letters home or conducting presentations to enlist parent support;
- explaining the dangers to students; and
- controlling the foods served at special events so that only safe foods are provided.

education programs for classmates, schoolmates, parents, cafeteria staff;
request to parents of students in classroom to assist in management of exposure to the allergen;
minimizing the presence of triggering substances in school and school-related activities; and
creating visual reminders (i.e. Anaphylaxis Alert poster from The Anaphylaxis Network of Canada).

A prevention plan should include:
- procedures for record keeping of forms.
- training and in-servicing programs for staff and volunteers;
- distribution of information about anaphylactic shock;
- distribution of lists of allergen containing products (Appendix A);
- developing guidelines to reduce risk in common areas, e.g., computer room, library, gym, music room, lunch room; and
- removing/covering garbage to reduce risk of insect-induced anaphylaxis.
### APPENDICES

#### APPENDIX A

**Anaphylaxis Triggers**
It should be noted that any food or scent could trigger an anaphylactic reaction. Cross-contamination of foods is also a concern.

**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 Guide / Guidelines / 911 Protocol.**

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<thead>
<tr>
<th>Foods which are common sources of anaphylactic reaction:</th>
<th>Other possible sources in prepared foods:</th>
<th>Non-food sources</th>
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<tbody>
<tr>
<td>◆ peanuts/peanut butter/peanut oil: the most prevalent among school students</td>
<td>◆ cookies</td>
<td>◆ Play dough (may contain peanut butter)</td>
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<tr>
<td>◆ tree nuts: hazelnuts, walnuts, pecans, almonds, cashews</td>
<td>◆ cakes</td>
<td>◆ scented crayons and cosmetics</td>
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<tr>
<td>◆ sesame seeds and sesame oil</td>
<td>◆ cereals</td>
<td>◆ peanut-shell stuffing in “bean-bags” and stuffed toys</td>
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<td>◆ cow’s milk and dairy products</td>
<td>◆ granola bars</td>
<td>◆ wild bird seed, sesame</td>
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<td>◆ eggs</td>
<td>◆ candies</td>
<td>◆ insect venom (bees, wasps, hornets, yellow-jackets)</td>
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<td>◆ fish</td>
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<td>◆ rubber latex (e.g., in gloves, or balloons, erasers, rubber spatulas, craft supplies, Koosh balls)</td>
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<td>◆ shellfish</td>
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<td>◆ vigorous exercise</td>
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<td>◆ wheat</td>
<td></td>
<td>◆ plants such as poinsettias, for children with latex allergies</td>
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<tr>
<td>◆ soy</td>
<td></td>
<td>◆ perfumes and scented products (lotions, etc.)</td>
</tr>
<tr>
<td>◆ bananas, avocados, kiwis and chestnuts for children with latex allergies.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*The Anaphylaxis Network of Canada has allergen information cards which may be helpful.*
APPENDIX B

Surrey School District
Surrey Schools ... Keeping Learners at the Centre

Tel: 604.595.7733
Fax: 604.595.7941
www.sd36.bc.ca

‘Allergy-aware’ schools

Anaphylaxis is a severe, life-threatening allergic reaction. Reactions are often rapid, and may occur within seconds of exposure to even the smallest amounts of the allergen. Immediate medical treatment is required when a reaction occurs.

Examples of life-threatening allergens are:

- peanuts
- tree nuts and nut products
- shellfish
- cow’s milk
- eggs
- insect venom

The Surrey School District strives to keep schools safe for all students and staff. Where there is a student with a life-threatening allergy, school staff, students and parents work together to make the school ‘allergy-aware’ and prepare a plan to reduce the risk of student exposure to the allergen.

Factors such as the age of a student, organization and layout of the school, and properties of the allergen are considered in deciding upon the most appropriate action. Ideally, this is achieved without depriving allergic students of normal interactions or placing unreasonable restrictions on the activities of other students and staff in the school. Information about the plan is provided to all staff, students and parents as necessary.

In order to reduce the risk for allergic students, all students and staff are asked to wash their hands before and after eating. Schools may also ask parents to avoid sending specific food/beverage products to school in their child’s lunch or snack if there is an anaphylactic student in their child’s classroom. Alternative ideas for lunches and snacks can be obtained from public health facilities.

The success of an ‘allergy-aware’ school and the safety of our students are dependent upon the support and assistance of all staff, students and parents to limit the risk of exposure. Cooperation and understanding of life-threatening allergies is greatly appreciated.
REFERENCE DOCUMENTS

FORMS
♦ Student Information Form (school form)
♦ Medical Alert Info & Care Plan (Allergies/Anaphylaxis)
♦ Anaphylaxis Emergency Guide / Guidelines / 911 Protocol (3 pages)
♦ Allergen Alert Stop Sign
♦ Be Safe Poster

SAMPLE LETTERS / NEWSLETTERS / INSERTS
♦ Strategies-Anaphylaxis (includes sample letter to parent/guardian)
♦ Halloween Nut Message

SCHOOL DISTRICT INFORMATION & CONTACT
♦ Board Policy No. 9610 – Treatment of Students with Medical Problems
♦ Board Policy No. 9601 – Treatment of Students with a Known Risk of Anaphylaxis/ Life-threatening Allergies
♦ The Manager, Safe Schools (604-599-7429) can provide advice and publications.

Note: The above documents may be viewed and downloaded from http://www.sd36.bc.ca/Board/Policies/section9000.html

ADDITIONAL INFORMATION AND WEBSITES
♦ Fraser Health Newsletter Inserts – www.fraserhealth.ca (school health\health topics)
♦ Allergy/Asthma Information Association. www.aaia.ca
♦ Canadian MedicAlert Foundation. www.medicalert.ca
To be completed when the school agrees with the parental request to administer medication. To be reviewed annually. A new form must be completed if medication changes. This form is to be filed at the school.

### A. To be completed by the parent

<table>
<thead>
<tr>
<th>Student Name (Last Name, First Name)</th>
<th>D.O.B. (dd/month/year)</th>
<th>Gender ☐ M ☐ F</th>
<th>Student #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Home Phone #</td>
<td>MedicAlert® I.D.</td>
<td>Teacher</td>
<td>Grade</td>
</tr>
<tr>
<td></td>
<td>☐ Yes ☐ No</td>
<td>Div</td>
<td>Classroom#</td>
</tr>
<tr>
<td>Name of Father</td>
<td>Home Phone #</td>
<td>Business #</td>
<td></td>
</tr>
<tr>
<td>Name of Mother</td>
<td>Home Phone #</td>
<td>Business #</td>
<td></td>
</tr>
<tr>
<td>Name of Guardian</td>
<td>Home Phone #</td>
<td>Business #</td>
<td></td>
</tr>
<tr>
<td>Emergency Contact Person</td>
<td>Relationship to Student</td>
<td>Phone #</td>
<td></td>
</tr>
<tr>
<td>Alternate Contact Person</td>
<td>Relationship to Student</td>
<td>Phone #</td>
<td></td>
</tr>
</tbody>
</table>

### B. To be completed by the attending physician / family doctor

For medication which MUST be taken during school hours or during school sponsored events (Instructions re storage of medication for refrigeration)

If more than 1 medication, please see reverse for more space.

**Allergy Description:**

- ☐ Food: ____________________________
- ☐ Food(s) Allergic to: ______________
- ☐ Insect Sting (specify): ____________
- ☐ Other: ____________________________

**Symptoms to Watch For:** (Please check)

- ☐ itchy eyes, nose, face, body
- ☐ flushing/redness/warmth of face and body
- ☐ swelling of eyes, face, lips, tongue and throat (throat tightness), trouble swallowing
- ☐ nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing
- ☐ cough, hoarse voice, inability to breathe
- ☐ hives/rash
- ☐ headache, nausea, pain/cramps, vomiting, diarrhoea, uterine cramps in females
- ☐ wheezing, shortness of breath, chest pain/lightness
- ☐ anxiety, a feeling of foreboding, fear, and apprehension
- ☐ weakness and dizziness/light-headedness, pale blue colour, weak pulse, shock
- ☐ loss of consciousness, coma
- ☐ Other: ____________________________

**Name of Medication:**

- ☐ EpiPen® auto-injector
- ☐ Other: ____________________________

**Reason for Medication:**

**Method of Administration (Dosage, time of administration):**

**Self Administered:**

- ☐ Yes ☐ No

**Additional Instructions:**

**What is the impact of a missed dose?**

**Name of Physician (please print):** ____________________________

**Signature of Physician:** ____________________________

**Date:** ____________________________

**Phone #:** ____________________________
C. Other Medications: To be completed by the attending physician / family doctor

For medication which MUST be taken during school hours or during school sponsored events
(Instructions re storage of medication for refrigeration, etc.)

**Allergy Description:**
- Food: Food(s) Allergic to: ____________________________________________________________
- Insect Sting (specify): ____________________________________________________________
- Other: ____________________________________________________________

**Symptoms to Watch For:** (Please check)
- itchy eyes, nose, face, body
- flushing/redness/warmth of face and body
- swelling of eyes, face, lips, tongue and throat (throat tightness), trouble swallowing
- nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing
- cough, hoarse voice, inability to breathe
- hives/rash
- headache, nausea, pain/cramps, vomiting, diarrhoea, uterine cramps in females
- wheezing, shortness of breath, chest pain/tightness
- anxiety, a feeling of foreboding, fear, and apprehension
- weakness and dizziness/light-headedness, pale blue colour, weak pulse, shock
- loss of consciousness, coma
- Other: ____________________________________________________________

**Name of Medication:** ____________________________ **Expiration Date:** ____________________________

**Reason for Medication**

**Method of Administration (Dosage, time of administration)**

Self Administered: Yes ☐ No ☐

**Additional Instructions**

**What is the impact of a missed dose?**

<table>
<thead>
<tr>
<th>Name of Physician (please print)</th>
<th>Signature of Physician</th>
<th>Date</th>
<th>Phone #</th>
</tr>
</thead>
</table>

D. To be completed by the parent / guardian

1. I am aware of Board Policy and Regulation on the Treatment of Students with a Known Risk of Anaphylaxis/Life Threatening Allergies.
2. I agree that the above information is correct.
3. If changes occur I will contact the school and provide revised instructions.
4. I agree that if medication is required I will supply it to the school in the original container with my child’s name and the pharmacist’s directions for use, including dosage.
5. I am aware that no medication will be administered until this form is completed and returned.
6. I am aware that the Public Health Nurse for the school will be informed of my child’s condition and medication and that the nurse may contact me as necessary.
7. I am aware that staff working with my child may need to know of my child’s condition and of the medication required.
8. I am aware I am required to update this information each September.

I authorize and request the administration of the above medication from ____________________________ to ____________________________..

I will provide the medication in the original container with expiration date, labelled by a pharmacist.

<table>
<thead>
<tr>
<th>Signature of Parent / Guardian</th>
<th>Date</th>
</tr>
</thead>
</table>
E. To be completed by the principal or designate

| Staff designated to supervise/administer medication |

| Alternate(s) |

| Location of Medication in the School |

| Name of Principal or Designate (please print) | Signature of Principal or Designate | Date |

F. Training Documentation

| Date of Training / Review | Name of Trainer |

G. Procedures to deal with a problem: - Allergies / Anaphylaxis

If you see symptoms of a severe allergic reaction or know that a child has eaten something they are allergic to:

1. **Administer the EpiPen®** – Don’t hesitate. It can be life saving.
   - i. Pull off grey safety cap
   - ii. Push black tip into outer thigh
     If necessary may be done through light or single layer of clothing (no thicker than jeans)
   - iii. Listen for a "Click". Hold for 10 seconds. Remove and discard.
   - iv. **If symptoms persist or recur**, a second dose can be administered in 10 to 20 minutes. *(maximum 3 doses).*

2. **Have someone call 911**. Tell them that a student has had an anaphylactic reaction.
   *Give them: Name and address of school (use 911 protocol).*

3. The student should rest quietly. **DO NOT SEND THE CHILD TO THE OFFICE.**

4. Help the student to remain calm and to breathe normally. **An adult must stay with the student.**

5. Call the parents/guardians/emergency contact.

6. Observe and monitor the student until the ambulance arrives.
Anaphylaxis

Emergency Guide

If you see symptoms of a severe allergic reaction or know that a child has eaten something they are allergic to:

* Have someone CALL 9-1-1 IMMEDIATELY!

* If the child has an EpiPen®, follow the instructions:

1. Pull off grey safety cap

2. Push black tip into outer thigh
   if necessary may be done through light or single layer of clothing (no thicker than jeans)

3. Listen for a "Click". Hold for 10 seconds.
   Remove and discard.

4. If symptoms persist or recur, a second dose can be administered in 10 to 20 minutes.
Anaphylaxis Guidelines

All caregivers should familiarize themselves with students’ individual medical alert and medication administration care plans

If an allergic student expresses any concern that a reaction might be starting, the student should always be taken seriously. Immediate medical emergency measures must be taken.

Symptoms:
May include any of the following, may appear alone or in any combination, regardless of the triggering allergen:

♦ itchy eyes, nose, face, body
♦ flushing/redness/warmth of face and body
♦ swelling of eyes, face, lips, tongue and throat (throat tightness), trouble swallowing
♦ nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing
♦ cough, hoarse voice, inability to breathe
♦ hives/rash
♦ headache, nausea, pain/cramps, vomiting, diarrhoea, uterine cramps in females
♦ wheezing, shortness of breath, chest pain/tightness
♦ anxiety, a feeling of foreboding, fear, and apprehension
♦ weakness and dizziness/light-headedness, pale blue colour, weak pulse, shock
♦ loss of consciousness, coma

Procedure:
1. **Administer the EpiPen®** – Don’t hesitate. It can be life saving.
2. **Have someone call 911.** Tell them that a student has had an anaphylactic reaction. Give them: Name and address of school (use 911 protocol).
3. The student should rest quietly. DO NOT SEND THE CHILD TO THE OFFICE.
4. Help the student to remain calm and to breathe normally. **An adult must stay with the student.**
5. Call the parents/guardians/emergency contact.
6. Observe and monitor the student until the ambulance arrives.
7. **If symptoms persist,** administer a second EpiPen® (10-20) minutes after the first. (maximum 3 doses).
Anaphylaxis
911 Protocol

To be posted by telephone:

1. Emergency Phone Number

2. Hello, my name is____________________________________________

3. We are located at:
   a. Address: ________________________________________________
   b. 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.
STOP!
ALLERGEN ALERT
Food allergens may be present in this room
Be Safe!!

No Sharing Food

WASH or WIPE your hands before and after eating.

Your desk is your Food Safe Zone. Only your food is allowed there!

Clean up your spills
Dealing with Anaphylaxis in Schools

Information
Parents/guardians are responsible for informing school administration about their child’s allergy.

1. Policy 9601 and Regulation 9601.1 provide direction on treatment of students with anaphylaxis and collection of health information using the Student Information Form and Medical Alert Info & Care Plan (Allergies/Anaphylaxis). (see attached).

Treatment
A meeting between the anaphylactic student, his/her parents/guardians, teacher, Administrative Officer, and public health nurse should occur at the beginning of each school year or with a change in medical condition.

- A physician must diagnose the student with anaphylaxis and prescribe the appropriate treatment.
- All staff (teaching and non-teaching) in schools with anaphylactic students should receive annual refresher in-service by public health nurse. A list of symptoms & general response procedures should be posted and widely distributed.
- Ensure that medication has been supplied (and labeled with name and expiry date).
- Storage must be safe, accessible and located in the main office (and classroom where possible).
- When the student is old enough to understand the proper use, he/she should be encouraged to carry their own epinephrine auto-injector in a small pack, wherever and whenever possible.

Risk Minimization
Develop a plan describing the precautions to be taken to minimize anaphylactic reactions, including the following considerations:

- Safe lunchroom and eating-area procedures, to encourage students into a hand and desk washing routine and are discouraged from sharing or trading food, utensils and containers.
- Safe procedures for field trips, extra-curricular activities, and festive occasions.
- Restricting the use of foods for crafts/cooking depending on the allergies of students.
- Checks the student’s classroom for other sources of the allergen e.g. playdough, bean bags.
Awareness
The Administrative Officer must ensure that all staff (teaching and non-teaching) are aware of and able to recognize anaphylactic students attending the school.

- Teachers must note medical alerts such as anaphylaxis on class lists and in daybooks for TOC’s.
- Send letter (see sample attached) at beginning of each school year, to the parents of other students in a classroom where there is a student with life-threatening allergies. Ask for parent cooperation to avoid including the allergen(s) in snacks and lunches brought to school.
- Throughout the year, reminders and/or information articles should be included in school newsletters.
- Bus drivers and volunteers must also be alerted about anaphylactic students.
- Share information with and ask for cooperation from other students. This should be done age appropriately, in consultation with the anaphylactic child and his/her parents or the staff member and without creating fear and anxiety for other students, parents and staff.
- The parent organization may consider hosting an information night for all parents about life-threatening allergies in children.

Symptoms
Symptoms may include any of the following, which may appear alone or in any combination, regardless of the triggering allergen:

- itchy eyes, nose, face, body
- flushing/redness/warmth of face and body
- swelling of eyes, face, lips, tongue and throat (throat tightness), trouble swallowing
- nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing
- cough, hoarse voice, inability to breathe
- hives/rash
- headache, nausea, pain/cramps, vomiting, diarrhoea, uterine cramps in females
- wheezing, shortness of breath, chest pain/tightness
- anxiety, a feeling of foreboding, fear, and apprehension
- weakness and dizziness/light-headedness, pale blue colour, weak pulse, shock
- loss of consciousness, coma
Emergency Response Protocol

Assess & Stay with the Student
1) Identify the student and have him/her lie down. Do not carry the student or make him/her walk.

Call for Help
2) Communicate the emergency quickly to staff trained to administer epinephrine and have the staff person and medical supplies brought immediately to the student’s location.
3) Delegate a responsible helper to have 911 called for an ambulance and indicate that there is a child having a life-threatenning allergic reaction.

Take Action
4) Administer epinephrine (Epi-Pen Auto Injector) immediately, as indicated. Note the time.
   - Medication can be given through clothing if necessary.
   - All students regardless of whether they are capable of epinephrine self-administration will require assistance because the severity of the reaction will likely hamper their own attempts.
   - Reassure the student and continue to monitor breathing and level of consciousness.
   - If an ambulance doesn’t arrive within 10-15 minutes and breathing difficulties are still present, elevate the head and chest slightly and re-administer epinephrine. If available, epinephrine may be re-administered every 10 to 20 minutes. (maximum 3 doses) if symptoms reoccur or breathing doesn’t improve.
   - Push the needle into a cork from the medical kit or place in puncture-proof container for disposal.

Ambulance/Hospital
5) Even if symptoms have improved or subsided entirely, the student must be taken to hospital for observation and/or further treatment.
   - A trusted adult must accompany and wait with the student at the hospital until the parent/guardian arrives.
   - Delegate someone to contact the student’s parents to notify them of the incident and which hospital the student was taken to.

Follow up
6) Assess risk minimization and response plans.
   - The parent/guardian of the anaphylactic student must replenish the supply of treatment medication upon the student returning to school.

Note: There is no danger in reacting too quickly, and grave danger in reacting too slowly.
SAMPLE LETTER TO PARENT/GUARDIAN

School Letterhead

Date

Dear Parent/Guardian:

This year, we have a Grade _ student with a life-threatening allergy to _____________ at our school. We are trying to make our school environment safe for this student by making sure that he/she is not accidentally exposed to any products containing _____________.

Even the smallest amount of _____________ on a desk, book, or even someone’s clothing could cause a life-threatening allergic reaction. If this should happen, we have an emergency plan and will take action immediately.

However, we ask for your cooperation in reducing the risk for this student. Please do not send any food made with or containing _____________ to school with your child. Please ask your child to eat only the food that you send from home, rather than trading or sharing lunch items with the other students.

Thank you for your understanding and cooperation in this very serious matter. If you have any questions or concerns, please call me at (000-0000).

Administrative Officer
Principal's Message

...Please continue to be allergy aware...

The risks of an anaphylaxis attack do not lessen during Halloween or any other time of the year. Anaphylaxis is a severe, life-threatening allergic reaction. Reactions are often rapid and may occur within seconds of exposure to even the smallest amounts of allergen.

With Halloween comes lots of treats, often with peanuts and/or nut products.

In order to reduce the risk for allergic students, we kindly remind parents to please keep any candy with nut products at home.

Please do not send to school Halloween treats if you suspect they may contain nut products.

The success of an “allergy aware” school and the safety of our students are dependent upon the support and assistance of all staff, students and parents to limit the risk of exposure.

We thank you in advance for your cooperation. Your understanding of life-threatening allergies is greatly appreciated.

We wish you all a safe Halloween! Information about all our school activities follows as well as some safety tips to review with the whole family.