


Administrative Procedures 317
Allergy (Anaphylaxis) Management

	<p>External References:</p> <ul style="list-style-type: none"> • Education Act: Sections 85, 87, 109, 175, 188, 190 • Canadian School Boards Association Anaphylaxis Handbook • SSBA Policy Advisory: Managing Life-Threatening Conditions: Guidelines for Saskatchewan School Divisions 	<p>Adopted: June 28, 2011</p> <p>Amended: January 4, 2017</p>
	<p>Internal References:</p> <ul style="list-style-type: none"> • AP 317 – Appendix A – Anaphylaxis: Awareness and Education Guide • AP 317 – Appendix B – Risk Reduction Ideas • Form 316-3 Provision of Prescription Medication Physician • Form 317-1 Medical Alert Information • Form 317-2 Student Specific Emergency Plan • Form 317-3a-g Allergy Management (Anaphylaxis) Letter/Newsletter Templates • Form 317-4 Food Safety Poster • Form 317-5 Hand Washing Poster • Form 317-6 Nut Alert Reduce the Risk Poster • Form 317-7 Scent Awareness Poster Template • Form 317-8 Letter to Parents of Students with Life-Threatening Allergies (Sample Template) 	

Background

The Division supports its school communities in its work to “reduce the risk” for students with life-threatening allergies (anaphylaxis) by its commitment to education, prevention and intervention in managing student and staff allergies at school and school-related functions.

Children with anaphylaxis need to feel safe in order to learn and grow emotionally in a safe school environment. Schools shall ensure that the school community is aware and educated regarding students with anaphylaxis.

Definition

Anaphylaxis is life-threatening allergic reaction to a specific trigger (food, insect sting, medication, exercise, or latex) in a person who has become sensitized.

The most common allergens include food (peanut, tree nuts, fish and seafood, milk, eggs, soy, medication (penicillin), insect venom, latex and exercise. Most serious reactions occur rapidly and respond quickly to epinephrine, such as that used in an auto-injector (Epipen or Twinject). Some reactions have a delayed onset, but it is imperative for people to go to hospital in either situation.

Signs and symptoms of anaphylaxis include:

- B – breathing is difficult, throat or chest is tight, hoarse
- I – itchy lips, hives, swelling
- N – nausea, vomiting
- D – dizzy, unsteady, confused

Procedures

1. Responsibilities of the parents of an anaphylactic child:
 - 1.1 Arrange a meeting with the classroom teacher, prior to the start of school. The Principal may attend, and invite other staff to participate.

- 1.2 Provide a Medic Alert® bracelet for their child.
- 1.3 Submit completed medical forms, including Form 316-3 Provision of Prescription Medication Physician (updated annually and as required) and Form 317-2 Student Specific Emergency Plan.
- 1.4 Ensure that the child has immediate access to an up-to-date auto-injector at all times.
- 1.5 Provide support to school and teachers as requested.
- 1.6 Consider participating in parent advisory/support groups.
- 1.7 Review the emergency protocol and procedures for reducing risk with school personnel annually.
- 1.8 Identify school events where food may be served and work with staff to approve choices and provide safe alternatives.
- 1.9 Parents are encouraged to provide pre-packaged, safe snacks to be served to their child as needed.
- 1.10 Teach their child:
 - 1.10.1 To understand that the school is not allergen-free and that there is always risk present.
 - 1.10.2 To recognize the first symptoms of an anaphylactic reaction.
 - 1.10.3 To know where medication is kept, and who can get it.
 - 1.10.4 To communicate clearly when s/he feels a reaction starting.
 - 1.10.5 To carry his/her own auto-injector in a fanny-pack.
 - 1.10.6 Not to share snacks, lunches, or drinks.
 - 1.10.7 The importance of hand-washing.
 - 1.10.8 To let a parent/teacher/supervisor know when they are being teased and left out.
 - 1.10.9 To take as much responsibility as possible for his/her own safety.

2. Responsibilities of the Principal:

- 2.1 Work as closely as possible with the parents of the anaphylactic child to
 - 2.1.1 Ensure Form 316-3 Provision of Prescription Medication Physician and Form 317-2 Student Specific Emergency Plan are completed.
 - 2.1.2 Meet with parents and the classroom teacher to review the student's life-threatening allergy and provide parents with Form 317-8 Letter to Parents of Students with Life-Threatening Allergies.
 - 2.1.3 Establish an emergency protocol.
 - 2.1.4 Review responsibilities of all groups – parents, classroom teacher, bus driver and student responsibilities.
 - 2.1.5 Ensure collection and proper storage of auto-injectors that have been provided by the parents.
- 2.2 With the consent of the parent:
 - 2.2.1 Post Form 317-2 Student Specific Emergency Plan in a central, but not public place in the school. Ensure all staff are aware of this location.

- 2.2.2 Notify the school community using Form 317-6 Nut Alert – Reduce the Risk Poster.
- 2.2.3 Maintain a permanent reminder as part of the school newsletter, using the materials in the Appendices to this administrative procedure.
- 2.2.4 Educate the school community on anaphylaxis.
- 2.2.5 Ensure all staff have received information on anaphylaxis and that those with responsibility for the child receive training in the use of an auto-injector.
- 2.2.6 Ensure all staff and stakeholder individuals (i.e. parents of other students on the bus) have reviewed this administrative procedure and understand their respective responsibilities.
- 2.2.7 Ensure Form 317-6 Nut-Alert – Reduce the Risk poster is posted throughout the school.
- 2.2.8 Maintain up-to-date emergency contacts and phone numbers.

3. Responsibilities of the Classroom Teacher:

- 3.1 Take the lead role in the development and implementation of the individual plan for children in the classroom with life-threatening allergies.
- 3.2 Place Form 317-2 Student Specific Emergency Plan in the day-book, and tape to the teacher's desk, in consultation with the parent.
- 3.3 Discuss anaphylaxis with the class, in age-appropriate terms (see lesson plans and resources available at www.safe4kids.ca).
- 3.4 Leave information in an organized, prominent, and accessible format for substitute teachers, parent volunteers, or others who may have occasional contact.
- 3.5 Send parent information about appropriate lunch/snack items.
- 3.6 Encourage students not to share lunches or trade snacks.
- 3.7 Choose nut/peanut-free foods for classroom events.
- 3.8 Any time food is requested from home reinforce the message, Nut Alert: Reduce the Risk!
- 3.9 Establish procedures to ensure that the anaphylactic child eats only what s/he brings from home.
- 3.10 Establish procedures to follow if students bring unsafe foods i.e. provide a separate eating area and send a note home to the family.
- 3.11 Reinforce hand washing before and after eating.
- 3.12 Plan appropriately for field trips:
 - 3.12.1 Ensure that emergency response plans are considered.
 - 3.12.2 Ensure that auto-injectors are taken.

4. Responsibilities of the Bus Driver:

- 4.1 Meet with the Principal or designate to review Form 317-2 Student Specific Emergency Plan.
- 4.2 Attend in-service training in the use of an auto-injector.
- 4.3 Place a copy of the Form 317-2 Student Specific Emergency Plan with the bus log and remember to take the form if the driver changes buses.

- 4.4 Display Form 317-6 Nut-Alert – Reduce the Risk poster on the bus
 - 4.5 Carry out emergency action plan as necessary.
 - 4.5.1 Recognize symptoms.
 - 4.5.2 Administer auto-injector.
 - 4.5.3 Notify Transportation Supervisor.
 - 4.5.4 Call 911.
 - 4.5.5 Notify parents.
 - 4.6 Ensure that the child carries an auto-injector in an identified location while on the school bus (know where it is).
 - 4.7 Do not subject the auto-injector to freezing or extreme heat.
 - 4.8 Do not provide or allow nut/peanut containing products on the bus (including treats provided for special occasions).
5. Responsibilities of school staff who coordinate food served, offered or sold in schools:
This includes: nutrition program, servery, sporting or special events, parent meetings, lunch room supervisors, etc.)
- 5.1 Get informed about the issue.
 - 5.1.1 Meet with the Principal, or designate to review Form 317-2 Student Specific Emergency Plan.
 - 5.1.2 Attend in-service training in the use of an auto-injector.
 - 5.2 Have information about students at risk readily available.
 - 5.2.1 Place Form 317-2 Student Specific Emergency Plan in the day-book or inside a cupboard in the nutrition room or servery to ensure others are aware of students at risk.
 - 5.3 Inform others.
 - 5.3.1 Display Form 317-6 Nut-Alert – Reduce the Risk Poster in the nutrition room or servery to remind workers of risk.
 - 5.3.2 Discuss anaphylaxis with anyone who volunteers regularly with your program – see Administrative Procedures 317 – Appendix A – Anaphylaxis Awareness and Education Guide.
 - 5.3.3 Leave information in an organized, prominent, and accessible format for substitutes or volunteers.
 - 5.3.4 Send clear directives each time food is requested from parents, i.e. “Do not send products that contain peanuts or nuts” to school.
 - 5.4 Care for students.
 - 5.4.1 Encourage students not to share or trade food.
 - 5.4.2 If safety cannot be assured ensure that a child that experiences anaphylaxis eats only what is brought from home.
 - 5.5 Keep the food safe for everyone.
 - 5.5.1 Do not provide or allow any nut or peanut containing products in planned food activities at school.

- 5.5.2 Never assume a food is free from nuts or peanuts.
- 5.5.3 Read the ingredient list of any products used in the program each time you purchase, including ready-to-eat foods that are brought into the school for special events.
- 5.5.4 Avoid any products that do not carry a complete list of ingredients (i.e. bulk foods). Avoid foods with foreign language ingredient lists.
- 5.5.5 Always wash hands before preparing and handling food.
- 5.5.6 Practice safe food handling procedures, thoroughly clean and disinfect work/cooking surfaces, utensils, and equipment to ensure that cross contamination cannot occur.
- 5.5.7 Carry a pad and pen when shopping. If there is a question about a product, record the produce name and the manufacturers phone number or address. Contact the manufacturer for more information.

6. Responsibilities of anaphylactic students:

- 6.1 Understand that the school is not allergen free and that there is always risk present.
- 6.2 Take as much responsibility as possible for avoiding allergens.
- 6.3 Eat only foods brought from home or approved for consumption.
- 6.4 Take responsibility for checking labels and monitoring intake (as developmentally appropriate).
- 6.5 Wash hands before eating.
- 6.6 Learn to recognize symptoms of an anaphylactic reaction (as developmentally appropriate).
- 6.7 Promptly inform an adult as soon as accidental exposure occurs or symptoms appear.
- 6.8 Keep an auto-injector accessible at all times.
- 6.9 Know how to use the auto-injector (as appropriate).

7. Responsibilities of all parents:

- 7.1 Work cooperatively with the school to eliminate allergens from packed lunches and snacks.
- 7.2 Participate in parent information sessions.
- 7.3 Encourage children to respect the anaphylactic child and anaphylaxis procedures.
- 7.4 Inform the teacher prior to distribution of food products to any children in the school.

8. Responsibilities of all students (as developmentally appropriate):


- 8.1 Learn to recognize symptoms of an anaphylactic reaction.
- 8.2 Avoid sharing lunches and trading snacks.
- 8.3 Follow procedures about keeping allergens out of the classroom, school, bus, playground and washing hands.
- 8.4 Wash hands and brush teeth before coming to school to avoid spreading allergens eaten at home.

9. Designated School Nut Room

- 9.1 Schools may have a designated room that students can go to eat their nut products.

- 9.2 The room may be one that is not used as a regular classroom.
- 9.3 It is preferable that the room have a sink for hand washing and cleansing wipes to wipe all surfaces – desk tops, door knob, etc. at the end of the lunch period.
- 9.4 If no sink is available, hand washing immediately after eating is required.

Administrative Procedures 317 - Appendix A
Anaphylaxis Awareness and Education Guide

	External References: <ul style="list-style-type: none"> • Education Act: Sections 85, 87, 109, 175, 188, 190 	Adopted: June 28, 2011 Amended: January 4, 2017
		Internal References:

The main goal of allergy management is to "reduce the risk" for students and staff with life-threatening allergies (anaphylaxis) by taking the initiative and making a commitment to become aware and educate everyone regarding prevention and intervention practices.

Introduction

Anaphylaxis (Anna-fill-axis) is a life-threatening allergic reaction to a specific trigger (food, insect sting, medication, exercise, or latex) in a person who has become sensitized.

A conservative estimate is that 2% of the population (approximately 600,000 Canadians) may be affected by potentially life-threatening allergies. The incidence may be higher in children and it has increased dramatically in the last decade.

Signs and symptoms of anaphylaxis can include:

- Skin:** swelling of eyes, face, lips, tongue, itching, warmth, redness, rash, hives
- Breathing:** wheezing, shortness of breath, throat tightness, cough, hoarse voice, trouble swallowing, runny itchy watery eyes/nose
- Stomach:** nausea, pain, cramps, vomiting, diarrhea
- Heart:** pale, blue color, dizziness, lightheaded, faint, weak pulse, headache

Most serious reactions occur rapidly and respond quickly to epinephrine. Epinephrine is given with an auto-injector, the two most common products being EpiPen and Twinject. Some life-threatening reactions may have a delayed onset and recur several hours after seemingly effective treatment. This is why it is imperative that people go to hospital and remain there for observation.

The most common allergens include food (peanut, tree nuts, fish and seafood in adults, and milk, eggs, peanut, soy, tree nuts, fish and seafood in children), medication (penicillin), insect venom, latex and exercise. After investigation, a few reactions will still be labelled as 'cause unknown'.

Children with anaphylaxis live with stress that is foreign to most children. These children need to feel safe in order to learn and grow emotionally. All children deserve a safe school environment.

Frequently Asked Questions

Can anaphylaxis awareness in the school system protect children?

No, we cannot guarantee to fully protect children. Our combined efforts will support children by reducing the risk of exposure within the school setting.

In September 2003, Sabrina Shannon, who had severe food allergies, suffered a fatal anaphylactic reaction after eating french fries from the school cafeteria. It is thought the french fries may have been unknowingly contaminated.

The Ontario Legislative Assembly responded to this death by passing Sabrina's Law in 2005. Sabrina's Law requires that all publicly funded school boards and schools in Ontario establish education and training that will reduce the risk of exposure for students with life-threatening reaction and to have an appropriate response if an emergency happens.

While students at risk of anaphylaxis have a responsibility to take care of themselves, Sabrina's Law shows us that we all, fellow students, staff and families have a role to play in making schools safer for all students. The goal is that anaphylaxis awareness at school will save lives.

What is causing anaphylactic reactions in the schools?

A study conducted by Anaphylaxis Canada, showed that children have had anaphylactic reactions in the school setting when:

1. Lunches have been accidentally switched.
2. Children have shared food.
3. Children have eaten something without first checking the ingredients.

Reactions have followed contact with contaminated surfaces, including playground and gym equipment. There have also been reports of allergic children being threatened or chased with foods that contained their allergens.

Does hand washing really make a difference in the school setting?

Yes. At the September 2000 annual meeting of the Canadian Society of Allergy and Clinical Immunology, Dr. Sebastian Tkachyk, a pediatrician at the Children's Health Centre in Edmonton, described two cases in which peanut allergic patients developed facial swelling and skin rash after playing basketball. In each situation, team members, who had been eating peanut butter, had inadvertently transferred some of it to the ball. One of the children experienced repeat episodes each time he played basketball. Symptoms did not recur once the ball had been washed.

These case reports highlight the need to practice safe-hand washing and that food in the school setting, and peanut butter in particular, should be kept away from shared equipment.

What about high school students?

In the higher school grades and high school settings complete avoidance policies while desirable, may be impractical. If there are common eating areas, no peanut foods (nuts) should be allowed if there are peanut (nut) allergic children. Allergy free classrooms may need to be instituted when appropriate. Public education of the dangers of peanut (nut) allergy and requests for cooperation restricting peanut (nut) use at school are important.

Reference: Canadian Society of Allergy and Clinical Immunology, Ontario Allergy Society, and Allergy Asthma Information Association <http://www.oma.org/phealth/allergy.htm>

Why are we using the term "Nut Alert" as opposed to "Nut Free"?

From a practical and legal standpoint it is impossible to guarantee a completely nut free environment. Allergens can be mistakenly introduced, however it is definitely possible to increase the level of alert in the school community and reduce a child's risk of exposure in the school setting.

Anaphylactic children and their families need to understand that the school could still have allergen present. They need to be on alert and take all steps necessary to protect themselves.

The school community as a whole needs to be on alert and know that even minute amounts of nuts brought into the school could put an anaphylactic child's life at risk.

Can we use products at school that say "May contain nuts"?

No, definitely avoid them! Companies are allowed to use "may contain nuts" if they cannot guarantee that a food they are producing is free of nuts. They may be using the same machines for other foods. It might be that the company has difficulty cleaning the machines in between making the different foods. Therefore it is quite likely that when a food with nuts is put through the machine, traces of nuts remain on the machine. The first batches of foods made without nuts that go through the same machine will likely contain trace of nuts. Batches of foods done much later are less likely to contain traces of nuts but you cannot be sure which batch of food you are eating. Therefore they should be avoided. This cross- contamination is most likely to occur with cookies, candies, cereals, chocolate, ice cream, dried soups and nut butters.


Reference: <http://www.calgaryallergy.ca/Articles/English/treenuthp.htm>

Can we use fragrances prior to attending schools or the Division Office?

Please refrain from using the range of personal care products which are scented. Fragrances are found in a wide range of products including perfumes, colognes, aftershaves, deodorants, soaps, shampoos, hairsprays, body sprays, make-up and powders. Exposure to perfumes and other scented products can trigger health reactions in individuals with asthma, allergies and sensitivities to migraines and chemicals. While the use of fragrances a personal choice, but fragrance chemicals are by their very nature shared. The chemicals vapourize into the air and are easily inhaled by those around us. Individuals working and visiting the Division Office are advised to consider the sensitivities of others and use good sense with scents.

Administrative Procedures 317 - Appendix B

Risk Reduction Ideas

		Adopted: June 28, 2011 Amended: August 14, 2012
	External References: <ul style="list-style-type: none"> • Education Act: Sections 85, 87, 109, 175, 188, 190 	Internal References:

How Can Your School Reduce the Risk of Exposure to Nuts and Peanuts?

Risk	Strategy	Who?
Sharing lunches	<ul style="list-style-type: none"> • discuss the importance of eating your own food and not sharing • provide a specified area with supervision for children to eat lunch in • encourage parent of child to be involved on special days that involve food 	Class Teacher Principal, Class Teacher Principal or nominated teacher
Trigger food in the servery (i.e. peanut butter)	<ul style="list-style-type: none"> • inform all servery staff (paid and volunteer) of students with allergy and foods to which they are allergic • post a copy of the emergency response plan on the wall of the servery • identify foods that contain or are likely to contain trigger substances and replace with other nutritious foods 	Servery manager Principal Servery manager and school nutritionist
Class parties	<ul style="list-style-type: none"> • advise parent of the student at risk of food allergies ahead of time so they can provide suitable food • food for allergic student should only be approved and provided by the student's parent • inform other class members' parents of trigger substances and request that these foods are avoided • consider non-food rewards • cupcakes, as replacement for a piece of birthday cake, can be stored in identifiable container (labelled with child's details) in a freezer 	Class teacher Child's parent Class teacher Class teacher Class teacher

(Adapted from Anaphylaxis: Guidelines for Schools, NSW Department of Health and the Department of Education and Training)