ANAPHYLAXIS

A Handbook for
Glenbow Elementary School

Acknowledgement

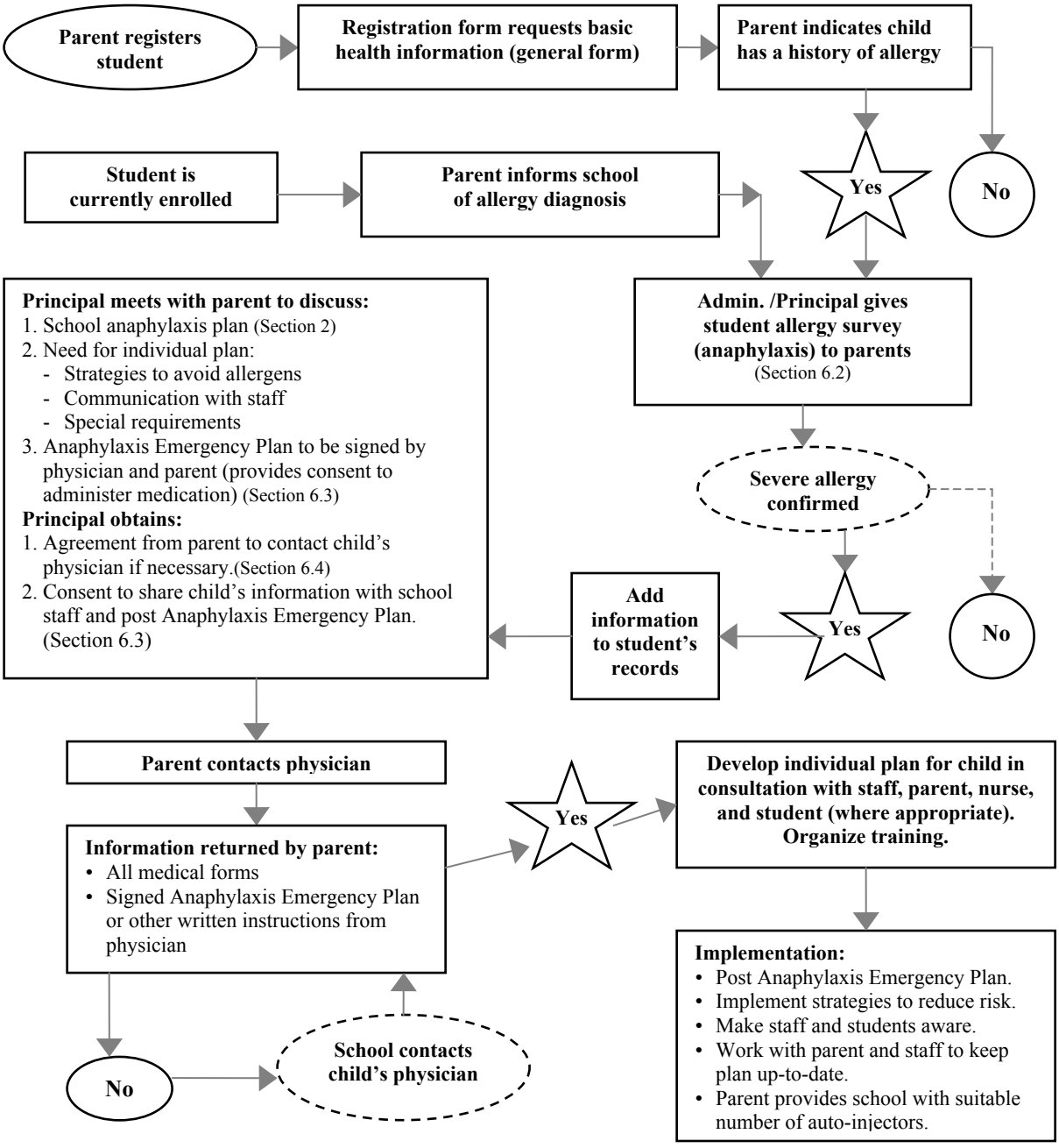
Glenbow School would like to acknowledge the Canadian Society of Allergy and Clinical Immunology for allowing us to use the information from their booklet, “Anaphylaxis in Schools and Other Settings” as our main resource in putting together a handbook on Anaphylaxis for Glenbow School.

We would also like to acknowledge the work of two of our parents, Dr, Karen Packer and Jill Rogans for their work in collating an Anaphylaxis handbook for our school.

Table of Contents

Section 1

Action Steps for Anaphylaxis Management



Source: Managing anaphylactic reactions at school, *Anaphylaxis Guidelines for Schools: severe allergic reactions*, New South Wales Department of Health & Department of Education & Training, Australia. Adapted with permission from NSW Department of Health.

School Anaphylaxis Plan

Overview

In our school, we have children who are at risk for potentially life-threatening allergies. Most are allergic to food and some children are at risk for insect sting allergy. Anaphylaxis (pronounced *anna-fill-axis*) is a severe allergic reaction that can be caused by foods, insect stings, medications, latex or other substances. While anaphylaxis can lead to death if untreated, anaphylactic reactions and fatalities can be avoided. Education and awareness are key to keeping students with potentially life-threatening allergies safe.

Our school anaphylaxis plan is designed to ensure that children at risk are identified, strategies are in place to minimize the potential for accidental exposure, and staff and key volunteers are trained to respond in an emergency situation.

Identification of Children at Risk

At the time of registration, parents are asked about medical conditions, including whether children are at risk of anaphylaxis and asthma. All staff must be aware of these children.

It is the responsibility of the parent to:

- Inform the school principal of their child's allergy (and asthma).
- In a timely manner, complete medical forms (i.e. Allergy Survey) and the Anaphylaxis Emergency Plan which includes a photograph, description of the child's allergy, emergency procedure, contact information, and consent to administer medication. The Anaphylaxis Emergency Plan should be posted in key areas such as the child's classroom (posted on the wall near the phone or inside a cupboard door), the office (bulletin board), the teacher's daybook, and school cafeterias (gym and inside the food preparation area). Parental permission is required to post the child's plan.
- Posters of auto injector use and Anaphylaxis symptoms will be posted in key areas including the gym and the tuck shop.
- Advise the school if their child has outgrown an allergy or no longer requires an epinephrine auto-injector. (A letter from the child's doctor is required.)
- Have the child wear medical identification (e.g. Medic Alert® bracelet). The identification could alert others to the child's allergies and indicate that the child carries an epinephrine auto-injector. Information accessed through a special number on the identification jewelry can also assist first responders, such as paramedics, to access important information quickly.
- If parents do not want their child to carry an epipen, an info sheet should be signed to that effect.

Availability and Location of Epinephrine Auto-injectors ("auto-injectors")

- Children at risk of anaphylaxis who have demonstrated maturity should carry at least one auto-injector with them at all times on their person. A back–up epipen should be available at the school and antihistamine if stated in the individual plan. Most children are able to carry their own auto-injectors and asthma inhalers (if needed) by grade one to two. For children with stinging insect allergy, this would not have to be for the full year but during insect season (warmer months).
- Children should be reminded to carry their auto-injectors on field trips.
- Posters which describe signs and symptoms of anaphylaxis and how to give an epinephrine auto-injector will be placed in relevant areas, e.g. classrooms, office, staff room, tuck shop, lunch room or cafeteria. Epinephrine auto-injectors will be kept in the emergency kit to carry on field trips and play ground supervisors' pouch with the expiry date clearly marked. If the location of a field trip is remote, it is recommended that the organizer of the field trip carry a cell phone and know the location of the closest medical facility.
- Extra epinephrine auto-injectors, junior and adult, will be kept in an unlocked box in the lunch room gym with the expiry date clearly marked.

Emergency Protocol

- An individual Anaphylaxis Emergency Plan should be signed by the child's physician. A copy of the Plan will be placed in designated areas such as the classroom and office with the parents/guardians consent.
- Adults must be encouraged to listen to the concerns of the child at risk, who usually knows when a reaction is occurring, even before signs appear. It cannot be assumed that children will be able to properly self-administer their auto-injector. (In some cases, children may be fearful of getting a needle or may be in denial that they are having a reaction.)
- To respond effectively during an emergency, a routine has been established and practiced, similar to a fire drill. During an emergency:
    1. One person stays with the child at all times. The child remains in location of reaction (do not send to office).
    2. Administer epinephrine at the first sign of reaction. The use of epinephrine for a potentially life-threatening allergic reaction will not harm a normally healthy child, if epinephrine was not required. Note time of administration.
    3. One person goes for help or calls for help.
    4. Call 911. Have the child transported to an emergency room by ambulance even if symptoms have subsided. Symptoms may recur hours after exposure to an allergen.
    5. In the unfortunate event of no ambulance being available, the child should be transported to hospital. When a child is being transported to hospital, another adult should accompany the driver to provide assistance to the child if necessary. The child's back-up epinephrine auto-injector should be taken.
    6. Contact the child's parents.

Training

- Each year there will be training for staff which includes an overview of anaphylaxis, signs and symptoms and a demonstration on the use of epinephrine. Staff will have an opportunity to practice using an auto-injector trainer (i.e. device for training purposes) and are encouraged to practice with the auto-injector trainer throughout the year, especially if they have a student at risk in their class. A short refresher course or scenario format program will be repeated in the middle of the school year.
- Substitute teachers will be advised to review the Anaphylaxis Emergency Plan for children in their class. The principal will speak with substitute teachers about the procedure for responding to emergency situations.

Creating an Allergy-Safe School Environment

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

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

- Eat only food which they have brought from their home unless it is packaged, clearly labeled and approved by their parents.
- Wash hands before and after eating.
- Not share food, utensils or containers.
- Place food on a napkin, plastic wrap or wax paper rather than in direct contact with the desk or table.
- If anaphylactic children do not have their epi-pen, they must refrain from eating.
- Children with peanut/nut products should wash hands with soap and water after eating.

Avoidance Strategies

Avoidance is the cornerstone of preventing an allergic reaction. Much can be done to reduce the risk when avoidance strategies are developed. General recommendations for food allergens and insect stings are provided below.

Food Allergens

For food-allergic individuals, the key to remaining safe is avoidance of the food allergen. It must be stressed that very small or minute amounts of certain foods can cause severe reactions when ingested. This may happen if people at risk touch an allergenic substance and then subsequently put their hand to their mouth or eye. Even a very small amount 'hidden' in a food or a trace amount of an allergen transferred to a serving utensil has the potential to cause severe allergic reaction. For foods such as fish and shellfish, vapor or steam containing proteins emitted from cooking these foods have been shown to trigger asthmatic reactions and even anaphylaxis.

While it is difficult to completely eliminate all allergenic ingredients due to hidden or accidentally introduced sources, it is possible and extremely important to reduce the risk of exposure to them. Effective ingredient label reading, special precautions for food preparation, proper hand washing, and cleaning go a long way toward reducing the risk of an accidental exposure.

Parents of food-allergic children are often concerned that the odor or smell of a particular food such as peanut butter will cause a life-threatening or anaphylactic reaction. Inhalation of airborne peanut protein can cause allergic reactions, though usually not systematic anaphylaxis. The odor alone has not been known to cause anaphylactic reaction. Direct ingestion of an allergy-causing food poses the greatest risk for the sensitized individual.

The following guidelines are recommended to reduce the risk of exposure for people with food allergy:

1. **Adult supervision of young children while eating is strongly recommended.**

2. **Individuals with food allergy should not trade or share food, food utensils, or food containers.**
   They should also place meals on a napkin, piece of plastic wrap, wax paper, or container. Young children should eat in the same location while at school.

3. **Parents should work closely with staff to ensure that food being served during lunch and snack programs is appropriate.**
   Food-allergic children should only eat food which parents have approved if there is any uncertainty.

4. **The use of food in crafts and cooking classes may need to be modified or restricted depending on the allergies of the children.**
   Non-food items such as stickers and pencils should be considered for some class and school celebrations where young children are involved. If teachers have a system in place to reward students, they should consider non-food items or extra time for a special activity.

5. **Ingredients of food brought in for special events by the school community, served in school cafeterias, or provided by catering companies should be clearly identified.**
   Parents of food-allergic children should be consulted when food is involved in class activities. Food should not be left out where young children with food allergy can help themselves.
6. **All children should wash their hands before and after eating.**

7. **Surfaces such as tables, toys, etc. should be carefully cleaned of contaminating foods.**

8. **Lunch room parent volunteers should be given guidelines and a copy posted in the gym.**

See Section 4 for recommendations for cleaning and hand washing.

Insect Stings

The risk of insect stings is higher in the warmer months. General guidelines to reduce the risk of exposure to insect stings include:

1. Keep garbage cans covered with tightly fitted lids in outdoor play areas. Consider restricting eating areas to designated locations inside the school building during daily routines. This allows for closer supervision, avoids school yard cleanup, and helps reduce the prevalence of stinging insects.
2. Have insect nests professionally relocated or destroyed, as appropriate.

3. People who are allergic to stinging insects should:
    - Carry an epinephrine auto-injector with them during insect season (varies by region).
    - Stay away from areas where stinging insects gather such as gardens, hedges, fruit trees, and garbage cans.
    - Wear light colours and avoid loose flowing garments or hair that could entrap on insect (tie hair back).
    - Wear shoes instead of sandals during warm weather; do not go barefoot.
    - Avoid highly fragrant varieties of products such as perfumes, colognes, suntan lotions, cosmetics, hairsprays or deodorants which attract insects.
    - Drink from cups rather than beverage cans or bottles where insects can hide. Use a straw if drinking beverages outdoors.
    - Consult with an allergist to determine if they are a candidate for venom immunotherapy (de-sensitization program).
4. Playground and Field Trip Supervisors should carry epinephrine auto-injectors at all times with clearly marked expiry dates.

Other Allergens

Reactions to medication, exercise and latex are rare in school settings. Care of children with these allergies should be individualized based on discussions amongst the parents, physicians, and school personnel. The emergency protocol, as described earlier in this document, would apply.

Avoidance Strategies For Specific Food Allergens

Avoidance of Food Allergens

While research efforts are underway worldwide to better understand food allergy, a cure has not been found. Currently physicians cannot safely determine which patients may be at risk for a mild or moderate allergic reaction and which patients might go on to develop a severe or potentially fatal allergic reaction to a food. A very small or minute amount of a food allergen can trigger an allergic reaction if ingested. Therefore, avoidance of an allergenic substance is the only way to prevent an allergic reaction. For many people at risk of food anaphylaxis, a life-long avoidance diet will be necessary.

It is difficult to imagine how daily life is impacted when basic safety depends on avoiding a food which has the potential to cause a life-threatening allergic reaction. Consider how many times a day the average person eats something. For the majority of people, this is done without thought. For those at risk for a life-threatening or anaphylactic reaction, however, nothing can be taken for granted. Every bite counts.

Individuals at risk of food anaphylaxis must take ownership for their safety. This involves sticking to basic rules such as:

- Washing hands before and after eating.
- Eating only foods which are safe. Food-allergic individuals should always read food labels and avoid high risk foods such as bulk foods and foods which are known to often contain an allergenic substance (e.g. peanuts/nuts in ice cream, baked goods, or ethnic foods).
- Inquiring about the preparation of foods outside the home.
- Learning how to use an auto-injector and teaching others to assist them in an n emergency.
- Carrying life-saving medication (an epinephrine auto-injector) with them at all times and wearing medical identification, such as a MedicAlert® bracelet.
- Refraining from eating if they do not have their auto-injector.

Note: It is prudent for parents of young children (especially in high-risk families with a history of allergy to try new foods at home before they are introduced at school.

Awareness and support from others in the community can help to create safer environments for individuals at risk of anaphylaxis. Ways to reduce the risk of accidental exposure include:

- Washing hands and mouth after eating.
- Taking precautions to minimize the risk of cross-contamination in food preparation.
- Reading food labels and asking food-allergic individuals about their special needs.
- Not sharing food with friends who have food allergy or pressuring them into accepting a food they do not want.
- Properly cleaning surfaces and disposing of food items after meals and snacks.
- Ensuring that young children have adult supervision while they are eating.

Where younger children are involved, some food restrictions or special measures may be developed. Special accommodations should be handled on an individual basis. Parents of food-allergic children and school staff are encouraged to work collaboratively to develop strategies which are both realistic and reasonable for their environments.

Many school principals ask the entire school community to read food labels and to not send in products with an allergenic substance such as peanut. It is important to note that food restrictions alone do not take the place of effective risk reduction strategies. The emphasis should be on preventing an allergenic emergency through education, awareness, and training and being prepared to respond during an emergency.

Parents of young food-allergenic children should condition them to not accept food which parents have not approved. They should also ask school staff not to offer food to their children without prior approval. People who do not have a food allergy may not understand ingredient labelling practices. Assumptions about foods can put allergic individuals at risk. Therefore, parents should teach food-allergic children to stick to strict safety rules (not sharing or accepting food, carrying epinephrine, etc.) even in schools which have implemented a restriction on products with peanuts and nuts. **Schools can be expected to create an 'allergy-safe' environment. It is unrealistic, however, to expect an 'allergen-free' environment.**

The following sections provide information about the most common food allergens in the school setting as well as examples of ways in which they are being managed in the school.

Avoidance of Peanut

Recent studies suggest that peanut allergy among North American children has doubled in the past decade. A study conducted in Montreal schools estimated the prevalence of peanut allergy to be 1.34 to 1.5%.

Peanut allergy requires stringent avoidance and management plans as it is one of the most common food allergies in children, adolescents, and adults. Reactions to peanuts are often more severe than to other foods. Peanut has been a leading cause of severe, life-threatening, and even fatal allergic reactions. Despite appropriate counseling on peanut avoidance, the majority of subjects followed up for 5 years experienced adverse reactions from accidental peanut exposure. Very minute quantities of peanut, when ingested, can result in a life-threatening reaction.

Foodservice companies/ Tuck Shop staff have a responsibility to train their staff to understand the risk of cross-contamination in the purchasing, preparation, and handling of food items. Food service staff should participate in regular school staff training on anaphylaxis management; they must be aware of students at risk for food allergy.

Avoidance of Milk and Egg

While many young children outgrow on allergy to milk and egg within the first decade of life, some will continue to remain at risk of anaphylaxis, and should therefore follow key safety rules such as carrying epinephrine at all times. Anaphylactic reactions to milk and egg can occur when relatively small quantities are ingested. Therefore, the allergic child must avoid all traces of milk and egg.

Under proposed new labeling regulations in Canada, all traces of milk, egg and other major allergens will have to be listed on processed food. Currently, however, there can be legally undeclared ingredients. In addition, common names for milk and egg may not be noted, e.g. casein (milk). This can make avoidance of these allergens particularly challenging.

Elementary schools have adopted different strategies to reduce the risk of exposure for milk- and egg-allergic children.

Milk

- In classes where there are milk-allergic children, ask families not to send in milk products.

Egg

- In classrooms where there are young egg-allergic children, parents and staff have worked to reduce the risk of accidental exposure by:

    - Avoiding egg in cooking classes or egg shells in craft activities. (This includes both egg whites and yolks, either cooked or raw.) Some food products which may contain egg protein are: bread brushed with egg white, deli meats with egg, drinks such as orange julep, and egg substitutes. Non-food items which may contain egg protein include: egg tempera paints, cosmetics, and shampoo.
    - Selecting activities which do not involve the use of real egg for special activities, e.g. Easter egg decorating or hunts with wooden or plastic eggs.
    - Seating children with egg allergy away from those who bring eggs for lunch or snack (e.g. hard-boiled, egg salad sandwiches) or whose food may contain eggs (e.g. mayonnaise).
    - Asking children to enjoy eggs and egg salad sandwiches at home.

Individuals with egg allergy are advised to consult with their allergist about drugs (such as anaesthetics) and vaccines or flu shots which may have egg protein.

Avoidance of Fish and Shellfish

Fish and shellfish allergies can be severe and life-threatening; therefore, strict avoidance must be practiced. Individuals with a specific shellfish allergy are advised to consult with their allergist about possible sensitivity to other species of shellfish. The same would be true for fish allergy. The risk of accidental exposure through cross-contamination in the storage and handling of fish or shellfish could be high. Fish- and shellfish-allergic consumers should look for 'may contain' warnings on food ingredient labels and be especially careful when purchasing fresh fish or shellfish, which is often stored in a common area in grocery stores. It is important to note that exposure to airborne fish particles have been known to cause an allergic reaction.

Casual Contact with Food Allergens

A recent U.S. study explored the commonly held beliefs that peanut odor and skin contact with peanut products pose a significant risk to peanut-allergic individuals. Many people believe that the mere presence of peanut products can contaminate the surrounding airborne environment, making an area unsafe for a peanut-allergic child.

Allergic reactions to foods such as peanut butter are triggered by specific food proteins. Food odor is caused by chemicals called pyrazines. Smelling peanut butter odor (pyrazines) is different from inhaling airborne peanut particles (proteins) which might

occur from the mass shelling of peanuts in a poorly ventilated area. Peanut-allergic people may feel unwell if they smell peanut butter, but this is likely due to a strong (and understandable) psychological aversion. Inhaling airborne peanut particles can cause allergic reactions with symptoms such as rashes, runny nose, itchy eyes, and occasionally wheezing, but anaphylaxis is thought to be unlikely. Some people worry that just touching small amounts of peanut butter will result in a significant or life-threatening allergic reaction. The researchers noted that a very small amount of peanut butter induced only a local reaction when touched; however, the same amount could cause anaphylaxis should it be unintentionally transferred to the mouth.

While the researches hope that their study will allay concerns about casual exposure to peanut, they advise continued caution: "Indeed, trace quantities of peanut can induce reactions when ingested, and intimate kissing, although perhaps considered casual contact, is also akin to ingestion." They add: "Specifically, on the basis of this study alone, we would not recommend changing any school policies that protect children with peanut allergy." The researchers also stressed that they did not study the effects of having a large amount of peanut or peanut butter in the room and that further investigation would be required.

Foods with "May Contain" Warnings

Products with a 'may contain' warning could be problematic for individuals with life-threatening food allergies if ingested**. Individuals with food allergy should not eat products which have a 'may contain' warning.** However, foods with a precautionary warning should not be an issue if consumed by non-allergic children in the presence of children with food allergies. Regular hand washing, cleansing of surfaces and adult supervision of young children while eating are still advised as a precautionary measure.

(Note: Precautionary labels such as 'may contain' are put on by food manufacturers at their own discretion.)

Reading Food Labels

While it is the responsibility of allergic consumers to always read food labels, confusion can be created by strong brand awareness and unfamiliarity with food labeling regulations. Here are some examples which consumers need to be aware of:

- Some popular brands which are widely recognized as being safe for allergic consumers may be used in other products which may contain peanut/nuts (e.g. Peanut-free chocolate in ice cream which has a 'may contain' warning).
- An allergen-free claim on certain products may be specific to only one size or format of the brand, not to all products using the same brand name. In some cases, the brand name has been used in new products which contain the allergen.

- Product formulations (recipes) can change and ingredients of a particular brand may not be the same in all formats or all sizes. For example, a regular size candy bar may be considered to be free of an allergen such as peanut; however, the snack size version could have a 'may contain peanuts' warning. This could be due to the risk of cross-contamination if the product is run on the same equipment as products which contain peanut. Products may also be produced in a different format or in a different production factory.
- Food labeling standards in other countries may not be the same as Canada's. Imported products may pose a risk to allergic consumers. Researchers found that 31% of imported chocolate bars from Eastern Europe without a precautionary label actually contained detectable levels of peanut protein.

Food-allergic individuals and those who buy on their behalf must read food ingredient labels every time they purchase a product.

Food-allergic consumers are encouraged to read food ingredient labels three times: once when purchasing an item, a second time when putting the product away, and a third time just before serving.

Cleaning Surfaces

A recent U.S. study suggests that liquid or bar soap and antibacterial wipes can effectively remove peanut butter residue from hands. However, anti-bacterial hand sanitizers and water alone are not as effective. In the same study, researchers found that common household cleaning products such as Formula 409 (Clorox), Lysol sanitizing wipes, and Target brand cleaner with bleach were effective in removing residual peanut allergen from surfaces. Not all products may be available in Canada, but the research suggests that comparable products would work equally well. Dish soap did not effectively remove residue of peanut butter from surfaces.

Food Lists

Many schools provide a list of ‘safe foods’ to all families to help them comply with a ‘no peanut or nut’ request. While this is well-intended, schools and food-allergic consumers are encouraged to use them as a guideline only. Many of these lists could be inaccurate or outdated.

Parents of children with food allergy should teach them to always read food ingredient labels and not to accept or share foods which the parent have not approved, even in so-called ‘peanut-free’ schools. It is unrealistic to expect others who are not affected by food allergies to understand the details required to properly read a food label. Others may not recognize alternate names for foods (e.g. casein = milk), and assume that a product is okay if there is no ‘may contain’ warning (which is voluntarily put on by manufactures).

Glenbow Goodies – Tuck Shop
Gym Responsibilities

1. Send out to all potential volunteers.
2. Supervisor should ask parent to read this upon arrival for first shift.

- Please arrive in the tuck shop by 11:15.

- Please help to set up the tables in the gym for the students. Grade 3 students will wheel the tables to the proper positions and then they are opened for use. Only parents are allowed to open the tables for set up**. For safety reason students are not allowed to open the tables for set up!**

- Please wash your hands with soap and water before touching food/utensils.

- For those who are supervising in the gym for the lunch hour, please help the students open containers etc. and allow them washroom and water fountain privileges. If there are discipline issues, please refer the issue to the teacher in the gym.

- One adult should be designated to check the peanut free table at the beginning of each lunch period.

- We have spoons available for those students who do not have one or have forgotten it. There is also paper towel for spills etc. A floor bucket with cleaning cloths is available for spills on the floor (Please do not use the spray bottles and rags that are used for the tables). All of these items are found on the edge of the stage or on a cart.

- Food-allergic children should be asked if they know where their epi-pen is <u>before</u> they eat. No epi-pen = No food. We have a peanut/nut free table. Please check that no peanut products are at the Peanut free table.

- Please ask any child who has had peanut butter/ peanut products to wash hands with soap and water after lunch.

- Wash table with peanut free cloth.

- At approximately 12:00 pm, Grade 1 and 3 students will be dismissed by the **teachers**. At this time, we wash the tables and benches with the spray bottles and cleaning cloths.

- At 12:35, Grade 2 and 4 students will be dismissed table by table by the **teachers**. We then wash the tables and benches with the spray bottles and cleaning cloths provided. **The skinny brown tables need to be washed first and folded up.** Mrs. Ireton's gym helpers will wheel the tables to the store room door where they will be put away by Mrs. Ireton.

- We continue washing the other tables and folding them up to be put away. Once again the designated helpers (children) will wheel them to the store room door and they will be put away by Mrs. Ireton.
- The floor bucket, spray bottles, and cleaning cloths need to be taken into the storage room and placed on the table.
- Mrs. Ireton's helpers will then collect the garbage and recycle items, sweep and clean the floor.
- Vicky will collect the money from the tuck shop.

Thank you for your time and support!

Overview of Individual Anaphylaxis Emergency Plan
(For individual)

Recommendation

- In schools and other child care settings, each child at risk of anaphylaxis should have an Anaphylaxis Emergency Plan. (See Section 6.3)
- The Anaphylaxis Emergency Plan should be signed by the physician and parent or guardian. Although a child's condition may not change (i.e. child continues to be at risk of anaphylaxis), many allergists prefer to see their patients on an annual basis.

  Glenbow Elementary School allows a parent or guardian to note "on file" if a physician's signature has already been obtained (e.g. on previous Anaphylaxis Emergency Plan or written instructions about treatment protocol) and there has been no change in the child's condition or treatment strategy. The document with the physician's signature should be kept in the pupil's file for future reference. Parents should alert Glenbow to any changes in the child's medical condition.'

- There may be situations where patients were given recommendations that differ from those outlined in this Anaphylaxis Emergency Plan. In these cases, specific instructions for treatment of symptoms and risk reduction strategies should be provided in writing by the child's physician. Parents of allergic children should discuss individualized plans with their children's school staff.

The Anaphylaxis Emergency Plan has 6 components:

1. Student Allergy Survey (Section 6.2)
2. Anaphylaxis Emergency Plan (Section 6.3)
3. Consent for obtaining confidential information (Section 6.4)
4. Consent for release of confidential information (Section 6.5)
5. Anaphylaxis information for parents (signed form) (Section 6.6)
6. 911 Protocol – Anaphylaxis (Section 6.7)

Student Allergy Survey

To Parents,

This survey is designed to obtain information concerning life-threatening allergies. Please return the completed survey to your student's school.

_____ _____
Student's Name Parent's Name

1. Does your child have a life-threatening allergy? _____ YES _____ NO

2. Does your child have any allergies which produce any of the following symptoms following exposure to a particular material?
   (a) Difficulty breathing or swallowing. _____ YES _____ NO
   (b) Fainting or collapse. _____ YES _____ NO
   (c) Swelling of the tongue, lips or face. _____ YES _____ NO
   (d) Other (specify) _____ YES _____ NO _____

3. Have any of the symptoms referred to in question 2 occurred after:
   (a) Eating a particular food? _____ YES _____ NO
   (b) Receiving an insect bite? _____ YES _____ NO
   (c) Receiving a sting? _____ YES _____ NO

IF YOU RESPOND YES TO ANY OF THE ABOVE QUESTIONS, PLEASE CONTINUE.

4. Has your child been seen by a medical doctor for the treatment of an allergic reaction? _____ YES _____ NO

5. Has your child been tested for allergies? _____ YES _____ NO

   If yes, indicate types of tests and results _____

6. Have you been told by your medical doctor that your child requires an emergency medical kit available in the school? _____ YES _____ NO

7. What foods or materials must your child avoid? _____
_____

8. Name of family doctor: _____

I agree that this information will be shared, as necessary, with the staff of the school and health care systems.

_____ _____
Date Parent's Signature

Anaphylaxis Emergency Plan: _____ *(name)*

This person has a potentially life-threatening allergy (anaphylaxis) to:

PHOTO

(Check the appropriate boxes.)

- ☐ Peanut
- ☐ Tree nuts
- ☐ Egg
- ☐ Milk
- ☐ Other: _____
- ☐ Insect stings
- ☐ Latex
- ☐ Medication: _____

Food: The key to preventing an anaphylactic emergency is absolute avoidance of the allergen. People with food allergies should not share food or eat unmarked / bulk foods or products with a "*may contain*" warning.

Epinephrine Auto-Injector: Expiry Date: _____ / _____

Dosage: ☐ EpiPen® Jr 0.15 mg ☐ EpiPen® 0.30 mg ☐ Twinject™ 0.15 mg ☐ Twinject™ 0.30 mg

Location of Auto-Injector(s): _____

☐ **Asthmatic:** Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.

A person having an anaphylactic reaction might have ANY of these signs and symptoms:

- **Skin:** hives, swelling, itching, warmth, redness, rash
- **Respiratory (breathing):** wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing), trouble swallowing
- **Gastrointestinal (stomach):** nausea, pain/cramps, vomiting, diarrhea
- **Cardiovascular (heart):** pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
- **Other:** anxiety, feeling of "impending doom", headache

Early recognition of symptoms and immediate treatment could save a person's life.

Act quickly. The first signs of a reaction can be mild, but symptoms can get worse very quickly.

1. **Give epinephrine auto-injector** (e.g. EpiPen® or Twinject™) at the first sign of a reaction occurring in conjunction with a known or suspected contact with allergen. Give a second dose in 10 to 15 minutes or sooner **IF** the reaction continues or worsens. (See second page for instructions.)
2. **Call 911.** Tell them someone is having a life-threatening allergic reaction. Ask them to send an ambulance immediately.
3. **Go to the nearest hospital**, even if symptoms are mild or have stopped. Stay in the hospital for an appropriate period of observation, generally 4 hours, but at the discretion of the ER physician. The reaction could come back.
4. **Call contact person.**

Emergency Contact Information

Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned patient, parent, or guardian authorizes any adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as described above. This protocol has been recommended by the patient's physician.

Patient/Parent/Guardian Signature _____ Date _____ Physician Signature _____ Date _____

Anaphylaxis Canada
Helping people live with deadly allergies

ROCKY VIEW SCHOOL DIVISION NO. 41

SS 09/00

CONSENT FOR OBTAINING CONFIDENTIAL INFORMATION

STUDENT _____

SCHOOL _____

GRADE/PROGRAM _____

I, the undersigned, hereby authorize Student Services – Rocky View School Division No. 41 to obtain any medical, psychological or school records on my child; which by law or otherwise, may be considered confidential or privileged. This form, or a copy thereof, is equally valid.

Consent To Obtain Information From (Name/Address):

_____

_____

_____

_____

_____ _____

Parent Signature Date

ROCKY VIEW SCHOOL DIVISION NO. 41

SS 08/00

CONSENT TO RELEASE CONFIDENTIAL INFORMATION

STUDENT _____

SCHOOL _____

GRADE/PROGRAM _____

I, the undersigned, hereby authorize Student Services – Rocky View School Division No. 41 to release any medical, psychological or school records on my child; which by law or otherwise, may be considered confidential or privileged. This form, or a copy thereof, is equally valid.

Consent To Release Information To (Name/Address):

_____

_____

_____

_____

_____ _____

Parent Signature Date

Anaphylaxis Information for Parents

Anaphylaxis = 'a severe allergic reaction to any stimulus, having sudden onset, involving one or more body systems with multiple symptoms
(copyright@2005 Canadian Society of Allergy and Clinical Immunology).

Did You Know?

- Signs and symptoms of allergic reaction can occur within minutes of exposure to an offending substance. Reactions usually occur within 2 hrs of exposure, but in rarer cases can develop hours later.
- Anaphylaxis can occur without hives.
- People with asthma who are also diagnosed with anaphylaxis are more susceptible to severe breathing problems, when experiencing an anaphylactic reaction.
- If your doctor has informed you that your child should carry an epipen, there is the possibility that they could suffer an anaphylactic reaction, if exposed to the offending allergen. An epipen should be with the child at all times. If a reaction occurs an epipen could save their life.
- Minutes count. There may not be time to go and find the epipen. Time from onset of the first symptoms to death can be as little as a few minutes if the reaction is **not** treated. Even when symptoms have subsided after initial treatment they can return at any time up to eight hours after exposure, regardless of initial reaction severity
- Symptoms of anaphylaxis do not always occur in the same order, even in the same individuals.
- Administering an antihistamine or inhaler will not suffice for the treatment of anaphylaxis. One of the primary risk factors for death from food allergy is the delay in administering epinephrine.
- All anaphylactic children should only eat food that is prepared at home, this minimizes the chances of a reaction. However, it is not a guarantee that no reaction will occur. Cross contamination in factories or food preparation, could result in the child having a reaction to a familiar food.
- Remember to check the expiry date on the epipen before taking it from the pharmacy. Usually they will have to be replaced every year or sooner.
- Peanut allergic individuals have complained of minor symptoms (e.g. Itchy mouth), with as little as the equivalent of 1/70,000 of a peanut kernel. Observable reactions have occurred with 1/20 of a peanut kernel.
- Peanuts are one of the most common triggers of anaphylaxis, the most likely of all food allergens to trigger a full-blown anaphylactic reaction, and the most common cause of fatal food anaphylaxis.
- Peanuts have been the cause of a number of tragic incidents involving school children.

References:

www.cdnsba.org/pdf/anaphylaxis_eng.pdf Anaphylaxis: A Handbook for School Boards.

www.calgaryallergy.ca Calgary Allergy Network

www.allergysafecommunities.ca Allergy Safe Communities

www.anaphylaxis.org Anaphylaxis Canada

www.safe4kids.ca Safe4Kids- A site for kids living with anaphylaxis

---

I_____ have read and understood the above parent information sheet on anaphylaxis and agree to my child carrying his/her epipen while at school.

I _____have read the above parent information sheet on anaphylaxis. In consultation with my child's physician it is not necessary for my child to carry an epipen.

Signed: _____

Print name: _____ Date: _____

To be Posted by Telephone

911 Protocol - Anaphylaxis

1. **Emergency Phone Number**
2. **Hello, my name is** _____
3. **We are located at:**

   Address: _____

   Nearest major intersection: _____
4. **Tell them:**
   "We need an ambulance immediately. We have a child going into anaphylactic shock. An EpiPen® is being given now."
5. **Give the following information about the child:**
   - level of consciousness
   - breathing
   - bleeding
   - age
6. **My phone number is** _____
7. **The closest entrance for the ambulance is on:**

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

Ottawa-Carleton District School Board — Revised July 1998

Appendix 1

How to use the EpiPen® Epinephrine Auto-Injector

Comment utiliser l'auto-injecteur d'adrénaline EpiPen®

1.

Grasp unit with black tip pointing downward and pull off grey activator cap.

Tenir l'unité avec le bout noir pointant vers le bas et enlever le bouchon activateur gris.

2.

Jab black tip firmly into outer thigh so it "clicks" AND HOLD on thigh approximately 10 seconds.

Enfoncer brusquement le bout noir dans la cuisse jusqu'à un « déclic » ET MAINTENIR l'unité dans cette position pendant environ 10 secondes.

3.

Seek medical attention.

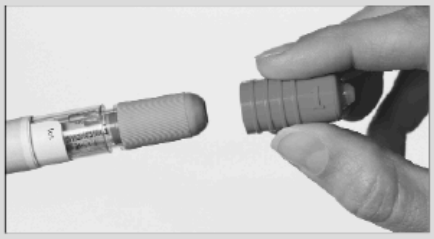
Obtenir des soins médicaux.

AVAILABLE THROUGH YOUR PHARMACIST
DISPONIBLE CHEZ VOTRE PHARMACIEN

Distributed in Canada by / distribué au Canada par
ALLEREX® LABORATORY LTD.
P.O. Box 13307, Kanata, Ontario K2K 1X5
Tel.: (613) 831-7733 Fax: (613) 831-7738
www.epipen.ca

Twinject: Easy to use, easy to carry your back-up dose.

FIRST DOSE: AUTO-INJECTED



ONE
PULL off GREEN end cap to see a GREY cap. **Never put thumb, finger or hand over the GREY cap.**

TWO
PULL off RED end cap.

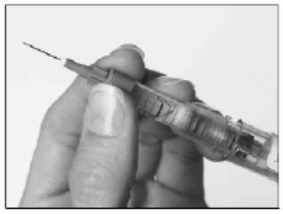
Numbered caps are for memory purposes only, and order is not important.

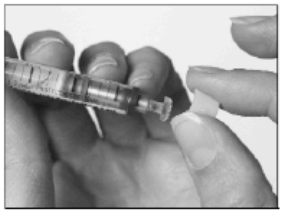
INJECT
Place GREY cap against mid-outer thigh. Press down firmly. Hold against thigh while slowly counting to ten. Injects through clothes. Remove auto-injector.

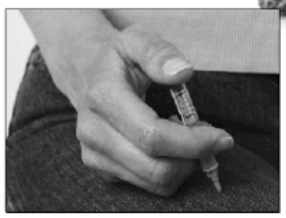
PREPARE FOR SECOND DOSE.

SEEK EMERGENCY MEDICAL HELP IMMEDIATELY.

SECOND DOSE, IF NEEDED: MANUAL







Unscrew and remove GREY cap. **Beware of exposed needle.** Holding BLUE hub at needle base, remove syringe from barrel.

Slide collar off plunger. **PAUSE. If symptoms have not improved in about 10 minutes since first dose, inject second dose.**

Insert needle into mid-thigh (at least 5 cm/2 in from first injection site) and push plunger down completely.

SEEK EMERGENCY MEDICAL HELP IMMEDIATELY.

Twinject 0.3 mg Auto-Injector (0.3 mL Epinephrine Injection, USP, 1:1000) and Twinject 0.15 mg Auto-Injector (0.15 mL Epinephrine Injection, USP, 1:1000) are indicated for emergency treatment of severe allergic reactions (Type 1) including anaphylaxis to: stinging insects, biting insects, allergen immunotherapy, foods, latex, other allergens, and drugs. (Please see Product Monograph for full indication.) Epinephrine can also be used in the treatment of anaphylaxis of unknown cause, exercise-induced anaphylaxis, or anaphylactoid reactions.

Epinephrine should be used with caution in patients with cardiac arrhythmias, coronary artery or organic heart disease, hypertension, or in patients who are on medications that may sensitize the heart to arrhythmias. In patients with coronary insufficiency or ischemic heart disease, epinephrine may precipitate or aggravate angina pectoris as well as produce potentially fatal ventricular arrhythmias. Epinephrine use should be avoided in patients with organic brain damage. Administer with caution to elderly or hyperthyroid individuals, pregnant women, individuals with cardiovascular disease or diabetes.

Adverse reactions include transient, moderate anxiety; feelings of over stimulation; apprehensiveness; restlessness; tremor; weakness; shakiness; dizziness; sweating; an increase in pulse rate; the sensation of a more forceful heartbeat; palpitations; pallor; nausea and vomiting; headache, and/or respiratory difficulties.

More than 2 sequential doses of epinephrine should only be administered under direct medical supervision.

paladin

P0308025E Printed in Canada

Twinject™ auto-injector (epinephrine injection USP 1:1000)

Twice the confidence.

Anaphylaxis Emergency Plan

Example Letter to Families
(Allergic Child in Classroom)

Dear parents:

I am writing to you on behalf of a student and his family with allergies in your child's class. He has a life-threatening allergy to peanuts and all types of nuts. If peanut butter or even the tiniest amount of peanut or any type of nut enters his body (through his eyes, nose or mouth), he experiences very strong reactions. His face swells and breaks out in hives, his throat swells and tightens. Without immediate medical treatment he could die within minutes.

After discussions with the school staff and other knowledgeable parties in the medical community, it has been suggested that the very best way to provide a safe environment for this student would be to enlist the support of the class parents to help make his classroom a "peanut-and-nut free environment". This means that each child entering his class is asked to bring snacks and lunches free of any peanuts or nuts. Though it sounds simple, it means no peanut butter sandwiches or peanut butter cookies. It means you should read the labels of other foods like muffins, granola bars and cereal before you put them in your child's snack. Our concern is for foods where peanuts of nuts might be a "hidden" ingredient, and where cross-contamination may occur.

I realize the request poses an inconvenience for you when packing your child's snack and lunch; however, I wish to express sincere appreciation for your support and understanding of this potentially life-threatening allergy.

Sincerely,

Principal or Teacher

. . . . . .

Please return this portion to the home room teacher

We the parents/guardians of _____ (child's name) have received and read the letter regarding the student with the life-threatening allergy.

Parent/Guardian Signature _____ Date _____

ATTENTION PARENTS OF THE TWO DAY AM CLASS

We have a student in this class that has a peanut and nut allergy. This is a dangerous and life-threatening allergy.

Please ensure that the snack you bring for your child does not contain peanuts or nuts.

Thank you for your attention and cooperation of this matter.

A to Z Pre-school

Example Newsletter Requesting Peanut-free Snacks/Lunches

Did You Know…?

Peanut allergy is one of the most common food allergies and the leading cause of food-induced anaphylaxis (severe allergy)?

Reactions to peanuts are often more severe than to other foods. Very minute quantities of peanut, when ingested, can cause severe or fatal anaphylactic (allergic) reactions.

Most reactions are caused by accidental peanut exposure.

You can help prevent anaphylaxis in our school.

We are requesting that children bring snacks and lunches free of any peanuts or peanut butter. Please read labels to ensure that store-bought foods such as cookies, granola bars, muffins and cereal do not contain peanuts or hidden peanut product.

We realize this request may pose an inconvenience for you. However, we wish to express our sincere appreciation in preventing a potentially life-threatening reaction and in keeping Glenbow a safe and caring school!