

# Anaphylaxis Protocol

## Introduction

This Anaphylaxis Protocol addresses the components of Ministry of Education Policy/Program Memorandum 161 Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthmas, Diabetes, and/or Epilepsy) in Schools.

## Rationale For an Anaphylaxis Protocol

An Act to Protect Anaphylactic Pupils enacted by the Ontario Legislature came into force January 1, 2006. The act states that every School Board shall establish and maintain an anaphylaxis policy. The Anaphylaxis Protocol is to assist in developing a safe and inclusive environment by providing information to school personal about anaphylaxis (what it is, it's causes, symptoms, and treatment), and their responsibilities to assist the child diagnosed with anaphylaxis to manage their life threatening allergy.

## What is Anaphylaxis?

(From: Supporting Ontario Children and Students with Medical Conditions)

Anaphylaxis (pronounced anna-fill-axis) is a serious and possibly life-threatening allergic reaction that requires immediate recognition and intervention. Symptoms can vary from person to person and may include:

- Skin: hives, swelling (face, lips and tongue), itching, warmth, redness
- Breathing (respiratory): coughing, wheezing, shortness of breath, chest pain/tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing
- Stomach (gastrointestinal): nausea, pain/cramps, vomiting, diarrhea
- Heart (cardiovascular): paler than normal/blue skin colour, weak pulse, passing out, dizziness or light-headedness, shock
- Other: anxiety, sense of "doom" (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste

## Diagnosis of Anaphylaxis

A medical physician (family doctor, emergency physician) is often the first to identify an allergic patient. People thought to be at risk of life threatening allergic reactions should be evaluated by an allergist. Diagnosis includes a detailed personal history and confirmation of an allergy through appropriate investigations such as skin and/or blood tests. Patients diagnosed as being at risk of anaphylaxis are instructed that absolute avoidance of the allergy-causing substance is necessary to avoid future reactions. They must carry an epinephrine auto-injector (e.g. EpiPen®) at times and should wear medical identification such as a Medic-Alert bracelet or necklace.

## Triggers - Life-Threatening Allergens

Although many substances have the potential to cause anaphylaxis, the most common triggers are foods and insect stings. In Canada, allergy causing foods are most often:

- Peanuts, tree nuts (e.g. almond, hazelnut, cashew, pistachio etc.)
- Milk
- Egg
- Fish, shellfish
- Sesame seeds, soy, wheat and mustard

- Medications and latex rubber can also potentially cause life-threatening allergic reaction
- Insect stings (wasps, bees)
- Strenuous exercise can trigger anaphylaxis in some sensitized individuals after they eat a certain food that is not normally problematic. In these individuals, anaphylaxis only occurs if ingestion of the food allergen is followed by exercise or vigorous physical activity within hours of ingestion. Neither the food allergen nor exercise alone can trigger the anaphylactic reaction. In other individuals, anaphylaxis may be triggered by exercise alone. In some cases of anaphylaxis, the cause is unknown ('idiopathic')

## Factors that May Increase the Risk of a Severe Anaphylactic Reaction

### Anaphylaxis and Asthma

People with Asthma who also diagnosed with anaphylaxis are more susceptible to severe breathing problems when experiencing their anaphylactic reaction. It is extremely important for asthmatic patients to keep their asthma well-controlled. In cases where an anaphylactic reaction is suspected, but there is uncertainty whether or not the person is experiencing an asthma attack, epinephrine should be used first. Epinephrine can be used to treat life-threatening asthma attacks as well as anaphylactic reactions. Asthmatics who are at risk of anaphylaxis should carry their asthma medications (e.g. puffers/inhalers) with their epinephrine auto-injector (e.g. EpiPen®).

### Under-utilization and delay in the use of epinephrine

Epinephrine is the drug of choice to treat an anaphylactic reaction and needs to be given early in the course of a reaction. It is imperative that all patients, parents of children at risk, teachers, and caregivers know the signs and symptoms of anaphylaxis and the correct use of emergency medication (e.g. epinephrine auto-injector).

### Signs and Symptoms

Signs and symptoms of a severe allergic reaction can occur within minutes of exposure to an allergen. An anaphylactic reaction can involve any of the following symptoms, which may appear alone or in any combination, regardless of the triggering allergen:

**Skin system:** hives, swelling, itching, warmth, redness, rash

**Respiratory system (breathing):** coughing, wheezing, shortness of breath, throat tightness, hoarse voice, nasal congestion or hay fever like symptoms (runny nose and watery eyes, sneezing), trouble swallowing

**Gastrointestinal system (stomach):** nausea, pain/cramps, vomiting, diarrhea

**Cardiovascular system (heart):** pale/blue color, weak pulse, passing out, dizzy/lightheaded, shock

**Other:** anxiety, feeling of 'impending doom', headache, metallic taste

Note: it is important to note that anaphylaxis can occur without hives.

**NOTE:** Symptoms may vary with each individual, depending on the specific food and quantity ingested, and may be only one or any combination of the symptoms above. Time from onset of first symptoms to death can be in as little as a few minutes, if the reaction is not treated immediately. Even when symptoms have subsided after initial treatment, they can return within 8 to 12 hours after the first exposure.

### Medication – Epinephrine

Epinephrine - also known as adrenaline - is the drug form of a hormone that the body produces naturally. Epinephrine is the treatment or drug of choice to treat anaphylaxis and as a result is prescribed by a physician for those at risk of anaphylaxis. Treatment protocol is through the use of epinephrine auto-

injector. Epinephrine helps to reverse symptoms of an allergic reaction by opening the airways, improving blood pressure, and accelerating heart rate.

There are no contraindications to use an epinephrine for a life-threatening allergic reaction. Simply put, this means that in normal healthy individuals, epinephrine will not cause harm if given unnecessarily. Possible side effects from epinephrine can include: rapid heart rate, flushing or pallor (paleness), dizziness, weakness, tremors and headache. The side effects are generally mild and subside within a few minutes.

## **Key Points**

**Epinephrine is the first line medication which should be used in the emergency management of a person having a potentially life-threatening allergic reaction.**

- Antihistamines and asthma medication must not be used as first-line treatment for an anaphylactic reaction.
- In studies of individuals who have died as a result of anaphylaxis, epinephrine was under used, not used at all, or administration was delayed.
- Recommended that epinephrine be given at start of any suspected anaphylactic reaction occurring in conjunction with a known or suspected allergen contact.
- Epinephrine is to be injected into the muscle on the outer side of the thigh.

**Additional epinephrine (second epinephrine auto-injector) must be available. The second dose may have to be administered within 10-15 minutes, or sooner, after the first dose is given IF symptoms have not improved.**

## **Duty of Care**

### **An Act to Protect Anaphylactic Pupils, 2005 (Sabrina's Law)**

<https://www.ontario.ca/laws/statute/05s07>

Requires that every school board establish and maintain an anaphylactic policy, which must include, among other things, strategies to reduce risk of exposure to anaphylactic causative agent; a communication plan for the dissemination of information on life-threatening allergies; also a requirement that every school principal develop an individual Plan of Care for each pupil who has an anaphylactic allergen; and a requirement that every school principal maintains a file for each anaphylactic pupil.

## **Education Act**

### **Education Act 265 (1): Duties of Principals**

j) care of pupils and property – to give assiduous attention to the health and comfort of the pupils

### **Education Act, Regulations: Reg. 298, S20: Duties of Teachers**

g) ensure that all reasonable safety procedures are carried out in course and activities for which the teacher is responsible

## **Common Law Duties Owed by Teachers**

To assist or allow a student to seek medical attention as a careful parent would. The board's liability policy provides coverage for employees acting within the scope of their duties with the board. Best, all school staff who administer first aid to a student who is suffering from an anaphylactic emergency within the school or during a school activity, are covered.

## Communication of Information on Anaphylaxis

The board public webpage offers resources that include information about anaphylaxis that can be shared with all parents/guardians, students, employees, volunteers, coaches and other persons who have direct contact with a student with anaphylaxis. School administrators are asked to consider these links in school newsletters, on the school website or in other pertinent areas, or in a letter home to all parents/guardians at the beginning of the school year.

This information is intended to assist people in understanding how to reduce exposure to anaphylaxis triggers, and how to manage anaphylaxis symptoms exacerbations.

The school principal/designate shall work with staff and families to help ensure that an anaphylaxis friendly school environment exists that is safe and supportive for all students.

## Identification

Have a process in place where children with an anaphylactic condition are identified to the school system by parents/guardians and are requested to supply information on the anaphylactic condition.

- **Students, new to the school, during registration**  
Question during intake meeting specifically asking whether or not child is anaphylactic (or has any other medical conditions). Anaphylaxis Student Plan of Care provided to parent/guardian for further information regarding anaphylaxis triggers, etc.
- **Students presently registered at school**  
At the beginning of each school year, the school principal/designate shall have a process in place of requesting parent/guardian/adult student to identify if there is a new diagnosis of anaphylaxis (throughout the school year)
- **Ensure students medical condition(s) are entered** into the board's student database system.
- **Principals will ensure the creation/revision** of the Student Plan of Care and keep a copy of any prescriptions
- **Principals will ensure regular training** on dealing with life-threatening allergies for all employees and others who are in direct contact with pupils on a regular basis. (Sabrina's Law 2.3.)

## Development of Anaphylaxis Student Plan of Care

The parent/guardian in consultation with the principal shall create, review and update the plan of care during September, or on the date as requested by the school administrator.

The plan shall be reviewed by the principal/designate in consultation with the parent/guardian/adult student following the anaphylaxis protocol, on an annual basis or when there is a change in the child's condition or changes to the prescribed medication. Where appropriate the classroom teacher is to be part of the information sharing process.

The child's anaphylaxis triggers are to be identified and avoidance strategies are to be developed and implemented.

## Location of Epinephrine Auto Injectors (EpiPen®)

The Sudbury Catholic District School Board's choice for the epinephrine auto-injectors is EpiPen®

- **Number of EpiPens®**
  - Students are to have access to two EpiPens®

- **Location of the EpiPen®**
  - One is to be in close location to the child - Grades 1 to 12, the student, where capable of doing so, is to carry their EpiPen® with them at all times. Kindergarten teachers are to have the child EpiPen® in the classroom (e.g. teacher's desk), outside the classroom (with the supervising teacher).
  - The second EpiPen® is to be located in a safe, secure (NOT locked), readily accessible location at all times. All school staff are to be informed of the location of the epinephrine auto-injector - EpiPen®.
  - Conditions for storage: protect from light; store at room temperature; protect from freezing; and do not refrigerate.

**For compliance with the Sudbury Catholic DSB epinephrine auto-injector protocols, refer to the following letters to parents.**

- Sample letter to parents/guardians for the child to carry their EpiPen®
- Sample letter to parents/guardians re: students to supply two EpiPens® - one to be kept in a secure location in the school

#### **Look-alike products to Peanut Butter**

(e.g. SchoolSafe Soy Butter – WOWBUTTER; Sunbutter (sunflower seeds); Golden Pea Butter (peas and Omega 3 canola oil, etc.)

School administrators are to communicate with the school community to refrain from sending look-alike products to peanut butter to school with children. Refer to sample: anaphylaxis letter re-: peanut/tree nuts to school community.

***It is impossible to differentiate between these products and peanut butter; in fact, these products are almost identical in color, consistency, smell and taste of peanut butter. Therefore, the board is requesting that parents do not send their children to school with look-alike products to peanut butter in sandwiches until the products are available in a colour other than tan, the colour peanut butter.***

If not already done so, please bring the above information to the attention of your school community via your school newsletter and/or school website.

If a student brings this product into the school, an alternative setting to eat their lunch/snack is to be provided.

## Treatment For An Anaphylactic Reaction

### A.C.T.

- **Administer** the auto injector
- **Call 911**
- **Transport** to hospital by ambulance
- **Administer the epinephrine auto-injector - EpiPen®:**
  - Be prepared to assist or take over the administration of the auto injector, as individuals may not physically be able to self-administer the epinephrine when they are suffering from a reaction. Assistance from others is crucial in these circumstances.
  - Administer the epinephrine auto-injector, immediately, at the first signs/symptoms of an anaphylactic reaction occurring in conjunction with a known or suspected allergen contact. Epinephrine is usually effective after one injection.
  - Access the student's other auto-injector and have it brought to the location of the anaphylactic person. A second dose may be administered, within 5 to 10 minutes or sooner, if symptoms have not improved or have worsened.
- **Call 911:**
  - Call person is to inform the emergency operator that a student/individual is having an anaphylactic reaction. (Note: use the terminology **anaphylactic reaction**). The call person should know the address of the school, the names of the closest cross streets and the entrance location.
  - Inform the principal and/or first aid provider.
- **Transfer care to the paramedics:**
  - Have an individual meet the ambulance at the appropriate entrance and take the ambulance personnel to the location of the student.
  - Provide the paramedics with a copy of the child's Plan of Care.
  - Notify the paramedics of the times that the medication was administered.
- **Transport to hospital by ambulance:**
  - All individuals receiving emergency epinephrine must be transported to hospital immediately for evaluation and observation for an appropriate period (e.g. 4 hours) because of the possibility of a bi-phasic or prolonged reaction.
  - One common familiar person must stay with the child until a parent/guardian arrives.

**Contact parents, as soon as reasonably possible, informing them of their child's medical situation and the hospital their child was taken to.**

### **How to Administer an EpiPen®**

NOTE: The EpiPen® Trainer does NOT contain a needle

Administer the EpiPen® immediately, at the first sign of reaction, in conjunction with the child's contact with their life-threatening allergen.

**Injection procedures:** (“Blue to the sky - Orange to the thigh”)

1. Remove the EpiPen® from its case
2. Hold the EpiPen® along the shaft keeping thumbs and fingers away from both ends of the auto injector
3. Pull off the end safety CAP (Blue cap).
4. Injection location is the MIDDLE OF THE OUTER THIGH. NO other location.
5. Hold student’s leg steady to prevent it from moving during injection.
6. Place injecting end of the EpiPen® (orange tip) against the MID-OUTER THIGH and jab/press firmly enough to disengage the needle on the EpiPen® into the leg. (Listen for a ‘click’).
7. Keep the EpiPen® on the leg for 10 seconds, to allow medication to enter the leg. (Count one – one thousand, two – one thousand etc.) After the 10 second count remove the EpiPen® from the leg.
8. When the EpiPen® is removed from the leg check that the needle on the EpiPen® was disengaged. (In the newer EpiPens® the orange cap is extended over the needle and the window on the side of the EpiPen® indicates successful use.) If the needle was not disengaged – try again – pressing more firmly.
9. Massage the injection area for a 10 second count.
10. If symptoms do not improve, or if symptoms re-occur, administer a second EpiPen® after approximately 5 to 10 minutes or sooner. “Signs that the reaction is not under control are that the person’s breathing becomes more laboured or there is a decreased level of consciousness.”
11. Location of second injector site is 2 to 3 cm away from the initial injection site on the same leg.

**Student’s body position after receiving epinephrine:**

- Place person on their back with her legs raised above heart level.
- Do not have the student immediately set up, stand or walk around.
- Direct emergency responders to the student. Do not have Student walk to emergency responders.

**If the student is having difficulty breathing:**

- Position them in and upright sitting position.

**If the student feels sick or vomiting:**

- Place the person in recovery position-on their side with their head down so the airway is clear and they do not choke on vomit.

Also:

- If food or drink is suspect, rinse out the mouth.
- If inhaled reliever medication is available, give it.

Note: if you forget any of the steps read instructions along the side of the EpiPen®.

The needle of the EpiPen® can penetrate one layer of clothing.

**There are no contraindications to using epinephrine.**

In normal healthy individuals, epinephrine will not cause harm if given unnecessarily. Possible side effects from epinephrine can include: rapid heart rate, paleness, dizziness, weakness, tremors and headache. These side effects are generally mild and subside within a few minutes.

### **Accidental injection into caregiver/patient's fingers:**

Care should be taken, before administering an injection, to ensure that the needle end of the auto-injector is administered. Accidental injection into the hands may result in loss of blood flow to the infected area.

If there is an accidental injection the person should go immediately to the nearest emergency department for treatment.

**Note:** School administrators should consider simulating an anaphylactic emergency, with all staff, similar to a fire drill, to review and check to see that all elements of the school's emergency protocol are in place and everyone knows their role.

### **Field Trips and Students with Anaphylaxis (Day Trips, Overnight Trips, Extensive Trips, Exchange Programs):**

- **Process in place to identify students with the diagnose life-threatening allergen - anaphylaxis.**
- **Trip site and activities are to be checked for potential safety hazards.** Where possible a pre-activity inspection of the site and activities by the in-charge teacher to investigate safety conditions e.g. bees/wasps, latex, food products that students have life-threatening allergy to.
- **Communicate with the child's parents/guardians** during the initial planning stages of the trip informing them of the destination, mode of travel and activities students are to participate in. This will allow for parent/guardian input in the school developing a clear set of expectations and accommodations to meet their child's medical needs on the trip. Knowing the trip expectations and accommodations the parents will be able to provide an informed decision as to their child's participation. You may consider inviting parent on the trip as a supervisor.
- Parents are to be consulted on medication to be taken – EpiPen®:
  - Day Trips – two EpiPens® to be taken.
  - Overnight/extensive/exchange trips - number of EpiPens® to be taken. Consideration given to distance from activity site to closest hospital/EMS. Availability of EpiPens® in the country of destination.
  - Conditions for storage of EpiPens® on route and at destination.
  - In-charge teacher to check with tour operator/activity provider for the distance from the activity location to the Emergency Medical Services (ambulance) and/or hospital. It is important when planning trips that a hospital and/or EMS be within the timeframe of the number of EpiPens® accessible to the student (EpiPen® will last 10 to 15 minutes if administered correctly).
  - If allergen is a food allergy, student brings their own parent approved food. Where not possible parent provides information/list of foods to avoid during trip.
- **Tour operator and/or activity provider**
  - In-charge teacher is to identify the students with anaphylaxis and their life-threatening allergen.
  - Request operator to provide you with their accommodations for students with anaphylaxis.
  - Compare tour operator's plans for accommodations with school board expectations for accommodations for one of its students.
  - Adjust operator's accommodation plans accordingly to the needs of the student. Follow the plan wherever there is a higher standard.
  - If trip provider does not have a pre-existing plan for the student's medical condition, develop one of your own based on school board expectations and parent input and provide the operator with a copy.
  - Based on list of accommodations for the student the tour operator must provide:



- Safe accommodations during travel to destination
  - Safe facilities, safe programming, safe foods at the destination
  - Ready access to a doctor, clinic or hospital at destination site
- **An emergency action plan for seizure** on the trip must be prepared by the in-charge teacher and communicated to all staff and volunteers on the trip.
- **Student forms on the trip** – copy of the student’s Plan of Care along with trip accommodations, where appropriate, are to be taken on the trip.
- **Grouping of student(s)**: student is to be assigned to a group with staff member who is knowledgeable about managing and responding to an anaphylactic emergency.
  - This supervisor must know how to administer the EpiPen®.
- **Buddy system**: In situations where the teacher/supervisor is providing ‘in the area supervision’ the teacher is to assign a buddy to the student. The ‘buddy’s’ responsibility is to assist the student and to access the teacher supervisors in case of an emergency.
- **A suitable means of communication** (e.g. cell phone) to be taken on the trip and/or an easily accessible phone is available at the site. Ensure that you have the correct and proper change if using payphones.
- **Trip supervisors to meet students** ahead of time who have anaphylaxis and provide the following information:
  - The importance of carrying the EpiPen® on their person at all times.
  - Check surroundings and implement avoidance strategies of your life-threatening allergens.
  - Strategies on how to deal with and resist peer pressure to ‘try’ something.
  - NOT to eat without their EpiPen®
  - Eat only food items approved by parents/guardians
  - Not to trade or share foods, utensils or food containers with others
  - Place a barrier placemat between the food and the eating service
  - Wash hands before and after meals
  - Eat with friends who are informed of the food allergy and they’re able to help if a reaction happens. These friends would know the location of the EpiPen® and how to access an adult in authority
  - Not to go off alone (e.g. washroom) if they are feeling unwell or distressed
  - Advise an adult and/or others around them quickly if they feel they are having an allergic reaction.
  - Comply and assist, where possible, the administration of the EpiPen® from an adult in authority
- **Trip supervisor is to meet with the other students in the class** and provide the following information:
  - Inform the students in the class of the individual’s life-threatening allergy to the food product, the consequences of the child ingesting the food product, how the ingestion can occur through cross contamination and outline how they can be a PAL to the student in the class:

**PAL – Protect a Life from Food Allergies**

1. Food allergies are serious. Don’t make jokes about them.
2. Help your friend avoid the food allergy (e.g. avoid food and snacks made from the student’s food allergen).
3. Don’t share food with friends who have food allergies.
4. Wash your hands after eating.
5. If a friend who has food allergies becomes ill, get help immediately.
6. An EpiPen® contains lifesaving medication and is not to be played with.

## Specific Conditions for Extensive Trips and Exchange Programs

- **Background check of the county or area of the country and activities**
  - Tour/trip provider
  - If you are going to a place where another language is spoken, try to learn the names of your student's allergen in the country you are visiting. Have key terms and phrases translated into that language
  - Learn the emergency number for emergency medical services (911 is used for Canada and the United States)
  - Research is to be done by the parents/school organizers into the following resources that provide food allergy translation cards in the language of some countries. Select if/where applicable.
    - <https://allergytranslation.com>
    - <https://www.selectwisely.com>
  - Preparation for travelling with a food allergy is to be provided to student and parents/guardians: Refer to the following resource:  
[www.anaphylaxis.ca/en/parents/travelling.html](http://www.anaphylaxis.ca/en/parents/travelling.html)
- **If a student is to be billeted with a host family.**

In order for the student with food allergy to be billeted with a family, the host family must comply with ALL of the following expectations:

  - **Information:**
    - Host family is willing to make themselves knowledgeable about life threatening allergy to student and anaphylaxis by accessing resources.
    - Information about the allergen – how the allergen is named and used.
    - Methods of cross contamination.
    - Prevention and management.
    - Identification of an anaphylactic reaction (signs and symptoms)
    - Emergency care – A.C. T.
  - **PREVENTION:**

**The key to minimizing an anaphylactic emergency is absolute avoidance of the allergen. People with allergy to \_\_\_\_\_ must not share food or eat unmarked/bulk foods or products with a 'may contain' warning. The host family must agree to:**

### **Meals, snacks and refreshments**

The student's meals, snacks and drinks must be prepared without any trace of the allergen e.g. peanuts/nut tree nuts. Refer to information naming the possible products to avoid.

Before foods are brought into the house they must be checked by reading the food labels for products that contain or 'may contain' the food allergen (e.g. peanut/tree nuts).

Take-out foods that are brought into the house must first be checked, at the source, that it does not contain the allergen (e.g. peanuts/tree nuts).

Foods consumed outside of the house (e.g. restaurants). Contents of food must first be checked by questioning a knowledgeable person at the restaurant (e.g. manager and/or chef). Inform the person of the food allergies e.g. "This person is severely allergic to all nuts, fish and shellfish. Can your chef accommodate this individual?"

- **Emergency Action:**
  - **Host family must be willing to be trained in administering the EpiPen®** and feel comfortable and provide assistance and/or administer the EpiPen® to the student when needed
    - Calling emergency medical services
    - Having student taken to the hospital by ambulance
  - Location/storage of the student's epinephrine auto-injector - EpiPens® in the home:
    - Safe, secure (NOT locked) location readily accessible at all times
    - All members of the family informed of the location of the EpiPens®
    - EpiPens® are to be stored at room temperature, protected from light, not to be refrigerated

### **Cooperative Education Placements**

The cooperative placement teacher, prior to placing a student diagnosed with anaphylaxis, is to inform the contact at the proposed placement location of the student's anaphylactic condition, along with the avoidance accommodations needed to be in place for the life-threatening allergen. Placement of the student can only take place when the contact person/manager can assure the site location can safely accommodate the student with anaphylaxis.

### **School staff with life-threatening allergies**

Process in place where school staff are surveyed for life threatening allergies/anaphylaxis. Information on causative agents, location and epinephrine and emergency contacts are to be provided.

It is staff's responsibility to inform school administrators of the life-threatening allergen and the avoidance accommodations needed to be in place.

## IMPLEMENTATION OF YEARLY TRAINING WITH STAFF

Content of the In-Service should take into consideration the following:

- Identification of students/staff with life threatening allergies.
- Define the term anaphylaxis. (Emphasize to participants the hazards of cross contamination and that the school as a whole is a 'minimized allergen environment', not just the classroom(s) of students with life threatening allergies).
- Provide an overview of the signs and symptoms of an anaphylactic reaction.
- Outline the school's Emergency Treatment Plan - A.C.T.
- Train participants how to administer the EpiPen®/Allerject auto-injector. Provide opportunities for regular practice.
- Inform participants of the location of where the second (spare) epinephrine auto injectors are kept in the school (e.g. resource room, office etc.)
- Field trip planning for students with anaphylaxis.
- Describe the risk reduction avoidance strategies that meets the need(s) of the anaphylactic students in the school
- Simulate an anaphylactic emergency, similar to a fire drill, to review and check to see that all elements of the school's emergency protocol are in place and everyone knows their role.
- Ensure that a process is in place by which On Call and Occasional Teachers are informed of the presence of an anaphylactic child by the classroom teacher.
  - When calling in an absence the teacher is to indicate on the SMART FIND system that there is a child with a life-threatening allergy and the location of the Child's Anaphylaxis Plan of Care.
  - Write information in the day/lesson plans – make reference to students with life threatening allergies (e.g. name(s), your class or in a rotary class, location of the Student's Anaphylaxis Plan of Care and location of stored EpiPens®).

Resources that can be used:

- Video – How to use EpiPen®
- Allerject – go to link – [www.allerject.ca](http://www.allerject.ca) OR
- Staff training certificate at [www.allergyaware.ca](http://www.allergyaware.ca)

**Principals/delegate should keep a log of staff and others who have completed anaphylaxis training. Any staff members absent are to have in-service later**

**AVOIDANCE STRATEGIES**

- The school as a whole is a 'minimized allergen environment', not just the classroom(s) of students with life threatening allergies.
- Products containing or 'may contain' peanuts or tree nuts are not to be brought into the school.
- In the classroom at lunch and snack time remove the hazardous allergen away from the anaphylactic student – seating location of the anaphylactic child in relationship to the allergen.
- Student hand washing before and after meals.
- Clean-up of eating surfaces of those with allergens
- Removal of uneaten food items and wrappers from vicinity of allergic student.
- Food items NOT used as incentives or reward to students.
- Anaphylactic students not to participate in garbage removal or yard cleanups.
- Minimize or eliminate the number of celebrations in the classroom/school where food is used (e.g. birthday celebrations).
- Food providers (caterers, restaurants) are to be informed of students with life threatening food allergens and must guarantee that their food products do not contain or 'may contain' any of the identified food allergens.
- Place a barrier (placemat) between the food and the eating surface of student.
- Reminders sent to parents/guardians during holiday times and celebrations (e.g. Halloween, Christmas, and Easter) that the school is a 'minimized allergen environment and food items with peanut/tree nuts are not to be brought on school site
- ***Look-alike products to peanut butter are not to be used or brought to school until the products are available in a colour other than tan, the colour peanut butter.***

## SECONDARY SCHOOL ENVIRONMENT ANAPHYLACTIC TEENAGER

(Resource: Anaphylaxis in Schools and Other Settings)

The management of allergens in high school is a balancing act between need for independence and a normal social life. Teens are at a higher risk for a severe allergic reaction, requiring greater vigilance.

**TEEN WEBSITE** – [www.whyriskit.ca](http://www.whyriskit.ca)

Anaphylaxis Canada is providing the above website dedicated to providing resources and tools for pre-teens, teens and young adults living with severe allergies.

### Secondary School Setting:

- Larger setting than the elementary school with interaction of many teachers and peers.
- Students are under less supervision.
- Limited supervision at lunchtime and the availability of leaving campus for lunch.

### Secondary School Student:

- Sometimes inclined to let down their guard because they do not remember experiencing a reaction and begin to question whether they are still allergic.
- More vulnerable to peer influences.
- May deny their vulnerability and take greater risks.
- New friends. No longer with their elementary friends who knew about their allergies and what to do in an emergency.
- Part of the brain that makes decisions is the last to mature and may go through a period of very poor decision making (e.g. may engage in risky behaviour such as eating unsafe foods or neglecting to carry their medication).
- Desperate to fit in and be like everyone else.  
Fanny packs with auto-injectors are no longer acceptable attire; auto-injectors in jeans pockets are too conspicuous; going off with friends for an evening increases the risk of accidental exposure; the fear of being labeled “different” or “weird” may mean fewer people are aware of the possibility of a dangerous reaction; even symptoms themselves may be ignored because the adolescent fears becoming the center of attention.

Teens, parents and school staff should work together to agree to an anaphylaxis management strategy which protects the teen while respecting their need for privacy and their personal choice about how they want to educate others.

The secondary school student must be able to take on primary responsibility for allergen avoidance at school and in other environments.

### Avoidance Strategies:

- Carry an epinephrine auto-injector at all times and know how to use it. If they have asthma, they should carry their asthma inhalers with their auto-injector.
  - If they do not have their auto-injector with them they should not eat.
  - Be cautious about eating food from the school cafeteria and ask about ingredients each time food is purchased.
  - Eat off a napkin to avoid contact with potentially contaminated surfaces.
  - Eat lunch with friends who are informed about their allergy and are able to help them if they have a reaction. These friends would know where their auto-injector is kept and when and how to use it.
  - Seek help if they are being teased or bullied about their food allergy.
  - Learn how to teach their new friends about their allergy
  - Learn how to resist peer pressure.

**School Role in reducing the risks for the secondary student:**

- Identify students diagnosed with anaphylaxis (transitioning to new school)
- All staff to be informed of the identity of students at-risk for anaphylaxis.
- Prepare a Plan of Care for each student with anaphylaxis using the Board guide as a resource.
- Administration, teachers and coaches work together with the student and parents, to review their child's situation, (e.g. ensure that eating arrangements at school and on field trips are in place). Repeat process as necessary.
- Teachers need to know location of the student's 'second' EpiPen®.
- Do a 'spot check' as outlined in the Students Plan of Care to ensure that students at-risk have their auto injectors with them.
- Inform school community and students that the school is a 'minimized allergen environment' for peanuts and tree nuts and are not to be brought into the school.
- Inform students at risk that they have the support of school staff, and all complaints will be taken seriously.
- Encourage students to speak up immediately if they are aware of accidental exposure or an impending reaction, enabling staff to assist.
- Accessibility to a spare epinephrine auto-injector. Students may be at school until evening for extracurricular events and the second auto-injector is located in health room behind locked doors. Ensure you have a process for accessing the spare auto injectors with a key; remove the spare auto injectors and have at activity site, consider keeping a spare auto injector in the cafeteria, office, gymnasium etc. in case of an emergency.
- Principals/designate are recommended to meet with the contracted food service company and cafeteria manager, early in the school year, to review the contracted food service company's commitment to implement reduction strategies in school cafeterias for the avoidance of anaphylaxis allergens (e.g. peanuts and tree nuts).
- Communicate with foodservice staff. Identify anaphylactic students and check that food products for meals and snacks do not contain or 'may contain' peanuts, tree nuts.

**SAMPLE LETTER TO PARENTS**

Dear Parents/Guardians:

**Re: STUDENTS TO SUPPLY TWO EPIPENS/ALLERJECTS – ONE TO BE KEPT IN A SECURE LOCATION IN THE SCHOOL**

The Sudbury Catholic District School Board’s protocol is for students to have two EpiPens®/Allerjects at the school. This protocol is based on the legislated obligation of parents/guardians to supply the lifesaving medication required by their child. The Board follows best practices as outlined by Anaphylaxis Canada.

Please refer to the following ‘Frequently Asked Questions – Epinephrine’ from Anaphylaxis Canada. Source: <http://www.anaphylaxis.ca/content/whatis/qa.asp>

**How many EpiPens®/Allerjects Should I Carry?**

There should be at least two doses of epinephrine available at all times. A second dose could be required 5-15 minutes after the first if the reaction is continuing. The situation could occur where:

- The reaction is very severe, requiring a second dose
- The dose given is inadequate
- The injector is faulty
- The administration of the EpiPen®/Allerject was faulty
- Ambulance takes longer than 10-20 minutes to get to the location of the anaphylactic student.

To ensure your child has sufficient medication at school in case an emergency situation arises please assist us in providing two Epi Pens®/Allerjects. With thanks.

Sincerely

Principal

.....

**Response from Parent/Guardian:** (Return this portion of the letter to the School Principal)

I have read the information letter provided above.

I will be providing my child with a second EpiPen®/Allerjects to be stored in a secure location at the school site.

I will not be providing my child with a second EpiPen®/Allerjects to be stored in a secure location at the school site.

**(Please discuss your reason(s) with the school principal)**

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## SAMPLE LETTER TO PARENTS

Dear Parents/Guardians:

**Re: STUDENTS CARRYING THEIR EPIPENS®**

The Sudbury Catholic District School Board's protocol is for students (Grades 1-12) diagnosed with anaphylaxis and capable of doing so, to **carry their EpiPen®/Allerject with them at all times**. This protocol is based on the legislated requirements of Sabrina's Law on how the school can best fulfill its responsibility of responding to an emergency anaphylactic situation in the most efficient and safest way possible for the student.

The Board follows best practices as outlined by Anaphylaxis Canada. Please refer to the following 'Frequently Asked Questions - Epinephrine' from Anaphylaxis Canada: Source: <http://www.anaphylaxis.ca/content/whatis/qa.asp>

***"Where should I keep my EpiPen®/Allerject?"***

Given the rapidity with which symptoms can develop and progress, epinephrine must be available immediately. For this reason, it is recommended that anaphylactic people carry their epinephrine with them at all times.

- In the school environment students move to different areas in the school (computer lab, library, gymnasium and to the outside playground during recesses. The only reliable consistent place for the lifesaving medication (epinephrine) is with the student.
- The amount of time it would take, for potentially any staff member (classroom teacher may not be there or not readily available), to access the EpiPen®/Allerject (located in the office/classroom/locker) when the child is at another location in the school (e.g. outside playground) could possibly place the child at a life-threatening risk.

Please assist us in having the lifesaving medication readily available, in an emergency situation, by having your child carry their EpiPen®/Allerject at all times.

**Conditions for selection of a site for the location of the EpiPen®/Allerject OTHER than being carried by student:**

1. Location of the EpiPen®/Allerject: must be in a readily accessible, secure but NOT locked location.
2. Waiver form: parents/guardians will receive a waiver form from the principal to be signed and placed in the student's Ontario School Record (OSR).

Sincerely,

Principal

**SAMPLE: ANAPHYLAXIS LETTER RE: PEANUTS/TREENUTS TO SCHOOL COMMUNITY**

Dear Parent/Guardian:

**RE: MEDICAL DANGER – ANAPHYLAXIS**

This letter is to inform you that there are students in our school with life threatening allergies to peanuts/tree nuts. Some students have such a high sensitivity to the peanut/tree nut protein that even a trace amount from a known peanut/nut product or a food product/item that has come in contact with a peanut/nut source (cross contamination) and is ingested can result in a life-threatening anaphylactic reaction. The most serious reaction being respiratory difficulties, blockage of the airways, which if not medicated immediately can lead to death.

**THE LAW: AN ACT TO PROTECT ANAPHYLACTIC PUPILS**

Sabrina's Law, An Act to Protect Anaphylactic Pupils received royal assent in June 2005 making it law for each school in Ontario to provide an anaphylaxis management plan that will reduce the risk of exposure to anaphylactic causative agents (e.g. peanuts/tree nut protein) in the classroom and common school areas.

**AVOIDANCE AND PREVENTION**

**Products that contain or 'may contain' peanuts and tree nuts are not to be brought onto school site.**

Our school's anaphylaxis plan conforms to Sabrina's Law and Sudbury Catholic DSB anaphylaxis policy. The plan is designed to ensure that students 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.

To provide the minimized allergen environment required by the legislation, we need the support and cooperation of you, the parents/guardians and the school community. Students are asked to bring lunches and snacks free of peanuts and tree nuts and products that may contain peanuts/ tree nuts such as donuts, granola bars, etc.

We ask you to read food labels, checking of peanut/nut ingredients prior to sending them to school. If your child eats peanut butter at home before school, please ensure his/her hands are washed thoroughly before attending school. Truly, this is a life saving measure.

**Look- a- Like Products to Peanut Butter**

The Board is requesting that parents do not send their children to school with look-a-like products to peanut butter. The look-a-like products claim to be so close to peanuts in smell, taste and texture that you won't believe it's not peanut butter. As a result, it is difficult for teachers and children to differentiate between these products and peanut butter.

We appreciate your cooperation in keeping the look-a-like products at home and preventing the chance of a mix up between the two products – where the results could be life threatening. If you have caregivers who provides your child(ren) with lunches or snacks we encourage you to share this information letter with them.

THANK YOU FOR YOUR SUPPORT

We realize this request may require added planning and effort on your part when packaging your child's lunch and snacks, however, we wish to express our sincere appreciation for your support and cooperation.

**ACKNOWLEDGEMENT:**

To ensure all parents/guardians have been made aware of life-threatening allergy to peanuts/tree nuts in our school we request you complete and return the response portion of this letter to your child's teacher.

Sincerely,

Principal

.....  
**MEDICAL DANGER –ANAPHYLAXIS ALERT TO PEANUTS AND TREE NUTS**

This is to inform the school that I have read the Medical Danger – Anaphylaxis notice.

Parent name: \_\_\_\_\_  
(Please Print)

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*(The principal may omit the tear off section and not require parental signature.)*

**PREVALENT MEDICAL CONDITION — ANAPHYLAXIS – PLAN OF CARE**

**STUDENT INFORMATION**

Student Name \_\_\_\_\_

Date Of Birth \_\_\_\_\_

Ontario Ed. # \_\_\_\_\_

Age \_\_\_\_\_

Grade \_\_\_\_\_

Teacher(s)/Courses  
\_\_\_\_\_

Student Photo

**EMERGENCY CONTACTS (LIST IN PRIORITY)**

NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE
1.			
2.			
3.			

**KNOWN LIFE-THREATENING TRIGGERS**

CHECK (✓) THE APPROPRIATE BOXES

Food(s): \_\_\_\_\_

Insect Stings: \_\_\_\_\_

Other: \_\_\_\_\_

Epinephrine Auto-Injector(s) Expiry Date(s): \_\_\_\_\_

Dosage:  EpiPen®  
          Jr. 0.15 mg

EpiPen®  
          0.30 mg

Location Of Auto-Injector(s): \_\_\_\_\_

Previous anaphylactic reaction: **Student is at greater risk.**

Has asthma. **Student is at greater risk.** If student is having a reaction and has difficulty breathing, give epinephrine before asthma medication.

Any other medical condition or allergy? \_\_\_\_\_

## DAILY/ROUTINE ANAPHYLAXIS MANAGEMENT

### SYMPTOMS

A STUDENT HAVING AN ANAPHYLACTIC REACTION MIGHT HAVE ANY OF THESE SIGNS AND SYMPTOMS:

- **Skin system:** hives, swelling (face, lips, tongue), itching, warmth, redness.
- **Respiratory system** (breathing): coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing.
- **Gastrointestinal system** (stomach): nausea, vomiting, diarrhea, pain or cramps.
- **Cardiovascular system** (heart): paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or light headedness, shock.
- **Other:** anxiety, sense of doom (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste.

**EARLY RECOGNITION OF SYMPTOMS AND IMMEDIATE TREATMENT COULD SAVE A PERSON'S LIFE.**

**Avoidance** of an allergen is the main way to prevent an allergic reaction.

**Food Allergen(s):** eating even a small amount of a certain food can cause a severe allergic reaction.

Food(s) to be avoided: \_\_\_\_\_

Safety measures: \_\_\_\_\_

**Insect Stings:** (Risk of insect stings is higher in warmer months. Avoid areas where stinging insects nest or congregate. Destroy or remove nests, cover or move trash cans, keep food indoors.)

Designated eating area inside school building \_\_\_\_\_

Safety measures: \_\_\_\_\_

Other information: \_\_\_\_\_

### HEALTHCARE PROVIDER INFORMATION (OPTIONAL)

**Healthcare provider may include:** Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

Healthcare Provider's Name: \_\_\_\_\_

Profession/Role: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Special Instructions/Notes/Prescription Labels:

If medication is prescribed, please include dosage, frequency and method of administration, dates for which the authorization to administer applies, and possible side effects.

\*This information may remain on file if there are no changes to the student's medical condition.

### PLAN

**This plan remains in effect for the 20\_\_ — 20\_\_ school year without change and will be reviewed on or before:** \_\_\_\_\_ . (It is the parent(s)/guardian(s) responsibility to notify the principal if there is a need to change the plan of care during the school year).

Parent(s)/Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Student: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Principal: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

### PLAN REVIEW

**Where there is no change in the child's condition or treatment strategy from the previous year(s), parents may authorize continuation of the protocol with initials below.**

There has been no change in condition or treatment strategy from previous year. Parent initial: \_\_\_\_\_

Date: \_\_\_\_\_

There has been no change in condition or treatment strategy from previous year. Parent initial: \_\_\_\_\_

Date: \_\_\_\_\_

There has been no change in condition or treatment strategy from previous year. Parent initial: \_\_\_\_\_

Date: \_\_\_\_\_

**EMERGENCY PROCEDURES  
(DEALING WITH AN ANAPHYLACTIC REACTION)**

ACT QUICKLY. THE FIRST SIGNS OF A REACTION CAN BE MILD, BUT SYMPTOMS CAN GET WORSE QUICKLY.

**STEPS**

1. Give epinephrine auto-injector (e.g. EpiPen®) at the first sign of a known or suspected anaphylactic reaction.
2. Call 9-1-1. Tell them someone is having a life-threatening allergic reaction.
3. Give a second dose of epinephrine as early as five (5) minutes after the first dose if there is no improvement in symptoms.
4. Follow direction of emergency personnel, including transport to hospital (ideally by ambulance), even if symptoms are mild or have stopped. The reaction could worsen or come back, even after treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4 - 6 hours).
5. Call emergency contact person; e.g. Parent(s)/Guardian(s).

**Other Pertinent Information**

<b>Other Pertinent Information</b>

**CONSENT FORM  
TO CARRY AND ADMINISTER MEDICATION/DISCLOSE PERSONAL INFORMATION**

**TO BE SIGNED BY PARENT/GUARDIAN UNLESS THE STUDENT IS 18 YEARS OF AGE OR OLDER**

**ADMINISTRATION OF MEDICATION**

In the event of my child \_\_\_\_\_ experiencing a medical emergency, I consent to the administration of \_\_\_\_\_ (specify type of medication) by an employee of the Sudbury Catholic District School Board as prescribed by the physician and outlined in the Emergency Procedures of the Prevalent Medical Conditions Policy/Administrative Procedure.

PLEASE PRINT  
 Student's Name: \_\_\_\_\_  
 Name of Parent/Guardian: \_\_\_\_\_  
 Signature of Parent/Guardian: \_\_\_\_\_  
 Signature of Student (if 18 or older): \_\_\_\_\_

Class/Teachers' Names:  
 \_\_\_\_\_  
 Date: \_\_\_\_\_  
 \_\_\_\_\_  
 Date: \_\_\_\_\_  
 \_\_\_\_\_

**MAINTENANCE OF MEDICATION**

I understand that it is the responsibility of my child \_\_\_\_\_ to carry \_\_\_\_\_ (specify type of medication) on his/her person.

PLEASE PRINT  
 Student's Name: \_\_\_\_\_  
 Name of Parent/Guardian: \_\_\_\_\_  
 Signature of Parent/Guardian: \_\_\_\_\_  
 Signature of Student (if 18 or older): \_\_\_\_\_  
 Name of Physician: \_\_\_\_\_

Class/Teachers' Names:  
 \_\_\_\_\_  
 Date: \_\_\_\_\_  
 \_\_\_\_\_  
 Date: \_\_\_\_\_  
 \_\_\_\_\_  
 Contact #  
 \_\_\_\_\_



## COLLECTION, DISCLOSURE AND USE OF PERSONAL INFORMATION

Authorization for the collection and maintenance of the personal information recorded on the Prevalent Medical Conditions form is the Municipal Freedom of Information and the Protection of Privacy Act. Users of this information should be directed by the principal of the school.

**OPTIONAL:**

Additionally, I further consent to the disclosure and use of the personal information collected herein to persons, including persons who are not the employees of the Sudbury Catholic District School Board through the posting of photographs and medical information of my child (Plan of Care/Emergency Procedures) in the following key locations:

<input type="checkbox"/> Classroom	<input type="checkbox"/> Staffroom	<input type="checkbox"/> Lunchroom
<input type="checkbox"/> Office	<input type="checkbox"/> Gym	<input type="checkbox"/> Learning Commons/Library
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	

and through the provision of personal information contained herein to the following persons who are not employees of the Board: please check (✓) all applicable boxes

<input type="checkbox"/> Food Service Providers	<input type="checkbox"/> Child Care Providers
<input type="checkbox"/> School Volunteers in regular direct contact with child	<input type="checkbox"/> Other: _____

Signature of Parent/Guardian: _____	Date: _____
Signature of Student (if 18 or older): _____	Date: _____
Signature of Principal: _____	Date: _____

We release the Sudbury Catholic District School Board, its employees and agents from any and all liability for loss, damage or injury, howsoever caused to my/our child's person, or property, or to me/us as a consequence, arising from administering the interventions, failing to correctly administer the interventions and/or failing to administer any intervention listed in Epilepsy/Seizure Disorder Student Plan of Care.

Signature of Parent/Guardian: _____	Date: _____
Signature of Student (if 18 or older): _____	Date: _____

**PLEASE NOTE THIS CONSENT EXPIRES AT THE END OF THE CURRENT SCHOOL YEAR**

**This information is collected pursuant to s. 170 and s.265(1)i) of the Education Act, R.S.O. 1990, c. E-2 and s.28(2), 29, 30, 31,32 and 33 of the Municipal Freedom of Information and Protection of Privacy act, R.S.O. 1990, c. M-56: and the Personal Health Information Protection Act, 2004, S.O. 2004, c.3, Sch. A.**  
**If you have any questions regarding your child's personal information, please contact the Principal of your child's school.**

**AT-A-GLANCE Medical Condition IDENTIFICATION**

Student Name	Grade	Medical Condition	Picture (If available)

**MEDICAL INCIDENT RECORD FORM**

Student Name	Time of Incident	Length of Incident	Events before Incident	Description of Incident	Events after Incident	Date/Time Parent/Gaurdian Contacted