



ADMINISTRATIVE GUIDELINE

Title: Anaphylaxis

Effective Date: January 2008 **Responsibility:** Superintendent of Program and
Revised: August 2008 Schools (Elementary)

1.0 Rationale

- 1.1 This Administrative Guideline supports Bill 3, Chapter 7, Statutes of Ontario, 2005- An Act to protect anaphylactic pupils. The Act requires that every school board establish and maintain an anaphylactic policy.
- 1.2 “Anaphylaxis” means a severe systemic allergic reaction which can be fatal resulting in circulatory collapse or shock, and “anaphylactic” has a corresponding meaning; (“anaphylaxie”, “anaphylactique”). Anaphylactic shock can be triggered by the mere touch or smell of the antigen (e.g. peanut butter). Anaphylaxis is a hypersensitivity resulting from sensitization to particular “antigens”, such as wasp or bee sting venom, nuts or penicillin.
- 1.3 This Administrative Guideline provides direction to Principals/Vice-Principals and school personnel for developing the proper school plan for dealing with anaphylaxis including a plan and file for individual anaphylactic students.
- 1.4 This Administrative Guideline is essential for school personnel, students and parents/guardians to assist in developing a strategy to reduce the risk of exposure to anaphylactic causative agents.

2.0 Statement of Principles

- 2.1 As with other medical conditions that may require an emergency response, parents/guardians and/or, where appropriate, students are responsible for fully informing the Principal/Vice-Principal that a student requires prescribed medication in order to respond to an emergency and, in addition, that assistance in reducing environmental risks is required in order for the student to attend school.

- 2.2 Parents/guardians and/or where appropriate students, are obliged to ensure information kept in the file is up-to-date including the medication that their child is taking. Schools will provide the opportunity on an annual basis to update a student's file.
- 2.3 Principals/Vice-Principals and school personnel shall, where the Principal/Vice-Principal deems it appropriate, assist in attempting to reduce environmental risks for anaphylactic students.
- 2.4 Principals/Vice-Principals and other school personnel shall also encourage parents/guardians to participate in reducing environmental risks for anaphylactic students.
- 2.5 Principals/Vice-Principals and school personnel cannot and shall not be expected to completely eliminate all antigens affecting an anaphylactic student.
- 2.6 Principals/Vice-Principals and school personnel shall require students to comply with School Anaphylaxis Plans developed in accordance with this Administrative Guideline.

3.0 General Guidelines

- 3.1 The Principal/Vice-Principal shall be responsible for ensuring that all necessary steps on the part of school personnel are taken to implement the requirements of the Anaphylactic Plan.
- 3.2 This Guideline is based on "Anaphylaxis in Schools and Other Setting" copyright 2005 Canadian Society of Allergy and Clinical Immunology (referenced in Appendix A) to develop school and individual student plans for all aspects of anaphylaxis including the administration of medication. All other types of medication and administration of medication are subject to the Administration of Medication Procedures Manual.

4.0 School Plan

- 4.1 Each school must develop a school wide anaphylaxis plan dealing with all of the issues outlined in Appendix H. The plan must be updated each year.
- 4.2 Information and Training-The Principal/Vice-Principal shall ensure that, upon registration, parents, guardians and pupils shall be asked to supply information on life threatening allergies including the authorization to administer emergency medication (Appendix B).

- 4.3 Information and Training- The Principal/Vice Principal shall advise Parents/guardians and/or where appropriate students provide two injectors be brought to school- one kept on the person and one stored by the school subject to written instructions in the contrary by the parent/guardian.
- 4.4 Administration of Medication- Employees may be preauthorized to administer medication or supervise a pupil while he or she takes medication in response to an anaphylactic reaction if the school has up-to-date treatment information and the information and the consent of the parent, guardian or pupil as applicable.
- 4.5 Emergency Administration of Medication- If an **employee** has reason to believe that a pupil is experiencing an anaphylactic reaction, the employee may administer an epinephrine auto-injector or other medication prescribed to the pupil for the treatment of an anaphylactic reaction, **even if there is no preauthorization to do so.**
- 4.6 Information and Training- The Principal/Vice-Principal shall organize, in cooperation with the parent(s), where appropriate, dissemination of information on life threatening allergies to parents, pupils and employees. Parents, pupils, employees and volunteers shall be made aware of the antigens banned from the school. Information sessions, displays, school websites or newsletters to assist parents/guardian and students in the understanding of the situation may be useful. (Appendix C, D, E and G)
- 4.7 Information and Training- All staff members (teaching and non-teaching) shall be made aware that a student with anaphylaxis is attending the school and the student should be identified, either individually or at a staff meeting, before school begins, if possible.
- 4.8 Information and Training- The school's anaphylaxis plan must include annual training following a specific training schedule on dealing with life threatening allergies for all employees (school administration, teachers, secretaries, EAs, CDCs, custodians, library technicians/librarians) and others who are in direct contact with pupils on a regular basis. Training should include the information in Appendix H and provide a demonstration of an injection.
- 4.9 Information and Training- In addition to any training required in order to administer emergency medication, the Principal/Vice-Principal, may where appropriate, consult with the parent(s)/guardian(s) and/or, the student to arrange for school personnel to be provided with training to understand the nature of the antigen, the symptoms of anaphylactic shock, the potential severity of anaphylactic shock, and methods of reducing environmental risk for the student with anaphylaxis.
- 4.10 Information and Training- When the antigen is found in food, all cafeteria staff shall receive training on cross-contamination and labeling issues in the cafeteria setting. Foods classes teachers will also receive training in cross-contamination and ensure that antigens are not part of the class(es).

- 4.11 Information and Training- Parents/guardians, students and other members of the school community should be encouraged by school personnel to bring questions or concerns to the Principal/Vice-Principal, and not to the anaphylactic student or his or her parent(s)/guardian(s).
- 4.12 Information and Training- The cafeteria menu and the vending machines shall be in accordance with the updated school plan. Allergenic food or products shall not be used in Foods or other classes in accordance with the School Anaphylaxis Plan (antigens banned from the school).
- 4.13 Information and Training- Where the anaphylactic student's class will be ordering in commercial food or attending outings at commercial food outlets, appropriate precautions be taken to reduce the environmental risk for the anaphylactic student.
- 4.14 Information and Training – The Principal/Vice-Principal shall specify a means of ensuring that all community users of the school facilities are aware of any restrictions on food use and the reason for these restrictions.
- 4.15 Information and Training - For the purpose of a class trip the place(s) of destination should be informed if an anaphylactic student is attending.

5.0 Individual Plan and File

- 5.1 Emergency Administration of Medication- In particular, even when precautions are taken, an anaphylactic student may come into contact with an antigen while at school. An individual plan for each student who has an anaphylactic allergy shall be developed by the Principal/Vice-Principal for each anaphylactic student.
- 5.2 Information and Training- Every school principal is required to develop an individual plan for each pupil who has an anaphylactic allergy. The plan shall include:
 - a) Details informing employees and others who are in direct contact with the pupil on a regular basis of the type of allergy, monitoring and avoidance strategies and appropriate treatment (Appendix B).
 - b) A readily accessible emergency procedure for the pupil, including emergency contact information (Appendix B). Parents/guardians and/or where appropriate students shall be advised to provide 2 injectors to be brought to school- one kept on the person and one to be stored by the school subject to written contrary instructions by the parent/guardian.
 - c) Epinephrine auto-injectors shall be stored in a safe, accessible environment in the school where the temperature does not fall below zero. The Principal/Vice Principal shall determine a plan to monitor expiry dates and replacement of injectors however it is the parent/guardian's and/or student's where appropriate responsibility to replace.

- 5.3 Information and Training- Every school principal is required to maintain a file for each anaphylactic pupil of current treatment and other information, including a copy of any prescriptions and instructions from the pupil's physician or nurse and a current emergency contact list (Appendix B).
- 5.4 Anaphylactic Plan- The Principal/Vice-Principal shall, in consultation with the anaphylactic student's parent(s)/guardian(s) and/or, where appropriate, the student, as well as school personnel deemed appropriate by the Principal/Vice-Principal, develop an Anaphylactic plan to establish procedures for reducing environmental risks for the anaphylactic student. If possible, the Anaphylactic Plan shall be developed prior to the first day of attendance at school .
- 5.5.1 Where the anaphylactic student is a secondary student or in the Principal's view sufficiently mature, provide that the anaphylactic student shall assume responsibility for avoiding contact with the antigen and shall comply with the School Anaphylaxis Plan.
- 5.5.2 Where appropriate, provide that the anaphylactic student shall not participate in school yard cleanup or garbage disposal (e.g. those students who react to antigens in food).
- 5.5.3 The Principal/Vice-Principal shall undertake to inform all individuals and corporations involved in transportation of the anaphylactic student's condition and the requirements of the School Anaphylaxis Plan, including any additional requirements applicable to circumstances (e.g. the bus driver shall not allow food to be eaten on the bus).
- 5.5.4 The School Anaphylaxis Plan will be reviewed and updated as early in the school year as possible. If there is any change in the anaphylactic student's medical information, the parent(s)/ guardian(s) and/or the student, where appropriate, shall advise the school and the School Anaphylaxis Plan shall be reviewed for necessary changes.
- 5.6 Procedures to Address Anaphylaxis- When it is determined that an anaphylactic student reacts to food products, the Principal/Vice-Principal shall provide that:
- 5.6.1 The anaphylactic student eats only the foods that the student brings from home and washes his or her hands before and after eating.
- 5.6.2 On the first day the anaphylactic student attends class, school personnel shall advise all students and those likely to interact with the anaphylactic student that trading and sharing of food is not allowed and that students are not to share cups or straws.
Students shall also be required to wash their hands after eating. School personnel shall remind students of these rules, as necessary. Signs shall be posted as reminders of these expectations.

5.6.3 If deemed necessary in consultation with the parent(s)/guardian(s) and/or, where appropriate, the anaphylactic student, provide for antigen-free areas within the school. All reasonable precautions shall be taken to provide a safe environment for medically-at-risk students but it is not possible to provide an absolute guarantee for elimination of all risks.

5.6.4 In consultation with the parent(s)/guardian(s) and/or, where appropriate, the anaphylactic student, the school shall send out letters on the first day the anaphylactic student attends class or as soon as possible thereafter to all parents/guardians and/or students, as appropriate, explaining that specified foods or foods containing specified ingredients and other identified antigens are banned from the school and why.

Reminder letters or other communications shall be provided throughout the year. The letters shall not identify the anaphylactic student without the written consent of the student's parent(s)/guardian(s) and/or, where appropriate, the anaphylactic student. All secondary students shall be consulted prior to identification.

If deemed necessary, and with the consent and consultation of the parent(s)/guardians(s) and/or the anaphylactic student, where appropriate, including consultation with all secondary students, provide that students in the anaphylactic student's class shall be given information on anaphylactic and the antigen affecting the anaphylactic student on the first day of attendance at school or as soon as possible thereafter and be asked to co-operate. This should be done in a way that is appropriate to the students' age and maturity.

APPENDIX A

RESOURCES FOR INFORMATION SESSIONS

The following list of resources is suggested for Principals/Vice-Principals to access when providing information to the school community.

1.0 Guide For Schools

Anaphylaxis in Schools & Other Settings- Canadian Society of Allergy and Clinical Immunology, Copyright 2005 (613-730-6272)

2.0 Websites, Contact Information – About Anaphylaxis

- Anaphylaxis Canada Toll Free: 1-866-785-5660/1-416-785-5666 or www.anaphylaxis.ca
- Canadian Society of Allergy and Clinical Immunology (CSACI) Tel: 613-+730-6272 or www.csaci.medical.org/schools.html
- Allergy/Asthma Information Association (AAIA) Toll Free: 1-800-611-7011/1-416-679-9521 or .aaia.ca
- Association quebecoise des allergies alimentaires (AQAA) Toll Free: 1-800-990-2575/1-514-990-2575 or www.aqaa.qc.ca

1.0 Website- Training

- www.allergysafecommunities.ca (Companion website to Canadian Anaphylaxis Guidelines)
- www.eworkshop.on.ca/allergies (Online resource for educators)
- www.epipen.ca

2.0 Information Package

Anaphylaxis Resource Kits- In January 2006, Anaphylaxis Resource Kits were sent to all school boards and publicly funded schools in the province by Deputy Minister Ben Levin (approx. 4,800 kits). The kits, developed by Anaphylaxis Canada and the Ontario Ministry of Education, include a copy of the new anaphylaxis guidelines, awareness and emergency response procedure posters and epinephrine auto-injector training devices. The same kits were sent to all 36 public health units.



APPENDIX B- Individual Anaphylaxis Plan 2008-09

_____ (name of student)

This person has a life threatening allergy (anaphylaxis) to:
(Check the appropriate box)

- peanuts tree nuts egg milk insect stings
latex medication other: _____

Epinephrine Auto-Injector: Expiry Date: _____/_____/_____

Dosage:

- EpiPen Jr. 0.15mg EpiPen 0.30mg ***Note: Parents are advised that two (2) auto injectors be brought to school- one to be kept on the student, and the other to be stored at the school for students under the age of 18.**
Twinject 0.15mg Twinject 0.30mg

Please include a copy of any prescription and instructions from the student's physician or nurse.

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 may 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 (running nose and watery eyes, sneezing), trouble swallowing

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

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

Other: anxiety, feeling of "impending doom", headache

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 10-15 minutes or sooner **IF** the reaction continues or worsens.
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.
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. *However, please note in accordance with Bill 3- An Act to protect anaphylactic pupils "If an employee has reason to believe that a pupil is experiencing an anaphylactic reaction, the employee may administer an epinephrine auto-injector or other medication prescribed to the pupil for the treatment of an anaphylactic reaction, even if there is no preauthorization to due so under subsection (1)."*

Parents/guardians and/or where appropriate students, are obliged to ensure that information is kept in the file is up to date.

Patient/Parent/Guardian Signature

Date

Physician Name

Phone Number

APPENDIX C

SAMPLE LETTER ELEMENTARY:

Dear Parents/Guardians:

The number of students allergic to _____ in our school is growing, and this year we have a student at the very highest risk level.

After discussions with school staff and other knowledgeable parties in the medical community, it has been suggested the best way to provide a safe environment would be to enlist the support of parents to help make our schools controlled environments. This means that _____ (antigen) is banned from the school. Also, I ask you to read the labels of other foods like muffins, granola bars, and cereals before you put them in your child's lunch/snack. Our concern is foods may contain "hidden" ingredients, and where "cross contamination" may occur. Some common food which are sources of anaphylactic reaction are peanuts (peanut butter, peanut oil), tree nuts (hazelnuts, walnuts, pecans, almonds, cashews), sesame seeds (sesame seed oil), cows milk, eggs, fish, shellfish, wheat, soy, and bananas (and avocados, kiwis, chestnuts for children with latex allergies). Other non food sources which may cause an anaphylactic reaction include playdough, scented crayons and cosmetics, stuffed toys, insect venom (bee stings), rubber latex, vigorous exercise, some plants (poinsettias) cold and some medications.

I realize this request may pose an inconvenience for you when packing snacks and lunches. I wish to express sincere appreciation for your support and understanding of this potentially life threatening allergy.

For further information I suggest you visit:

- Anaphylaxis Canada Toll Free: 1-866-785-5660/1-416-785-5666 or www.anaphylaxis.ca
- Canadian Society of Allergy and Clinical Immunology (CSACI) Tel: 613-630-6272 or www.csaci.medical.org/schools.html
- Allergy/Asthma Information Association (AAIA) Toll Free: 1-800-611-7011/1-416-679-9521 or www.aaia.ca
- Association quebecoise des allergies alimentaires (AQAA) Toll Free: 1-800-990-2575/1-514-990-2575 or www.aqaa.qc.ca

Sincerely,

Principal

APPENDIX D

SAMPLE LETTER SECONDARY:

Dear Parents/Guardians and Students:

The number of students allergic to _____ (antigen) in our school is growing, and this year we have a student at the very highest risk level. If _____ (antigen) in even the tiniest amount enters the student's body (through eyes, nose or mouth, skin), he/she experience a very strong reaction. **Without immediate medical treatment, he/she could die within minutes. As a result I am banning _____ (antigen) from the school.**

Some interesting facts include:

- The deaths that occur are generally caused by cross-contamination, i.e., a trace of peanut butter that is left on a hand, a knife, a desk or another object. The student who is allergic could inadvertently touch this trace and a reaction (or even death) could occur;
- After eating peanut butter at home, students and parents should wash thoroughly with soap and water before coming to school;
- For some students, we have just a few minutes to administer the injection (an injection used for severe allergic reactions such as hives, swelling, difficulty breathing, wheezing) before death occurs;
- Students with severe allergies should be able to feel as confident and safe as possible knowing that all precautions have been taken.
- Some common food which are sources of anaphylactic reaction are peanuts (peanut butter, peanut oil), tree nuts (hazelnuts, walnuts, pecans, almonds, cashews), sesame seeds (sesame seed oil), cows milk, eggs, fish, shellfish, wheat, soy, and bananas (and avocados, kiwis, chestnuts for children with latex allergies).
- Other non food sources which may cause an anaphylactic reaction include playdough, scented crayons and cosmetics, stuffed toys, insect venom (bee stings), rubber latex, vigorous exercise, some plants (poinsettias), cold and some medications.

Since it is our goal to ensure that we have as safe an environment as possible when a student's life is at stake, we are asking for your help and understanding in refraining from sending/bringing foods containing _____ to school.

If you have further questions or would like more information please contact me at the school.

Yours sincerely,

Principal



APPENDIX E

NEWSLETTER SAMPLE

We felt that all parents would like to be aware that there is/are a child/several children) in our school with a severe life threatening food allergy to _____(anaphylaxis). This is a medical condition that causes a severe reaction to specific foods and can result in death within minutes. Whether or not this affects your child's class directly, _____ (antigen) is banned from the school. Some common food which are sources of anaphylactic reaction are peanuts (peanut butter, peanut oil), tree nuts (hazelnuts, walnuts, pecans, almonds, cashews), sesame seeds (sesame seed oil), cows milk, eggs, fish, shellfish, wheat, soy, and bananas (and avocados, kiwis, chestnuts for children with latex allergies). Other non food sources which may cause an anaphylactic reaction include playdough, scented crayons and cosmetics, stuffed toys, insect venom (bee stings), rubber latex, vigorous exercise, some plants (poinsettias), cold and some medications. There will be more information about anaphylaxis at our Meet the Teacher Night. Thank you for your understanding and co-operation.



APPENDIX F

GENERAL STEPS FOR EMERGENCY SITUATION RELATED TO ANAPHYLAXIS

1. Administer EpiPen.
2. Lay student on floor with feet elevated.
3. Send runner for help.
4. Call 911.
5. Send runner for second EpiPen.
6. Contact parent.
7. Remain with child until parent or ambulance arrives.
8. Complete accident report.



APPENDIX G

TRIGGERS FOR ANAPHYLAXIS

Some common foods which are sources of anaphylactic reaction:

- Peanuts/peanut butter/peanut oil (the most prevalent among school students)
- “tree” nuts: hazelnuts, walnuts, pecans, almonds, cashews
- Sesame seeds and sesame seed oil
- Cow’s milk
- Eggs
- Fish
- Shellfish
- Wheat
- Soy
- Bananas, avocados, kiwis and chestnuts for children with latex allergies

Note: Any food can trigger an anaphylactic reaction, thus cross contamination of foods is also a concern.

Non-Food Sources:

- Play dough (may contain peanut butter)
- Scented crayons and cosmetics
- Peanut-shell stuff in ‘bean bags’ and stuffed toys
- Wild bird seed
- Insect venom (bees, wasps, hornets, yellow-jackets, blackflies)
- Rubber latex (gloves, balloons, erasers, rubber spatulas, craft supplies, Koosh balls)
- Vigorous exercise
- Plants such as poinsettia, for children with latex allergies
- Cold (air or water)
- Some medications

Note: These are the most common allergens but this is not an exclusive list.

APPENDIX H

SUGGESTIONS ON HOW TO CREATE AN ALLERGEN SAFE ENVIRONMENT

EpiPens should be carried at all times by children at risk of anaphylaxis

1. Inside the Classroom
 - 1.1 Allergic children must eat only food they bring from home.
 - 1.2 Trading and sharing of food, cups, or straws is not allowed in the classroom.
 - 1.3 Hand washing is encouraged for every student BEFORE and AFTER eating at all times.
 - 1.4 Desks or other eating surfaces are washed with soap and water regularly.
 - 1.5 The Teacher encourages students to follow through with the request to refrain from bringing allergenic food. Breakfast club foods, pizza/hot dog lunches and holiday/celebration events in which parents send in food, must be carefully monitored.
 - 1.6 If a child brings an allergen into the classroom, it shall be removed.
 - 1.7 Allergenic foods or products shall not be used in crafts and activities.

2. Outside the Classroom
 - 2.1 Plans are in place to **ensure safer field trips or extra curricular activities, or activities in another classroom.**
 - 2.2 Specific questions on the field trip permission form should address the existence of allergies.
 - 2.3 Emergency plans should be reviewed with Teachers and volunteers before a field trip.
 - 2.4 Children should refrain from eating on buses.
 - 2.5 A list of ingredients is requested if foods are ordered in from commercial sources.
 - 2.6 Food preparation/handling areas should be kept clean.
 - 2.7 The student who is at risk of an anaphylactic reaction should not eat or drink anything that is not from the child's home without written authorization by parents.
 - 2.8 All students who are at risk of an anaphylactic reaction should avoid involvement with clean-up activities.

3. Common Areas
 - 3.1 Allergic food and products should not be used in foods or other classes.
 - 3.2 Cover/remove garbage containers to reduce the risk of insect-induced anaphylaxis.
 - 3.3 Wash and disinfect tables, other areas, equipment, and materials that are used by students with anaphylaxis.
 - 3.4 Ingredient lists should be available in the cafeteria/foods rooms.