

HALTON ANAPHYLAXIS PROTOCOL



2011

RATIONALE FOR THE HALTON ANAPHYLAXIS PROTOCOL :

An Act to Protect Anaphylactic Pupils enacted by the Ontario Legislature comes into force January 1, 2006. The Act states that every School Board shall establish and maintain an anaphylactic policy.

The Halton Catholic District School Board and the Halton District School Board along with community and health professional representatives developed a policy that will service the health needs of the anaphylactic students of Halton Region and that meets with the requirements the Act, Sabrina's Law.

RECOGNITION OF HALTON COMMITTEE MEMBERS:

The following are thanked for their dedication and expertise in developing the Halton Anaphylaxis Protocol for the Public and Catholic elementary and secondary schools in the Halton Region.

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INTRODUCTION

The goal of the Halton Anaphylaxis Protocol is to provide information to school personnel about anaphylaxis, (what it is, its causes, symptoms, and treatment) and their responsibilities to assist the child diagnosed with anaphylaxis in managing their life threatening allergy.

RESOURCES FOR STAFF MEMBERS – IMPLEMENTATION CHECKLISTS:

The following list of implementation checklists outlines the specific responsibilities for staff members and others (who come in contact with the student(s) on a regular basis) to assist the student, diagnosed with anaphylaxis, in managing their life threatening allergy and providing for a minimized allergen environment in the school setting and at school sponsored events and activities

The following Anaphylaxis Implementation Checklists can be accessed through staffnet: staffnet.hcdsb.org – Forms, Policies and Procedures – Forms – School Services – +SS:5 First Aid – Anaphylaxis.

ELEMENTARY:

- School Administrator’s Implementation Checklist
- Classroom Teacher (with an anaphylactic student) Implementation Checklist
- Staff Member Implementation Checklist
- Parent/Guardian Anaphylaxis Package

SECONDARY

- School Administrators Implementation Checklist
- Classroom Teacher (with an anaphylactic student) Implementation Checklist
- Staff Member Implementation Checklist
- Parent/Guardian Anaphylaxis Package

OTHER:

- Occasional Teacher Implementation Checklist
- Custodian Implementation Checklist
- Frequently Asked Questions
- Anaphylaxis Quick Reference Chart

RESPONSIBILITY TO PROVIDE A SAFE ENVIRONMENT FOR ANAPHYLACTIC PUPILS:

DUTY OF CARE:

This Anaphylaxis Protocol for school administrators, teachers and employees has been developed to meet the requirements of:

An Act to Protect Anaphylactic Pupils, 2005 (Sabrina’s Law):

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 agents, a communication plan for the dissemination of information on life threatening allergies, a requirement that every school principal develop an individual plan for each pupil who has an anaphylactic allergy and a requirement that every school principal maintains a file for each anaphylactic pupil.

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 courses and activities for which the teacher is responsible

An Act to Protect Anaphylactic Pupils, 2005 (Sabrina’s Law):

Mandates that every board shall establish and maintain an anaphylactic policy.

UNDERSTANDING ANAPHYLAXIS:

(From: Anaphylaxis in Schools & Other Settings)

Anaphylaxis:

Anaphylaxis can be defined as a “severe allergic reaction to any stimulus, having sudden onset, involving one or more body systems with multiple symptoms.” *Anaphylaxis is an explosive overreaction of the body’s defense system to an allergen e.g. peanuts, tree nuts, bee venom. Sufferers of anaphylaxis respond with extreme body reactions. The reaction may begin with itching, hives, swelling of the lips, eyes or face, possibly including vomiting and diarrhea; within moments, the throat may begin to close, choking off breathing, followed by circulatory collapse, unconsciousness and death.*

Diagnosis of Anaphylaxis:

A medical physician (family doctor, emergency physicians) are 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 all 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 reactions.
- 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:

1. Anaphylaxis and Asthma

People with asthma who are also diagnosed with anaphylaxis are more susceptible to severe breathing problems when experiencing an 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 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).

2. 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 (i.e. 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 a 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 colour, 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 upon 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 eight to twelve 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 an 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 using epinephrine for a life-threatening allergic reaction. Simply put, this means that in normally 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. These 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 medications 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 underused, 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. A second dose may have to be administered within 10-15 minutes, or sooner, after the first dose is given IF symptoms have not improved.

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 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 sign/symptom of an anaphylactic reaction occurring in conjunction with a known or suspected allergen contact. Epinephrine is usually effective after one injection
- Access the students other auto-injector and have it brought to the location of the anaphylactic person. A second dose may be administered, within 5-15 minutes or sooner, if symptoms have not improved or have worsened.

Posture:

Faint or dizzy:

- To improve blood circulation, lift the person's legs above the level of the heart, keeping the legs raised by putting something (e.g. pillow, stack of books etc) underneath.
- Keep the person lying down until emergency responders arrive or until the patient has fully recovered.

Difficulty breathing:

- Individual should be sitting up.

Nauseated or vomiting:

- If person feels nauseated or vomiting, lay them on their side, head down, to prevent aspiration of vomit.

In all cases:

- Student should be sedentary. Student not allowed to walk or run around.
- It is important that the patient not be made to sit or stand immediately following a reaction as this could result in another drop in blood pressure.
- Stay with the person until medical assistance arrives.

☐ 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 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 Individual Student Plan.
- Notify the paramedics of the time(s) 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 calm and familiar person must stay with the child until a parent/guardian arrives.

In the event of an emergency and EMS (ambulance service) is NOT available and the child is being driven to the hospital, another adult, where possible, must accompany the driver to provide assistance to the child if necessary. The child's back up epinephrine auto injector must be taken.

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

HOW TO ADMINISTER EPI PEN TRAINER

(The Epi Pen Trainer does NOT contain a needle)

Administer the Epi Pen immediately, at the first sign of a reaction, in conjunction with the child's contact with their life threatening allergen.

INJECTION PROCEDURES:

- Remove Epi Pen from its case.
- Hold the Epi Pen along the shaft keeping thumbs and fingers away from **both** ends of the auto injector.
- Pull off the end safety CAP: (older model trainer – the grey cap, new trainer – blue cap).
- Injection location is the **MID –OUTER THIGH. NO other location.**
- Hold student's leg steady to prevent it from moving during injection.
- Place injecting end of the Epi Pen (black tip end or on the new Epi Pen's the orange tip) against the **MID-OUTER THIGH** and jab/press firmly enough to disengage the needle from the Epi Pen into the leg. (Listen for a 'click')
- Keep the Epi Pen on the leg for 10 seconds, to allow medication to enter leg.
(Count one – one thousand, two – one thousand etc). After the 10 second count remove Epi Pen from leg.
- Once the Epi Pen is removed from the leg check that the needle from the Epi Pen was disengaged. (Needle is exposed in the older unit, in the newer Epi Pens the orange cap is extended over the needle and the window on the side of the Epi Pen indicates successful use.) If needle was not disengaged – try again – pressing more firmly.
- Massage the injection area for a 10 second count (Count one – one thousand, two – one thousand etc... to ten – one thousand).
- Keep individual lying down on their back with feet elevated until emergency help arrives.
If individual is going to vomit place on their side in recovery position, head down to allow fluids to drain out to the mouth.
- If symptoms do not improve or if symptoms reoccur, administer a second Epi Pen after an approximate duration of 5-10 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".

Location of second injection site is 2-3 cm away from initial injection site on the same leg.

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 the instructions along the side of the EpiPen.
- The needle of the Epi Pen can penetrate one layer of clothing.
- There are no contraindications to using epinephrine. In normally 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/patients 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 affected area. If there is an accidental injection the person should go immediately to the nearest emergency department for treatment.

THE EPI PEN IS THE EPINEPHRINE AUTO INJECTOR OF CHOICE OF THE HCDSB

Epinephrine may be supplied as an:

- EpiPen
- EpiPen Jr. - to be provided if the student weighs less than 15 kg (33 lbs), to ensure the proper dosage is administered.

HCDSB protocol for Epi Pens:

Number of EpiPens:

- Students are to have access to two EpiPens.

Location of the EpiPens:

- One is to be in close location to the child – Grades 1-12 the students, where capable of doing so, are to carry their EpiPen with them at all times. Grades JK/SK teachers are to have the child's EpiPen in the classroom (e.g. teachers 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 injectors – Epi Pens.

- Conditions for storage: protect from light; store at room temperature; protect from freezing; and do not refrigerate.

FOR NON COMPLIANCE WITH THE HCDSB EPI PEN PROTOCOLS REFER TO THE FOLLOWING LETTERS TO PARENTS:

- a) **SAMPLE LETTER TO PARENTS/GUARDIANS FOR THEIR CHILD TO CARRY THEIR EPIPEN - Appendix O**
- b) **SAMPLE LETTER TO PARENTS/GUARDIANS RE: STUDENTS TO SUPPLY TWO EPIPENS – ONE TO BE KEPT IN A SECURE LOCATION IN THE SCHOOL – Appendix Q**

SABRINA’S LAW 2005 – AN ACT TO PROTECT ANAPHYLACTIC PUPILS:

The following is the Halton Catholic District School Board’s protocol, for school administrators, in meeting the requirements outlined in Sabrina’s Law.

SCHOOL ADMINISTRATOR – IMPLEMENTATION OF SABRINA’S LAW:

1. A requirement that every school principal ensure that, upon registration, parents, guardians and pupils shall be asked to supply information on life threatening allergies (s. 5 Sabrina’s Law).

- During student registration where there is a response on the registration form that the child has been diagnosed with anaphylaxis, the principal is to request the parent to supply information on the child’s life threatening allergies.
- Parent/Guardians are to be provided with a copy of the HCDSB Parent/Guardian Anaphylaxis Package. This package contains:
 - responsibilities of the parent, student, school and Board
 - forms that are required to be completed by the parent/guardian and returned in a timely manner i.e. Anaphylaxis Emergency Treatment Plan, Request and Consent for the Administration of Epinephrine Form .
- Parent/Guardian is requested to provide a ‘*proof of diagnosis*’ which can be one of:
 - letter/note from doctor/allergist OR
 - photocopy of prescription from Epi Pen container OR
 - copy/photocopy of the Official Prescription Receipt; OR
 - copy/photocopy of the prescription

School Staff With Life Threatening Allergies:

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

2. A requirement that every school principal 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 (s. 6 Sabrina's law).

- The following information and forms are to be placed in a file (e.g. school administrator may develop a separate Anaphylaxis file for students or use the students OSR):
 - Students: Anaphylaxis Emergency Treatment Form
 - Request and Consent for the Administration of Epinephrine Form,
 - *Proof of diagnosis
 - **Student Individual Plan

*The proof of diagnosis does NOT have to be updated each school year as long as the child's diagnosis and prescription stays the same from the child's doctor/allergist.

**** Student Individual Plan - Reusing the Same Form:**

If there has been no change in the student's condition or treatment strategy, the student's parent/guardian may authorize continuation of the previous year's Student Individual Plan by initialing and dating the forms. In this instance, the parent/guardian must provide up-to-date emergency contact information.)

3. Regular training about dealing with life threatening allergies for all employees and others who are in direct contact with pupils on a regular basis (s. 3 Sabrina's Law).

- Principals are to provide information and training on anaphylaxis to:
 - All teachers on staff
 - Educational assistants
 - Day Custodian
 - Local 3166: Secretary, office assistant, library technicians, receptionists, financial clerks, library clerks
 - Noon hour supervisors

- Information and training, where possible, is to be provided prior to the student's first day of school in September (e.g. June) with a review mid school year. (Principal/delegate should keep a log of staff and others who have completed anaphylaxis training. Any staff members absent are to have in service later.)

Resources to use with staff in service:

- Video – How to use Epi Pen** - *Staffnet + Forms, Policies & Procedures + Forms+ School Services + SS.5 First Aid - Anaphylaxis*

- Implementation Checklists:** Provide the teachers with an anaphylactic student and staff members with access to a copy of their Implementation checklist by going to: *Staffnet.hcdsb.org – Forms, Policies and Procedures – Forms Repository – School Services - +SS.5 First Aid - Anaphylaxis*
 - **Classroom teachers with anaphylaxis student – Classroom teacher with anaphylaxis student Implementation Checklist**
 - **Staff members – Staff members Anaphylaxis Implementation Checklist –** Administrator may wish to have classroom teacher and staff member ‘sign off’ on a form that they have read and understand their responsibilities.

- Where appropriate outline to the participants the content of the Halton Anaphylaxis Protocol 2011 and how to access from staffnet.

- Content of the in service should take into consideration the following:
 - Identification of students/staff with life threatening allergies.
The following content is found in the Classroom Teacher and Staff Member Implementation Checklists:
 - 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 auto-injector. Provide opportunities for regular practice.
(Video. How to Use Epi Pen. - *Staffnet + Forms, Policies & Procedures + Forms+ School Services + SS.5 First Aid - Anaphylaxis*)
 - Inform participants of the location of where the second (spare) epinephrine auto injectors are kept in the school (e.g. health room, office etc)
 - Process in place for informing On Call/Occasional Teachers.
 - 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:
 - Food Avoidance Strategies, Appendix E
 - Peanuts/Tree nuts Avoidance Strategies, Appendix F
 - Establishing Safe Lunchroom and Eating Area Procedures for Peanuts/Tree nuts. Appendix F
 - Secondary – Food Service Company (ARAMARK) Appendix G
 - Milk Avoidance Strategies, Appendix J
 - Egg Avoidance Strategies, Appendix K
 - Fish and Shellfish and Sesame Seed Avoidance Strategies, Appendix L

- Insect venom Avoidance Strategies, Appendix M
 - Latex Allergy Avoidance Strategies, Appendix N
- Where appropriate reference the Ministry of Education’s e-learning module found in the ‘ANAPHYLAXIS RESOURCE KIT’ to all staff members and others who are in direct contact with pupils on a regular basis:
- On line information resource about anaphylaxis-** staff can access:
 Ministry of Education’s Online Anaphylaxis Training e-learning module:
- www.eworkshop.on.ca/allergies
- Participants are to go through the e learning module as directed by their principal.
- Simulate an anaphylactic emergency, similar to a fire drill, to review and check to see that all elements of the schools emergency protocol is in place and everyone knows their role.

4.A communication plan for the dissemination of information on life threatening allergies to parents, pupil and employees (s. 2 Sabrina’s Law)

- CLASSROOM TEACHERS:** provide prior to the first day of classes:
- the identity of students diagnosed with anaphylaxis that they will have in their class.
 - copies of student’s Anaphylaxis Emergency Treatment Plan and where possible Student Individual Plans (provide as soon as possible)
 - copy of CLASSROOM TEACHER WITH ANAPHYLACTIC STUDENT IMPLEMENTATION CHECKLIST – (Access on Staffnet)

COACHES AND ACTIVITY SUPERVISORS:

- Instruct coaches and activity supervisors to have a process in place (e.g. participation forms, medical forms, checking school list of students with anaphylaxis, ask the students to identify themselves if they have anaphylaxis) where students with medical conditions (anaphylaxis) are identified and appropriate accommodations are implemented for the student’s safe participation.

Communicating with Parents/Guardians of Anaphylactic Child:

- Prior to the start of the school year, communicate with parents/guardian of the anaphylactic child along with appropriate school staff (classroom teacher, subject teachers, coaches etc.) to work together in developing a Student Individual Plan for their child, using the Board’s protocol as a guide.
- Provide the parent/guardian with a copy of the Parent/Guardian Anaphylaxis Package which outlines responsibilities of the parent/guardian and applicable forms that need to be completed and returned to the school for the management and emergency treatment of their child’s anaphylaxis condition.

- Communicate with the parent/guardian throughout the year relating to activities at the school e.g. field trips, food celebrations etc.
- Consider hosting an in service on your School's Anaphylaxis Plan for:
 - Parents of children with life threatening allergies
 - School council
 - Other interested parents/groups

Communicating with School Council:

- Provide school council with information on students in the school diagnosed with anaphylaxis along with the legislated responsibilities, from The Act to Protect Anaphylactic Pupils 2005, of the school to accommodate and provide a safe learning environment for the students. Outline the school's avoidance strategies for the life threatening allergens (e.g. peanuts and tree nuts etc)

Communicating with the School Community:

On going communication about the school anaphylaxis plan is essential in creating awareness and support for students at risk.

- Newsletter/school website: Information item to parents/guardians who have a child with a life threatening allergy and have not identified their child to the principal to do so immediately.
- Letter/school website: Information sent to parents informing them of children with life threatening allergies attending the school and how they can support a safe environment for all children. (Sample –Peanut/Tree Nut letter, Appendix I)
- Post Anaphylaxis STOP sign (relating to peanuts and tree nuts) at public entrances to the school. Reminding everyone that enters that items containing or may contain nuts are not to be brought into the school.
- Reminders published in school bulletins/ web site at Hallowe'en, Christmas, Easter time about not bringing foods/snacks containing or may contain peanuts/tree nuts.
 - Elementary – School bus driver: At the beginning of the school year identify the child with anaphylaxis on the bus and provide the school bus driver with a copy of the student's Anaphylaxis Emergency Treatment Form.

Communication with On Call and Occasional Teachers:

- 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. Communicate this process to the teachers:

- Occasional Teachers: Principal is to communicate to teachers the following sample communication process:
 - 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 Emergency Treatment form.
 - 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 Emergency Treatment Form and Student Individual Plan and location of stored Epi Pens.
 - Elementary: Student Anaphylaxis Emergency Treatment Form is to be posted on classroom wall with the Student Individual Plan form located in the Occasional Teacher folder on the teacher's desk.
 - Secondary: Student's Emergency Treatment Form and Student Individual Plan is where appropriate attached to teacher lesson plan. Secondary school will determine best possible accessibility to the forms.

□ **Communication with Volunteers:**

Process in place where volunteers who come in contact with anaphylactic pupil(s) on a regular bases are informed of:

- the identity of the students with a life threatening allergy
- school avoidance strategies for the student
- not to bring in foods containing the child's life threatening allergen.

BUS COMPANY (ELEMENTARY SCHOOLS):

Meet with bus drivers (morning and afternoon routes) to identify students on their bus diagnosed with anaphylaxis and their known triggers. Where appropriate provide bus driver with a copy of the student's: 'Anaphylaxis Emergency Treatment Plan'.

5. A requirement that every school principal develop an individual plan for each pupil who has an anaphylactic allergy (s. 4 Sabrina's Law).

An individual plan for a pupil with an anaphylactic allergy shall be consistent with the board's policy and shall include:

- **Details informing employees and others who are in direct contact with the pupils on a regular basis of the type of allergy, monitoring and avoidance strategies and appropriate treatment.**
- **A readily accessible emergency procedure for the pupil, including emergency contact information.**
- **Storage for epinephrine auto injectors, where necessary.**

SAMPLE STUDENT INDIVIDUAL PLAN:

- A sample Student Individual Plan has been developed by the HCDSB Anaphylaxis Review Committee for school administrators to consider using when meeting with student's parent/guardian to collaboratively develop the content to meet the individual needs of the student. – Appendix D.

MONITORING STRATEGIES:

- Process in place where the principal/designate periodically checks (spot check) that the student is carrying their epinephrine auto injector. Suggested time line is once per term (elementary) and *once per semester (secondary)* or more frequently where needed as determined by the school administrator in consultation with the parents.

Variables to consider:

- Age of the student
- Maturity of the student
- Severity of the life threatening allergy
- Student capacity (intellectual, physical)

Have process in place to document date and time of spot check – refer to sample student individual plan. Where a student is found not to be carrying their auto injector, document and contact parent/guardian.

- Visually check the environment for hazardous situations that may place the student at risk of coming in contact with their life threatening allergen.
- Increased vigilance is required during times when the life threatening allergen is an immediate threat (e.g. food allergen during lunch time/snack time/food celebrations).

AVOIDANCE STRATEGIES:

- School administrator is directed to the following risk reduction strategies to be used to minimize the causative agents that affect students in their school.

When developing this section the school administrator may wish to refer to the following appropriate appendices in Halton Anaphylaxis Protocol 2009:

- Food avoidance strategies, Appendix E
- Peanuts and Tree Nuts Avoidance Strategies, Appendix F
- Establishing Safe Lunchroom Avoidance for Peanuts/nuts, Appendix F
- Sample Peanut/Nut Allergen Ingredient Checklist, Appendix I
- Milk Avoidance Strategies, Appendix J
- Eggs Avoidance Strategies, Appendix K
- Fish and Shellfish and Sesame Seed Avoidance Strategies, Appendix L
- Insect Avoidance, Appendix M
- Latex Avoidance, Appendix N

APPROPRIATE TREATMENT, EMERGENCY PROCEDURE AND EMERGENCY CONTACT INFORMATION:

- Refer to form: Students Anaphylaxis Emergency Treatment Plan

STORAGE FOR EPINEPHRINE AUTO INJECTORS:

- The student's second EpiPen is to be located in a safe, secure (NOT locked) readily accessible location at all times.

- Conditions for storage: protect from light; store at room temperature; protect from freezing; and do not refrigerate.
- School staff are to be informed of the location of the student's with anaphylaxis second epinephrine auto injector (e.g. health room, office)

CONSULTATION PROCESS WITH PARENTS/GUARDIANS:

- All parents/guardians are to be invited to be part of the consultation process in the developing the Student Individual Plan.
 - Those parents who take part in the consultation process are to sign and date the original copy of the Student Individual Plan.
 - Those parents/guardians who do not want to be part of the consultation process should have a copy that was developed by the school sent home for review and provide parental/guardian signature and date.

BOARD POLICY AND PROTOCOLS MUST BE FOLLOWED:

- In the consultation process between the principal and parent Board protocols are to be followed e.g. administering the epinephrine first and NOT Bendryl or asthma medication; providing two Epi Pens; having their child carry their Epi Pen with them at all times are to be followed.

PROVIDE CLASSROOM TEACHER WITH A COPY OF STUDENT INDIVIDUAL PLAN:

- If classroom teacher was not part of the consultation process (team) in developing the Student Individual Plan – then go over the contents with the classroom teacher.

SHARE WITH THE ANAPHYLACTIC STUDENT:

- Where applicable and age appropriate review the contents of the Student Individual Plan with the anaphylactic student.

HOW LONG CAN THE STUDENT INDIVIDUAL PLAN BE USED:

- Student Individual Plans may be used from previous years as long as:
 - Parents/guardians have been given the opportunity for review along with a form (similar to the IPRC waiver form) indicating that there is no changes required and the content of the present form is to be used for the upcoming school year. Form is to be initialed and dated by parent/guardian and filed in the Student's file.
 - Where minor modifications are to be made (e.g. change in emergency contacts, change of expiry dates for Epi Pens)

LOCATION OF THE STUDENT INDIVIDUAL PLAN:

- Provide the classroom teacher with a copy who will share the information with other staff members who are in regular contact with the student (e.g. educational assistants, other teachers, volunteers).
- Elementary Teacher will locate the Student Individual Plan in the Occasional Teacher folder located on the teacher's desk.
- Secondary Teacher will locate the Student Individual Plan attached to day plans.

- A copy may be placed in student file.

6. Strategies that reduce the risk of exposure to anaphylactic causative agents in classrooms and common school areas (s.,1 Sabrina’s Law).

AVOIDANCE IS THE CORNERSTONE OF PREVENTING AN ALLERGIC REACTION.

- School administrators are to ensure there is a plan in place that will reduce the risk of exposure to anaphylactic causative agents in the classroom and common school areas.

The most common triggers for anaphylaxis include:

- Food (e.g. peanuts, tree nuts, egg, milk, wheat, shellfish, soy, sesame, fish etc.)
- Insect stings (e.g. yellow jackets, wasps)
- Latex

- School administrators are to emphasize to schools staff that the school as a whole is a ‘minimized allergen environment’, not just the classroom(s) of students with life threatening allergies.

- School administrators are to emphasize to school staff that products containing or ‘may contain’ peanuts or tree nuts are not to be brought into the school.

RISK REDUCTION STRATEGIES FOR CAUSATIVE AGENTS:

School administrators are directed to the following sample risk reduction strategies to be used to minimize the causative agents that affect students in their school:

- Food avoidance strategies, Appendix E
- Peanuts and Tree Nuts Avoidance Strategies, Appendix F
- Establishing Safe Lunchroom Avoidance for Peanuts/nuts, Appendix F
- Food Service Companies e.g. ARAMARK, Appendix G
- Sample: Anaphylaxis letter re: Peanuts/Nuts to School Community, Appendix H
- Sample Peanut/Nut Allergen Ingredient Checklist, Appendix I
- Milk Avoidance Strategies, Appendix J
- Eggs Avoidance Strategies, Appendix K
- Fish and Shellfish and Sesame Seed Avoidance Strategies, Appendix L
- Insect Avoidance, Appendix M
- Latex Avoidance, Appendix N

Other Allergens:

Reactions to medication, exercise, other food products such as wheat, sesame seeds etc. are not as frequent in school settings. Care of children with these allergies should be individualized based on discussions with parents, physicians and school personnel. The emergency protocol, as described earlier in this document, would apply.

IMPLEMENTING BOARD POLICIES ON PEANUTS/ TREE NUTS:

PEANUTS AND TREE NUT policy is to provide a ‘minimized allergen environment’ by minimizing products that contain or ‘may contain’ peanuts/tree nuts from coming into the school

by staff, students, parents, commercial food providers, volunteers, visitors, etc. and from being served/consumed at off site school sponsored activities/events.

STRATEGIES FOR REDUCING STUDENT CONTACT WITH PEANUTS AND TREE NUTS:

- Selection of a school/class activity fund raiser is to avoid products containing peanuts and tree nut products.
- Check anaphylaxis signage 'STOP' (food products containing or 'may contain' peanuts and tree nuts NOT to be brought into the school) is posted at public entrance(s) to school.
- Vending machines are NOT to provide food items that contain or 'may contain' peanuts/tree nuts.

Principal is to communicate the following message to all staff:

- Check that they are not bringing in food items that contain or 'may contain' peanuts, tree nuts (e.g. baked goods from doughnut shops, trail mix bars). To check ingredient food labels for nut free food items, refer to Appendix B.
- Not to provide food products as incentives or rewards to students.
- School administrator must be informed of plans to provide food for school/class activities/celebrations (e.g. multicultural days, sacramental celebrations, Hallowe'en or Christmas parties, French Café) on or off school site and well in advance of the activity.
- Communicate with parents of the food allergic child about their plans of serving food and how parents can assist in the decision of foods appropriate for their child.
- In charge person of the event/celebration (school administrator, teacher, coach, staff member) is to minimize the chance of food products that contain or 'may contain' peanuts and tree nuts being served to a team, class or school community event (e.g. spaghetti night, volunteer appreciation, pancake Tuesday, French Café) by implementing the following:
 - Purchase of allergy safe food from commercial food outlets. Check ingredient food labels for nut free food items, refer to Appendix A.
 - Order foods from a commercial source. Teacher/designate is to check that the commercial source can guarantee that their food products are free of nut products and prepared in a nut free environment. Refer to Appendix A.
 - Foods that have been prepared on school site under the supervision of a teacher/designate (e.g. parent of an anaphylactic child) familiar with nut free ingredients and cross contamination procedures.
 - Food items prepared by the parents of an anaphylactic child.
 - Food items prepared by the school's anaphylaxis committee (with one of the members having a child with anaphylaxis).
 - Nutritious, allergy safer foods to be served (e.g. fruit platter, veggie platter.)

To assist teachers/designate (volunteer) when checking ingredient food labels for nut products refer to Appendix I - Terminology for Peanuts and Tree nuts on Food Labels.

- When taking students off school site and providing food (e.g. grade 8 graduation lunches). Teacher, coach, staff member is to have a process in place well in advance of the event that examines the following:
 - Process in place where students with food allergies are identified.
 - Communicate with parents of the food allergic child about your plans and how they can assist in the decision of a location appropriate for their child.
 - Check with the food provider (chef or restaurant manager) that they can provide a minimized allergen environment based on the student(s) allergens.

- Principal is to communicate with parents:**
 - Message that the school has students with life threatening allergies to peanuts-tree nuts and to refrain from sending food items that contain or 'may contain' peanut-tree nuts. Refer to Appendix B – Sample: Anaphylaxis Letter Re: Peanuts/Tree Nuts to School Community.
 - Reminders are to be sent home in school communications (newsletter) at various times in the school year (e.g. prior to Hallowe'en, Christmas, Easter)

OTHER FOOD RELATED ANAPHYLACTIC CAUSATIVE AGENTS (e.g. MILK, EGGS, WHEAT) – the policy is that these products are not to be restricted or banned from the school as trying to eliminate them is both unrealistic and a burden for the wider community.

- Where applicable to students in the school, develop strategies to reduce the risk of exposure to other anaphylactic causative agents e.g. milk, eggs, wheat, soy, (using the appropriate appendices in the Halton Anaphylaxis Protocol). Communicate these strategies to all appropriate school personnel, students and visitors:

Avoidance strategies:

- In the classroom at lunch and snack time removing 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.

- Other food avoidance strategies for consideration:
 - Food items NOT used as incentives or reward to students.
 - Anaphylactic students not to participate in garbage removal or yard clean ups.
 - Minimize or eliminate the number of celebrations in the classroom/school where food is used (e.g. birthday celebrations)

OTHER ANAPHYLACTIC CAUSATIVE AGENTS (E.G. LATEX, INSECT STINGS):
Develop reduction strategies for the school using the appropriate appendices in the Halton Anaphylaxis Protocol and communicate information to staff.

AVOIDANCE STRATEGIES WHEN PLANNING FIELD TRIPS - ACTIVITIES OFF SCHOOL SITE:

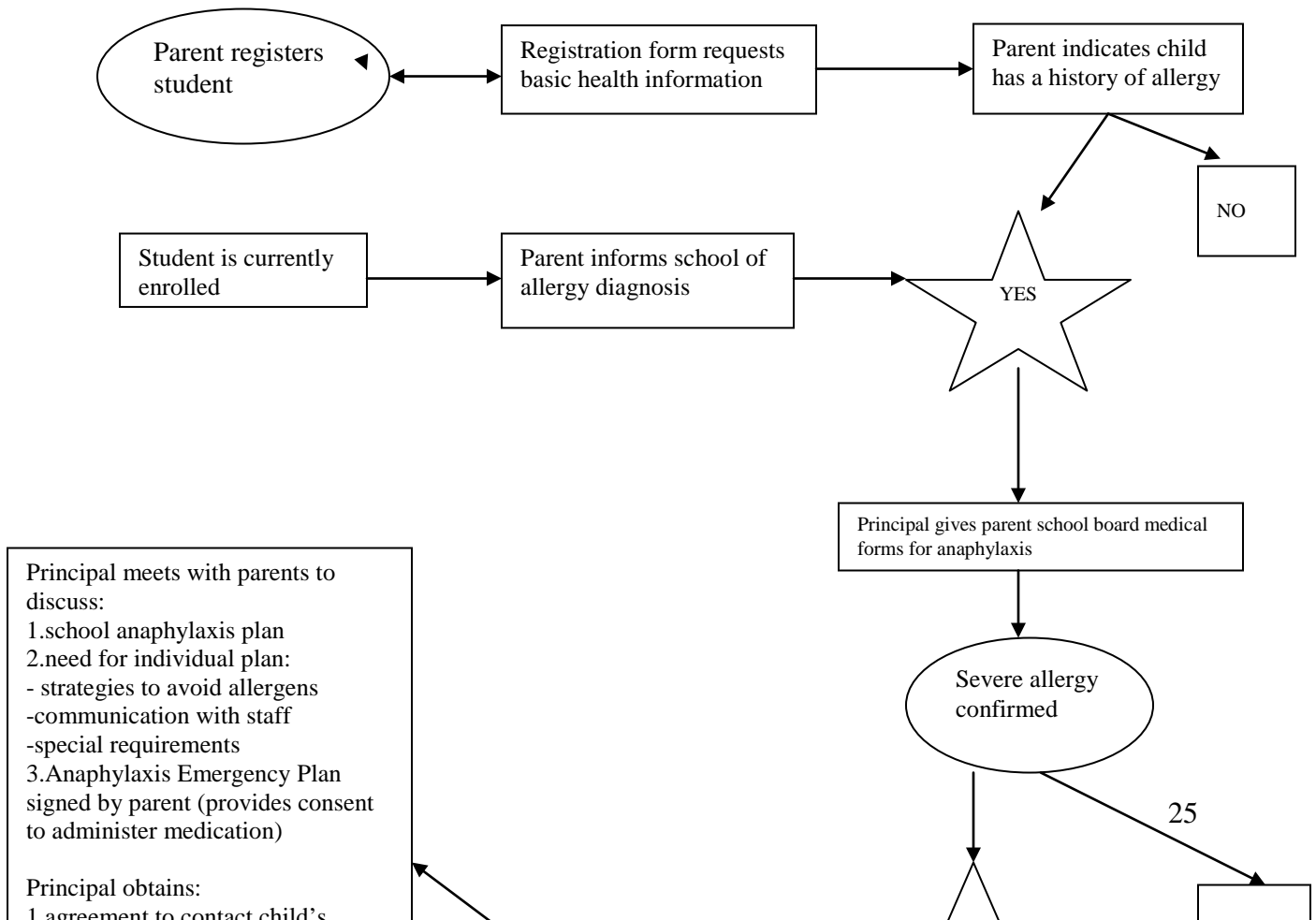
- When taking student off school site it is important that there is communication with the parent/guardian to develop a careful and clear plan of expectations to meet the needs of the student with anaphylaxis. (e.g. Parent invited on trip as a supervisor).
- Parents need to know the itinerary, where appropriate if food is to be eaten (e.g. the menu of the foods to be served) and where appropriate the activity (e.g. outside – bee stings).
- **Field trip location** (day trips and overnight trips e.g. trip to rural setting, Camp in Algonquin Park, or trip to urban centre, Ottawa):
In the planning stages of the trip the school trip supervisor is to contact the commercial trip provider/site manager of the activity location with information on the student with anaphylaxis. The trip supervisor is to check if the trip provider/site manager can assure that they can accommodate the student's requirements for safe participation in the program and at the activity location. Without an assurance that accommodations and management of the anaphylaxis can be made on the trip and at the activity site - NO participation on the trip by the student.
- **Distance to hospital/EMS – Number of Epi Pens to take** needs to be taken into consideration. Trip supervisor is to check with commercial trip provider/site manager on the distance from the activity location to Emergency Medical Services (ambulance) and/or hospital. It is important when planning trips (e.g. camping activities) that a hospital and/or EMS be within the time frame of the number of Epi Pens accessible to the student (Epi Pen will last 10-15 min if administered correctly). For example, a hospital that is an hour away – student should have a minimum of four Epi Pens.
- **Communicate information to parents/guardian:** Arrangements for the accommodations and management of their child's anaphylaxis, for the entirety of the trip along with distance to EMS/hospital from activity location, is to be communicated to parents in order to make an informed decision as to their child's participation on the trip.
- **Identity of student(s) with anaphylaxis communicated:** Trip Supervisor is to inform teachers, volunteers, bus driver and supervisors at the activity site of identity of student with anaphylaxis and review emergency plans.
- **Two auto injectors:** are to be available for the student on the trip unless distance to hospital/EMS requires more. Know the locations of the auto-injectors.
- **Student forms on the trip**– copy of the student's Anaphylaxis Emergency Treatment Plan along with trip accommodations, where appropriate, are to be taken on the trip.
- **Grouping of anaphylactic student(s):** student is to be assigned to a group with parent/guardian or staff member trained in responding to an anaphylactic emergency.
- **Buddy system:** In situations where the teacher/supervisor is providing 'in the area supervision' teacher is to assign a 'buddy' to the anaphylactic student. The 'buddy's' responsibility is to assist the anaphylactic 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 you have the correct and proper change if using pay phones.

EXTENSIVE TRIP (Another Province or Country):

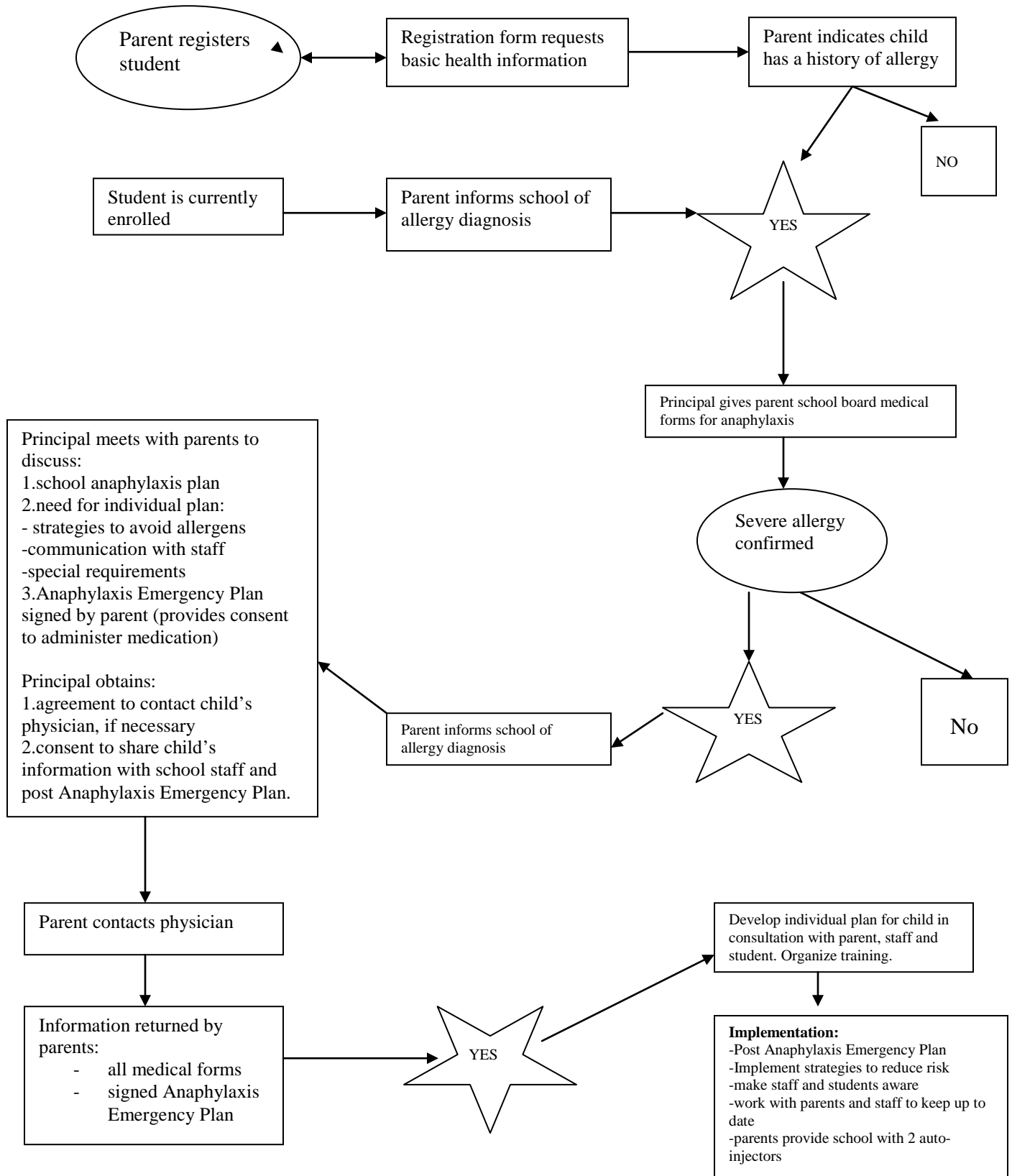
- In the planning stages of the Extensive Trip location (e.g. out of province or out of country) the trip supervisor is to check with the tour operator or appropriate officials at the destination about the present conditions in dealing with students with anaphylaxis (e.g. availability to foods that do not contain or ‘may contain’ peanuts and tree nuts, availability of epinephrine auto injectors, accessibility to Emergency Medical Services/hospital). For student with anaphylaxis to participate in the trip the tour operator/officials must assure they can accommodate and provide safe facilities, safe programming, safe meals and snacks and ready access to a hospital or ambulance service in the case of a life threatening reaction occurring.
- **Communicate information to parents:** Conditions must be clearly outlined to parents/guardians in order to make an informed decision as to whether their child is to participate in the trip or not.

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.



APPENDIX A
ACTION STEPS FOR ANAPHYLAXIS MANAGEMENT





ANAPHYLAXIS EMERGENCY TREATMENT PLAN

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

Student's photo 2 x 2.5

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

- Peanut Tree Nuts Wheat Egg Milk
 Insect Stings (bees/wasps) Latex Other: _____
 Medication: _____

SIGNS AND SYMPTOMS: Think – F.A.S.T.:

A person experiencing an anaphylactic reaction might have one of the following symptoms:

- F. Face:** hives, rash, itchiness, redness, swelling of face and tongue
- A. Airway:** coughing, wheezing, throat tightness, trouble breathing, swallowing or speaking
- S. Stomach:** a stomach pain, nausea, vomiting, diarrhea
- T. Total:** anxiety, weakness, pallor (paleness) sense of doom, loss of consciousness.

TREATMENT: Think – A.C.T.

- Administer the epinephrine auto injector (EpiPen) IMMEDIATELY, at the first sign of a reaction, in conjunction with the child's contact with their life threatening allergen.

Administer the injection in the lateral (outer) location of the thigh. Inject and count for 10 seconds. Remove the EpiPen, check needle is showing and message area for 10 seconds.

A second dose may be administered 10 – 15 minutes or sooner, if symptoms have not improved or worsened.

- Call 911. When informing the dispatcher use the term 'ANAPHYLACTIC' reaction.
- Transport to hospital by ambulance. Student must go to the hospital even if symptoms are mild or have stopped. Call parents/guardians.

Emergency Contact Information:

Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned patient, parent or guardian authorizes an adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as described above.

Patient/Parent/Guardian signature

Date

Physician's signature (optional)

- Parent grants permission for a copy of this form be given to their child's bus driver, where applicable (elementary students only). All school bus drivers have First Aid/CPR and EpiPen training.

Photocopy Appendix E (EpiPen) on the reverse side of this form.

***Original –School
 *** Copy – Halton Student Transportation Services
 Fax Number: 905-637-4023

Transportation Services Staff Only

Bus#	AM	Noon	PM
Rte#	AM	Noon	PM

Using EpiPen® / EpiPen® Jr is as easy as 1-2-3

- 1.** Remove yellow or green cap from carrying case
 - Grasp unit with black tip pointing downward
 - Pull off grey activator cap



- 2.** Jab black tip firmly into outer thigh so it "clicks" AND HOLD on thigh approximately 10 seconds
 - Massage injected area for 10 seconds



- 3.** Seek medical attention



After Using EpiPen® / EpiPen® Jr Follow 3 Easy Safety Steps:

- 1.** Carefully place used auto-injector, needle-end first, into storage tube
- 2.** Screw cap of carrying case on completely.
 - This automatically bends needle back and secures pen so it won't fall out of tube
- 3.** Take unit with you to hospital Emergency Department



AVOIDANCE STRATEGIES FOR MY/OUR CHILD:

PART A: General Food Strategies – My/our child must ...		
		Eat only foods which are safe and approved by parent(s)/guardian(s)
		Not to eat if they are not carrying their Epi Pen
		Not to trade or share food, food utensils or food containers
		Check their eating surface is properly cleaned before eating lunch or snack
		Place a barrier between their food and the eating surface (i.e. napkin, place mat)
		Never leave food unattended. If need to leave room then leave lunch with the supervisor
		Wash their hands before and after eating
		Eat with a friend who knows about the allergy & can notify an adult if there is a reaction
		Never go off alone (e.g. to the washroom) if they are feeling unwell or distressed
		Will sit at a designated location away from other students eating the said allergen
		Advise others quickly if they feel they are having an allergic reaction
Other Points:		
<ul style="list-style-type: none"> Food scraps/non eaten food products will be removed from the classroom after meals. Eating surfaces of students eating the said allergen(s) will be cleaned using an approved cleaning agent. 		
PART B: Specific to Other Situations/Activities at School – My/our child is ...		
		Not to be involved in activities where the allergen is used (e.g. crafts/science experiments)
		Not to be involved in garbage disposal, yard clean-ups or other activities which could bring them in contact with items contaminated with the allergen (e.g. food wrappers, containers or debris)
		To have their own locker, where possible
Other Points:		
PART C: Specific to Hot Lunch Days at School – My/our child ...		
Yes	No	
		Has permission to participate in the pizza/hot lunch days so long as we have been advised of the contents of the food being served
Other Points:		
PART D: Specific to School Celebrations/Awards Using Food – My/our child ...		
Yes	No	
		Has permission to participate in the eating of food during school celebrations/awards incentive so long as we are advised of the contents of the food being served
If Yes, then the following conditions apply:		
PART E: Specific to Insect Venom – My/our child ...		
Yes	No	
		Must carry their Epi Pen with them at all times during insect presence/season
		Must stay away from areas where stinging insects gather (e.g. garbage cans, flowers, food)
		Must remove themselves and/or be removed from the location of the insect by the teacher/other.
		Is not to participate in yard clean-up activities during insect season/presence
Other Points:		
<ul style="list-style-type: none"> School policy during bee season is that food items and refreshments will be consumed inside the school. 		
Specific to Latex – School will....		
Yes	No	
		Limit child's contact, where possible, with all natural rubber products (e.g. first aid supplies, balloons)
Other Points		

FOOD AVOIDANCE STRATEGIES*(Peanuts, tree nuts, milk, egg, fish, seafood, sesame seeds)*

AVOIDANCE is the cornerstone of preventing an allergic reaction:

It must be stressed that minute or very small amounts of certain foods can cause severe reactions when ingested. This may happen if the person touches an allergenic substance and then subsequently puts his hand to his 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 a severe allergic reaction.

School staff avoidance strategies:

- Not to bring into the school food products that contain or may contain peanuts – tree nuts.
- Not to provide food as an incentive or a reward.
- Consider establishing a NO FOOD CELEBRATION policy for your classroom/school.
- For school sponsored activities/events where food is provided:
 - Parents are to be notified of the event well ahead of time and consulted as to the appropriate food (or alternative) to provide for their child.
 - 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.
- Eating surfaces are to be carefully cleaned of contaminating foods using a cleansing agent approved for school use.
- A process is in place where food scraps/non eaten food products are removed from the classroom after meals and snacks.

Student, with anaphylaxis, avoidance strategies:

- NOT to eat without their epinephrine auto-injector
- eat only food items approved by parents/guardians
- not trading or sharing foods, utensils or food containers
- place a barrier (placemat) between the food and the eating surface
- washing hands before and after eating

Classmates avoidance strategies:

- Washing hands and rinsing mouth after eating
- Not sharing food with students who have food allergy.
- Not to pressure student into ‘trying’ a food they do not want.
- Keeping their snacks and food items away and separate from the anaphylactic student.
- Placing a barrier between their food items and the eating surface.
- Disposing of food items after meals and snacks.

PEANUTS AND TREE NUTS AVOIDANCE STRATEGIES

BACKGROUND:

- 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.
- Very minute quantities of peanut, when ingested, can result in life threatening reaction.
- Cross contamination is more likely to occur with peanut butter due to the adhesive nature of the peanut protein to other foods/surfaces.

(Recent US study has found that casual skin contact with peanut butter and the smell or odour of peanut butter can cause allergic reactions such as rashes, runny nose, itchy eyes and occasionally wheezing but anaphylaxis is unlikely.

“...the very same amount of peanut butter that when touched induces only a local reaction could cause anaphylaxis should it be unintentionally transferred to the mouth. With this in mind, continued caution is advised.”)

BOARD POLICY FOR FOOD PRODUCTS THAT CONTAIN OR MAY CONTAIN PEANUTS AND TREE NUTS:

The policy is to provide a ‘minimized allergen environment’ by minimizing products that contain or ‘may contain’ peanuts/tree nuts from coming into the school by staff, students, parents, commercial food providers, volunteers, visitors, etc and from being served at off site school sponsored activities and events.

SCHOOL ADMINISTRATOR’S RISK REDUCTION STRATEGIES :

COMMUNICATION WITH SCHOOL COMMUNITY:

- Information (e.g by letter, newsletter, school web site etc.) is sent to each family in the school outlining that the school has students with life threatening allergies to peanuts/tree nuts and requesting parent/guardian support in making the school a ‘minimized allergen environment by not sending or bringing food products that contain or may contain peanuts and/or tree nuts (e.g. lunches, birthday celebrations, bake sales). A sample form of communication is the ‘Medical Danger-Anaphylaxis’ letter outlined in Appendix H, and Peanut-Tree Nut Allergen Checklist - Appendix I.)
- Reminders sent to parents/guardians during holiday times and celebrations (e.g. Halloween, Christmas, Easter) that the school is a ‘minimized allergen environment and food items with peanut/tree nuts are not to be brought on school site.
- The anaphylaxis signage ‘STOP’ (food products containing or ‘may contain’ peanuts and tree nuts NOT to be brought into the school) is posted at public entrances to school.

SCHOOL STRATEGIES:

APPENDIX F *cont'd*

- School administrator/teacher to communicate with parents/guardians to establish suitable risk reduction strategies. *Communicate these strategies onto the Student's Individual Plan.*
- School staff is NOT to bring in food products that contain or 'may contain' peanuts – tree nuts.
- School vending machines do not offer food products that contain or 'may contain' peanuts – tree nuts.
- Selection of a school/class activity fund raiser is to avoid products that contain or may contain peanuts- tree nuts (e.g. chocolate almonds).
- Where possible organize events/celebrations focused on activities and not food.
- School staff/occasional teachers/volunteers etc NOT to provide students with food as incentives or rewards.
- Where designated by school administrator classroom teachers and staff members must inform the school administrator of their plans to provide food for school/class activities on or off school site and well in advance of the activity.
- Where designated by school administrator classroom teachers and staff member is to communicate with parents of the food allergic child about their plans of serving food at the event and how parents can assist in the decision of foods appropriate for their child.
- When taking students off school site and providing food, staff member is to have a process in place well in advance of the event that examines the following:
 - Process in place where students with food allergies are identified
 - Communicate with parents of the food allergic child about your plans and how they can assist in the decision of a location appropriate for their child.
 - Check with the food provider (chef or restaurant manager) that they can provide a minimized allergen environment based on the student(s) allergen(s).
- Teachers, particularly in the primary grades, should be aware of the possible peanut/nut allergens present in curricular materials:
 - playdough;
 - bean-bags, stuffed toys (peanut shells are sometimes used)
 - counting aids (beans, peas);
 - science projects (e.g. pine cone bird feeders stuffed with peanut butter);
 - special seasonal activities,
- Additional yard cleanups may be advisable after special occasions such as Halloween, Easter or special outdoor school events where food is allowed.

APPENDIX F *cont'd*

- Students with anaphylaxis should not be involved in garbage disposal, yard clean ups, or other activities which could bring them into contact with food wrappers, containers or debris.
- Foods are often stored in lockers and desks. Allowing the anaphylactic student to keep the same locker and desk all year may help prevent accidental contamination.
- LIST OF PEANUT/TREENUT FREE ITEMS:
Direction from Anaphylaxis Canada is NOT to provide a list of “safe” peanut/tree nut-free snacks, etc. The contents of products and the lines on which they are produced change often and cannot always guarantee that their product is peanut/tree nut free. The best advice is to request the parents/caregivers read the contents of the packages and where it says ‘may contain’ nut products – NOT send. Send to those parents requesting information the: PEANUT-TREE NUT ALLERGEN INGREDIENT CHECKLIST. (Appendix I).
- PEABUTTER
The Halton Catholic District School Board and the Halton District School Board are requesting parents NOT send their children to school with peabutter sandwiches. This request is outlined in the ‘Medical Danger – Anaphylaxis’ letter sent home in September.

ESTABLISHING SAFE LUNCHROOM AND EATING AREA PROCEDURES FOR PEANUTS/TREENUTS

- Provide effective supervision in eating areas (e.g. classrooms) with anaphylactic students.
- Encourage the anaphylactic student to take the following mealtime precautions:
 - NOT to eat without their epinephrine auto-injector
 - eat only food items approved by parents/guardians
 - not trading or sharing foods, utensils or food containers
 - place a barrier (placemat) between the food and the eating surface
 - take only one item at a time from the lunch bag to prevent other students from touching the food; and
 - pack up their lunch and leave it with the lunch supervisor, if it is necessary to leave the room during lunchtime.
 - washing hands before and after eating
- Anaphylactic students who ‘forget’ their lunch at home. Contact must be made with parent/guardian/caregiver to provide appropriate food products for lunch.

APPENDIX F *cont'd*

- Encourage classmates to assist in creating a safer eating environment for individuals at risk of anaphylaxis by:
 - Washing hands and rinsing mouth after eating
 - Not sharing food with students who have food allergy.
 - Not pressuring them into accepting a food they do not want.
 - Keeping their snacks and food items away and separate from the anaphylactic student.
 - Placing a barrier between their food items and the eating surface.
 - Disposing of food items after meals and snacks.

- Schools with a food service provider (Refer to section re: ARAMARK):
 - Identify and communicate with the foodservice provider the information of students attending the school with life threatening food allergies to peanuts/tree nuts.
 - Check that the foodservice staff have been trained to understand the risk of cross contamination in the purchasing, preparation and handling of food items.
 - Invite the foodservice staff to regular school staff training on anaphylaxis management.

- High school students key safety rules in the cafeteria:
 - Read food labels carefully;
 - Asking foodservice staff about the preparation and handling of food at the cafeteria.
 - Not eat if they do not have their epinephrine auto-injector with them.
 - Eat with a friend and advise others quickly if they feel they are having an allergic reaction.

- **Cleaning of hands:** 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.

- **Cleaning of surfaces:** 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 allergens from surfaces. Dish soap did not effectively remove residue of peanut butter from surfaces.

- Lunch days (e.g. pizza's, sandwiches/wraps/ cookies etc): Contact the distributor and inform them that you have student(s) with life threatening allergies to peanuts and/or other nuts. In order for food to be brought into the school, the distributor/provider must **guarantee** that their food products **do not contain** or '**may contain**' peanuts or other nut products.

FOOD SERVICE COMPANY AVOIDANCE STRATEGIES:
ARAMARK (Contracted Food Service Company for Halton Boards)

APPENDIX G

Principals/designate are recommended to meet with the ARAMARK Cafeteria Manager, early in the school year, to review ARAMARK's commitment to implement the following reduction strategies in school cafeterias for the avoidance of anaphylaxis allergens e.g. peanuts and tree nuts. ARAMARK (January 2009):

- Educates and trains foodservice staff on food allergies, signs and symptoms of an anaphylactic reaction and how to administer the epinephrine auto injector (Epi Pen).
- Provides 'Gross Nut Free' products where the servery does not have any product with nuts or products where nuts are an ingredient in it (e.g. peanuts, tree nuts, peanut oils).
- Uses, where possible, suppliers who have their products made in a nut free facility.
- Does not provide any type of chocolate bars.
- Cafeteria staff are trained to avoid cross contamination of food allergens during the purchasing, receiving, storage, handling, preparation and service of food.
- Cafeteria staff have an Allergy Awareness Program to identify ingredients in products served and communicates this information to students and parents when requested. (Binder with photocopy of ingredient labels)
- Check that the ARAMARK'S - ALLERGY ALERT poster is prominently displayed at entrances to cafeteria. The poster reads:

Note: Implementation of the above reduction strategies by ARAMARK does NOT mean that the cafeteria is peanut/nut free. Some of ARAMARK's suppliers will not guarantee their products are 100% nut free as their product is not made in a nut free facility (possibility of cross contamination) and as a disclaimer for legal reasons state on their product label 'MAY CONTAIN' traces of nut. As well students and others may bring their own food into the cafeteria that contains or 'may contain' peanuts and tree nuts.

OTHER ALLERGENS:

- Cafeteria staff will identify menu items that are free of specific allergens (eggs, soy, milk, sesame seeds, sulfites and wheat) when asked by student or staff member.
- ARAMARK does not serve seafood products.
- Set up a meeting with ARAMARK cafeteria staff to discuss the school's anaphylaxis procedures and students at risk within the school.
- Where appropriate, in consultation with parents and student a copy of the student's Anaphylaxis Emergency Treatment form may be posted in the cafeteria area in a discrete manner for cafeteria staff.
- Principals are invited to reference the: ARAMARK's Principal's Guide to Food Services and ARAMARK's Allergy Awareness Program.

Note: If an outside caterer is used for a function outside of school hours, the school must pay for and have an ARAMARK representative present for Health and Safety and sanitation reasons *as well as to ensure that ARAMARK'S procedures related to allergen avoidance procedures are not compromised in the cafeteria area.*

APPENDIX H

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

September _____

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

Our school anaphylaxis plan conforms to the Halton Catholic DSB and Halton DSB’s 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.

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 (print) _____ Parent Signature _____ Date: _____

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

APPENDIX I

(This letter can be attached (back to back) with the Sample: Anaphylaxis Letter to School Community)

Dear Parents/Guardians/Caregivers:

PEANUT – TREE NUT ALLERGEN INGREDIENT CHEKLIST

The following is a partial list of ingredients on the labels that will inform you if peanut protein could be in the product and therefore not to be sent to school:

- Arachis oil, cold pressed peanut oil;
- Goober nuts, goober peanuts, goober peas;
- Hydrolyzed peanut protein, hydrolyzed plant protein, sweet lupine flour;
- Nu-nuts, beer nuts, ground nuts, mandolena nuts, mixed nuts, nuts, peanuts;
- Peanut butter, peanut flour, peanut meal, peanut oil, peanut protein.

The following is a partial list of ingredients on the labels that will inform you if tree nut protein could be in the product and therefore not to be sent to school:

- Almonds, Brazil nuts, cashews, chestnuts, filberts/hazelnuts, hickory nuts, macadamia nuts, pecans, pine nuts, pinon, pignolias, pistachios, shea nuts, walnuts
- Mixed nuts, nut butters, nut oils, nut paste, chocolate nut spreads, mandelonas, marzipan, nu-nuts, nut meats.

Commercial food products may contain trace amounts of peanut/tree nuts from equipment used during processing or touching another product containing nuts (e.g. donuts cookies and other baked goods from local doughnut shops). These small amounts have been known to cause a life threatening anaphylactic reaction.

If you have doubts about what is in a product or do not know what the ingredient word means, do not send the product to school.

We thank you for your cooperation and support in safe guarding our children.

Sincerely,

Principal

MILK AVOIDANCE STRATEGIES

Anaphylactic reactions to milk can occur when relatively small quantities are ingested.

Direction from Anaphylaxis Canada is that products containing milk are ones that are not to be banned or restricted, as trying to eliminate it is both unrealistic and a burden for the wider community.

Risk Reduction Strategies – Milk

Teachers are to communicate with parents/guardians to establish suitable risk reduction strategies. *Communicate these strategies onto the Student's Individual Plan.*

Implement the following strategies:

- NOT to eat without their epinephrine auto-injector
- eat only food items approved by parents/guardians
- not trading or sharing foods, utensils or food containers
- place a barrier (placemat) between the food and the eating surface
- washing hands before and after eating
- eating surface is properly cleaned

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

- Some schools ask families not to send milk products in classes where there are milk allergic children. (e.g. puddings, yogurt tubes, sliced cheese, hot or cold pizza)
- Some schools have milk programs, but classes with milk allergic children do not participate.
- Where milk products are allowed in classrooms the following practices are implemented to reduce the risk:
 - Children are given straws to put in bevel topped milk containers (which are distributed through milk programs) and are taught to close the top once the straw is inserted.
 - Children who bring milk from home are asked to bring it in a plastic bottle with a straw.
 - Children at risk for milk allergy sit at a table where spillable milk products are not being consumed.
 - Some parents of milk allergic children either take their child home for lunch on pizza days (where they have this option); others send their child with a homemade milk-free pizza or an alternative snack so they can still participate. Special care should be taken to ensure that children properly wash their hands after pizza lunches.
 -

EGG AVOIDANCE STRATEGIES:

Anaphylactic reactions to egg can occur when relatively small quantities are ingested.

Direction from Anaphylaxis Canada is that products containing eggs are ones that are not to be banned or restricted, as trying to eliminate them is both unrealistic and a burden for the wider community.

Risk Reduction Strategies - Egg

Teachers are to communicate with parents/guardians to establish suitable risk reduction strategies. *Communicate these strategies onto the Student's Individual Plan.*

Implement the following strategies:

- NOT to eat without their epinephrine auto injector
- eat only food items approved by parents/guardians
- not trading or sharing foods, utensils or food containers
- place a barrier (placemat) between the food and the eating surface
- washing hands before and after meals
- eating surface is properly cleaned

(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 that may contain egg protein include: egg tempera paints, cosmetics, and shampoo.)

- Some schools ask families not to send egg products such as egg bread, hard boiled eggs, egg salad or not to use mayonnaise where there are egg allergic children.
- In classrooms where there are 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.)
 - Selecting activities which do not involve the use of egg for special activities/crafts, e.g. Easter egg decorating or hunts (with real eggs) or using egg cartons..
 - 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).

SEAFOOD – FISH, CRUSTACEANS AND SHELLFISH AVOIDANCE STRATEGIES:

Anaphylactic reactions to fish, crustaceans and shellfish can occur when relatively small quantities are ingested. Therefore, the allergic child must avoid all traces of fish, crustaceans and shellfish.

It is important to note that exposure to airborne proteins, such as in the vapor or steam produced while cooking certain foods (e.g. fish) have been known to cause an allergic reaction.

Risk Reduction Strategies: Fish, Crustaceans and Shellfish:

Teachers are to communicate with parents/guardians to establish suitable risk reduction strategies. *Communicate these strategies on the Student Individual Plan.*

Implement the following strategies:

- NOT to eat without their epinephrine auto injector
- eat only food items approved by parents/guardians
- not trading or sharing foods, utensils or food containers
- place a barrier (placemat) between the food and the eating surface
- washing hands before and after meals
- eating surface is properly cleaned

Elementary schools have adopted different strategies to reduce the risk of exposure for fish, crustaceans and shellfish:

- Some schools ask families not to send tuna and salmon sandwiches.
- Some schools allow fish/shellfish products in classrooms where there are allergic children and have implemented practices to reduce the risk.
 - Children with seafood allergy sit at a table where seafood is not being consumed.

SESAME SEED AVOIDANCE STRATEGIES:

Anaphylactic reactions to sesame seed can occur when relatively small quantities are ingested. Therefore, the allergic child must avoid all traces of sesame.

Risk Reduction Strategies – Sesame Seed:

Teachers are to communicate with parents/guardians to establish suitable risk reduction strategies. *Communicate these strategies on the Student Individual Plan.*

INSECT VENOM (STINGS FROM BEES, WASPS, HORNETS, YELLOW JACKETS) AVOIDANCE STRATEGIES

- Meet with parents of the anaphylactic child to work together to develop strategies to reduce the risk of exposure, using the school protocol as a guide. *Communicate these strategies onto the Student Individual Plan.*
- Student carries an epinephrine auto-injector with them during insect season.
- Student directed to stay away from areas where stinging insects gather such as gardens, hedges, fruit trees and garbage cans.
- Inspect outside facilities/playground for bee nests on a regular basis. Contact the Board's Plant Department to have nests removed. Caution students not to throw sticks or stones at bee nests.
- Have students drink from cups rather than beverage cans where insects can hide. Use a straw when drinking beverages outdoors.
- Advise students to:
 - Wear light colours and avoid loose flowing garments.
 - Wear shoes instead of sandals during the warm weather (do not go barefoot).
 - Avoid highly fragrant varieties of products such as perfumes, colognes, suntan lotions, cosmetics, hair sprays or deodorant.
- Keep outdoor garbage away from eating and play areas (especially outside) and make sure they are covered with tightly fitted lids. Consider restricting eating areas to designated locations inside the school building during daily routines. This allows for closer supervision, avoids school yard clean up, and helps reduce the prevalence of stinging insects.
- Depending on the severity of bee presence on the playground consider the following:
 - Keep the students with a life threatening allergy to insect venom **inside the school** for all recess/noon periods during bee season/bee presence.
 - Students outside under visual supervision by the teacher on yard duty. Students would be met by yard supervisor inside at their exit door and remain in visual contact at all times while outside (carrying their Auto-injector). The student would have to follow the yard supervisor as they patrolled the yard.
 - Set up a 'buddy system'. Student would be allowed the freedom of their designated yard area for his/her grade level (carrying their auto-injector).The 'buddy' would be an extra pair of eyes for the presence of bees as well as contacting the yard supervisor in case the anaphylactic student was stung.
- Remove allergic student from the location if there is a possibility of contact (e.g. classroom, outside activity area)
- Bus Driver: Inform and identify to the bus driver, the student who has a life threatening allergy to bee/wasp sting. During bee season the following protocol is to be followed:
 - The student is to occupy the first seat opposite the bus driver.
 - Check that prior to departure that no bees are on the bus.
 - The NO EATING rule, on the bus, is strictly enforced.

LATEX AVOIDANCE STRATEGIES

Background:

Latex allergic reactions can range from contact dermatitis and swelling to systematic anaphylaxis that can be life threatening.

Allergy causing latex refers to the natural rubber latex manufactured from a milky fluid that is primarily obtained from the rubber tree. Some synthetic rubber materials may be referred to as 'latex' but do not contain the natural rubber proteins responsible for latex allergy symptoms.

Some products which may contain natural rubber are:

- Art/school supplies: paints, glue, erasers, fabric paints
- Balloons. Mylar balloons are a safe alternative
- Balls: kosh balls, tennis balls, bowling balls
- Carpet backing, gym floors, gym mats
- Chewing gum
- Handles on racquets, tools, bicycles
- Latex gloves used in health departments, cafeterias and science labs
- Medical supplies (band aids, gloves)
- Rubber bands
- Zippered plastic storage bags.

Avoidance Strategies – Latex

It is imperative for teachers to collaborate with parent/guardian to establish suitable risk reduction strategies. *Communicate these strategies on the Student's Individual Plan.*

- The best treatment is to avoid latex. A severe reaction may occur following a mild reaction.
- Where possible remove the natural rubber latex products from the environment and replace with non latex products. (e.g. order latex free first aid supplies, non latex gloves and non latex band aids)
- Inform school community/employees not to bring in balloons for celebrations/crafts etc.

CHILD TO CARRY THEIR EPIPEN –SAMPLE LETTER/SURVEY TO PARENTS

Dear Parents/Guardians:

Re: STUDENTS CARRYING THEIR EPIPENS

The Halton Catholic District School Board’s protocol is for students (Grades 1-12) diagnosed with anaphylaxis and capable of doing so, to **carry their EpiPen 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 Epi Pen?”

“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 life saving 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 (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 life saving medication readily available, in an emergency situation, by having your child carry their EpiPen at all times.

Conditions for selection of a site for the location of the Epi Pen OTHER than being carried by student:

1. Location of the Epi Pen: 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

.....
LOCATION OF EPI PEN

Response from Parent/Guardian:

Please return this portion of the information letter to the school administrator:

After reading the information provided above my/our decision is for our son/daughter:

(Please check appropriate box)

- My/our child will now be carrying their EpiPen.
- I/We still do NOT wish for my/our child to carry their EpiPen.

Parent/Guardian Name (Printed)

Signature

Date



HALTON CATHOLIC DISTRICT SCHOOL BOARD

P. O. Box 5308, 802 Drury Lane, Burlington, ON. L7R 4L3

Tel. (905) 632-6300 Fax (905)

ACKNOWLEDGEMENT AND WAIVER FORM TO NOT CARRY EPIPEN :

I hereby acknowledge that I have read and understood the Halton Catholic District School Board's Policy with respect to Life Threatening Allergies and Anaphylaxis as outlined in the Parent/Guardian Anaphylaxis Package.

I hereby acknowledge that the Halton Catholic District School Board requires students who are capable and **in grade one** and older and have a Life Threatening Allergy and/or Anaphylaxis to carry an EpiPen in case of emergency.

I hereby acknowledge that I understand that there is a risk that my child _____ who has a Life Threatening Allergy and/or Anaphylaxis, may come into contact with an allergen while at school.

I hereby acknowledge and confirm that contrary to the Halton Catholic District School Board's Policy with respect to Life Threatening Allergies and Anaphylaxis, I refuse to allow or do not feel it is necessary for my child _____ to carry an EpiPen for use, while on school property, in case of an emergency Life Threatening Allergic reaction or and Anaphylactic reaction for the **2010-11** school year. I also acknowledge that on excursions, off school property, my child must carry an epi pen or lose the opportunity to participate in the excursion or activity.

I hereby acknowledge that the Halton Catholic District School Board takes no responsibility and will not be held responsible for any incident involving my child, that results from a Life Threatening Allergic reaction or and Anaphylactic reaction.

I hereby waive and release in favour of the Halton Catholic District School Board, its directors, officers, employees, agents and those for whom the Board may be responsible in law, of and from any and all liability, manner of action, causes of action, claims and demands whatsoever for any cause whatsoever which may arise immediately or in the future as a result of my child having a Life Threatening Allergic reaction or and Anaphylactic reaction while at school or during a school related activity.

I confirm that by signing this form I have understood and agreed to the above Acknowledgement and Waiver.

J. Langill, Superintendent, Policy and Administrative Procedures

Signature of Parent/Guardian

Relationship

() _____
Home tel.

() _____
Work tel.

c. Student's Individual Plan/File
Classroom Teacher

TO PROVIDE TWO EPI PENS - SAMPLE LETTER TO PARENTS:

Dear Parents/Guardians:

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

The Halton Catholic District School Board’s protocol is for students to have two EpiPens at the school. This protocol is based on the legislated obligation of parents/guardians to supply the life saving 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 Should I Carry?

There should be at least two doses of epinephrine available at all times. A second dose could be required 10-20 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 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.

With thanks.

Sincerely

Principal

.....
(Return this portion of the letter to the School Principal)

Response from Parent/Guardian

I have read the information letter provided above.

- I will be providing my child with a second EpiPen to be stored in a secure location at the school site.
- I will not be providing my child with a second EpiPen to be stored in a secure location at the school site.
(Please discuss your reason(s) with the school principal)

Name Printed

Signature

Date

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 – <http://www.whyriskit.ca/>

Anaphylaxis Canada is providing the following 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 centre 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 as well, 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:

- Process in place where students diagnosed with anaphylaxis along with their information coming from numerous feeder schools are identified to the secondary school.
- All staff to be informed of the identity of students at risk for anaphylaxis.
- Prepare a written Student Individual Plan 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. This process may need to be repeated when the semester changes.
- Teachers need to know where the auto-injector is being carried at all times.
- Location of the student's 'second' Epi Pen stored at the school.
- Do a 'spot check' as outlined in the Students Individual Plan to ensure that students at risk have their auto injectors with them.
- Remove peanut/nut allergens from school vending machines.
- 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.
- 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 extra curricular 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.

RESOURCES USED

1. **SABRINA’S LAW, 2005 Bill 3**
AN ACT TO PROTECT ANAPHYLACTIC PUPILS

2. **ANAPHYLAXIS CANADA**
Human Resources:
 - Laurie Harada, Executive DirectorPrint Resources
 - Newsletters
 - FAQ’s
 - Back to school with Anaphylaxis

3. **ANAPHYLAXIS IN SCHOOLS & OTHER SETTINGS (Revised second printing, March 2011)**
(Anaphylaxis Canada, Canadian Society of Allergy and Clinical Immunology, Canadian Allergy Asthma & Immunology Foundation, Allergy Asthma Information Association.)

4. **ANAPHYLAXIS RESOURCE KIT**, Ministry of Education, May 2011

5. **ONTARIO PRINCIPALS COUNCIL – THE REGISTER:**
 - Article: Ask the Lawyer, Legal Principals/Allergies and Anaphylaxis in School Considerations for developing a school response plan.

6. **CANADIAN SCHOOL BOARD ASSOCIATION**
 - Anaphylaxis: A Handbook for School Boards