



## Medical Conditions Package

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# Anaphylaxis Protocol

Revised August 2022

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The Anaphylaxis Protocol has been amended to comply with Policy/Program Memorandum No. 161 Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes and/or Epilepsy) in schools, the following Anaphylaxis Protocol addresses the components outlined in PPM 161. [www.edu.gov.on.ca/extra/eng/ppm/ppm161.pdf](http://www.edu.gov.on.ca/extra/eng/ppm/ppm161.pdf)

## PART I

### **Rationale for an Anaphylaxis Protocol**

*An Act to Protect Anaphylactic Pupils* (Sabrina's Law) enacted by the Ontario Legislature came into force January 1, 2006. The Act states that every School Board shall establish and maintain an anaphylactic policy.

This Anaphylaxis Protocol, addresses all the requirements of An Act to Protect Anaphylactic Pupils 2005 (Sabrina's Law), and is an information and resource manual to assist in developing a safe and inclusive environment by providing information to school personnel about anaphylaxis (what it is, its causes, symptoms, and treatment), and their responsibilities to assist the student diagnosed with anaphylaxis in managing their life threatening allergy.

### **Goal**

The goal of this protocol is to:

- enable students with anaphylaxis to participate equitably and inclusively in all school activities as outlined in their Student Plan of Care, and
- minimize anxiety on the part of parents/guardians and school personnel by outlining appropriate steps to minimize risks and ensure the safety, health and success of students with anaphylaxis while they are under school supervision.

The ultimate responsibility for anaphylaxis management rests with the family and the student.

The ultimate goal of anaphylaxis management within the school setting is to have the student be independent in managing their anaphylaxis. The school role is to provide **support** as the student moves from dependence to independence and to create a supportive environment in which this transition can occur. This independence includes the specific management of their medical condition as outlined in the Student Plan of Care and as required. Independence of care also includes the development of self-advocacy skills and a circle of support among persons who understand the disease and can provide assistance as needed.

### **Duty of Care**

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

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

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

### **Education Act:**

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

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

### **Common Law Duties:**

To assist or allow a student to seek medical attention as a 'careful parent/guardian' would. Halton Catholic District School Board's (HCDSB) liability policy provides coverage for employees acting within

the scope of their duties with HCDSB. Thus, all school staff who administer first aid to a student who is suffering from anaphylactic emergency within the school or during a school activity, are covered.

### **Communication of Information on Anaphylaxis**

HCDSB's public webpage ([www.hcdsb.org](http://www.hcdsb.org)) offers resources that include information about anaphylaxis that can be shared with all parents/guardians, students, employees, volunteers, coaches and other persons who have direct contact with a student with anaphylaxis. School administrators are asked to consider including these links in School Newsletters, on the school website or in other pertinent areas, (www.hcdsb.org → Parents/Guardians tab → Safe, Healthy and Inclusive Schools → Medical Conditions → Anaphylaxis) or in a letter home to all parents/guardians at the beginning of the school year.

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

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

## **PART II**

### **What is Anaphylaxis? (from: Anaphylaxis in Schools & Other Settings - 3rd Edition)**

“Anaphylaxis (pronounced *anna-fill-axis*) is a serious allergic reaction that is rapid in onset and may cause death.

Anaphylaxis is a severe, life-threatening allergic reaction that causes a drop in blood pressure leading to anaphylactic shock. Anaphylaxis is an emergency that affects respiratory, circulatory and other systems in the body. When it occurs, it requires immediate attention and treatment, and can result in death within minutes if left untreated.

### **Diagnosis of Anaphylaxis**

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

### **Allergens**

“An allergen is a substance capable of causing an allergic reaction. Upon first exposure in individuals who are predisposed to allergy, the immune system treats the allergen as something to be rejected rather than tolerated. This process is called *sensitization*. Re-exposure to the same allergen in the now-sensitized individual may result in an allergic reaction which, in its most severe form, is called *anaphylaxis*.”

### **Life-Threatening Allergens - Triggers:**

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

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

### Anaphylaxis and Asthma

People with asthma who 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.

### Avoidance Strategies

#### Peanuts/tree nuts:

- 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.

School board 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/guardians, commercial food providers, volunteers, visitors, etc., and from being served at off site school sponsored activities and events.

Other avoidance strategies for peanuts and tree nuts can be found: Avoidance Strategies for Peanuts/Tree nuts [Appendix B]; [StaffNet → Forms → School Services → SS:05 Medical Conditions Anaphylaxis - Avoidance Strategies for Allergens that cause Anaphylaxis](#)

#### Other Foods:

*e.g., Sesame seeds, milk, eggs, wheat, soy, seafood (fish, crustaceans, shellfish), mustard, kiwi, peas, legumes, mango, chickpeas etc.*

Direction from Food Allergy Canada is that all other food allergens that may be life threatening are not banned or restricted from the school, as trying to eliminate it is not practical, impossible to police and would cause major disruptions. However, restricting an allergen in a particular classroom MAY be used as an avoidance strategy.

Other avoidance strategies refer to [StaffNet → Forms → School Services → SS:05 Medical Conditions Anaphylaxis - Avoidance Strategies for Allergens that Cause Anaphylaxis](#).

### **Insect Venom**

refer to [StaffNet → Forms → School Services → SS:05 Medical Conditions Anaphylaxis - Avoidance Strategies for Allergens that Cause Anaphylaxis](#)

### **Natural Rubber Latex**

refer to [StaffNet → Forms → School Services → SS:05 Medical Conditions Anaphylaxis - Avoidance Strategies for Allergens that Cause Anaphylaxis](#).

## **Signs and Symptoms**

It is imperative that all students, parents/guardians of students at risk, teachers, and caregivers know the signs and symptoms of anaphylaxis and the correct use of emergency medication (e.g., epinephrine auto-injector).

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

- **Skin system:** hives, swelling, itching, warmth, redness, rash.
- **Respiratory system (breathing):** coughing, wheezing, shortness of breath, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny nose and watery eyes, sneezing), trouble swallowing.
- **Gastrointestinal system (stomach):** nausea, pain/cramps, vomiting, diarrhea
- **Cardiovascular system (heart):** pale/blue 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.

## **Dosage Strength of Epinephrine Auto-Injectors**

- Dosage strength is determined in consultation with parents/guardians, physicians and students.
  - Epi-pen™ and Allerject™ are based on weight: Jr.: 0.15 mg for children, 15 kg to 30 kg; 0.3 mg for anyone 30 kg or more
  - Emerade™ is based on weight and age: 0.3 mg for 31 kg; 0.3 mg or 0.5 mg for 61 kg; 0.3 or 0.5 mg for 85 kg
- Schools are required to purchase and maintain stock of (non-prescription) epinephrine auto-injectors.
- School administrators select auto-injectors best suited for staff and school community needs. (e.g., EpiPen™/Allerject™/Emerade™)

**Number of auto injectors to purchase:**

- Elementary: 1 Junior (0.15 mg) + 1 Adult (0.3 mg)
- Secondary: 2 Adult (0.3 mg)

### 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 due to 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.**

### Epinephrine Auto-Injectors - Choice, Number, Location

The Halton Catholic District School Board's choice for the epinephrine auto-injectors is **EpiPen™/Allerject™/Emerade™**. It is important to check supply status regularly through the Food Allergy Canada website <https://foodallergycanada.ca/>.

**Number of EpiPens™/Allerjects™/Emerade™:**

- Students are to have access to (2) two epinephrine auto-injectors.

### Location of Epinephrine Auto-Injector

- One is to be in close location to the student – Grades 1 to 12 the students, where capable of doing so, are to carry their epinephrine auto-injector with them at all times. Kindergarten teachers are to have the student's epinephrine auto-injector in the classroom (e.g. teacher's desk), outside the classroom (with the supervising teacher).
- The second epinephrine auto-injector 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.

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

For non-compliance with the HCDSB epinephrine auto-injector protocols, refer to the following letters for parents/guardians (available on StaffNet SS:05 Medical Conditions: Anaphylaxis)

- [Letter to Parents/Guardians - Student to Carry Their Epinephrine Auto Injector.pdf](#)
- [Letter to Parents/Guardians - Provide Two Epinephrine Auto Injectors.pdf](#)
- [Letter to Parents/Guardians - Acknowledgement of Risk and Refusal to Carry an Epinephrine Auto Injector.pdf](#)

## 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™/Allerject™/Emerade™**:
  - 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 student's 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.
- **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 Student Plan of Care.
  - Notify the paramedics of the time(s) that the medication was administered.
  - Provide paramedics with used epinephrine auto-injector(s).
- **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 student until a parent/guardian arrives.

In the event of an emergency and EMS (ambulance service) is NOT available and the student is being driven to the hospital, another adult, where possible, must accompany the driver to provide assistance to the student if necessary. The student's back up epinephrine auto-injector must be taken. **Contact parents/guardians, as soon as reasonably possible, informing them of their child's medical situation and the hospital their student was taken.**

## How to Administer an Epinephrine Auto-Injector (EpiPen™/Allerject™/Emerade™)

For information on how to administer the epinephrine auto-injectors, refer to the following appendices:

- Epi-Pen™: Appendix I
- Allerject™: Appendix J
- Emerade™: Appendix K

**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/patient's fingers:**

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

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

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

## **PART III**

### **School Administrator/Designate Responsibilities in Implementing Anaphylaxis Protocol**

- Participate in the anaphylaxis information and training session provided by senior administrator/designate. If absent make plans to receive information as soon as reasonably possible.

#### **General:**

- School Administrator is to be familiar with the contents of the following:  
[StaffNet → Forms → SS:05 Medical Conditions – Anaphylaxis](#)
  - Anaphylaxis Protocol
  - Parent/Guardian Package (includes Student Plan of Care)
  - Additional Anaphylaxis Resources
- School administrator is to be familiar with information about anaphylaxis: what is anaphylaxis, life threatening allergens, avoidance strategies, medication/epinephrine, treatment for anaphylactic ACT, and how to administer an epinephrine auto injector.
- The school principal shall work with staff and families to help ensure that an allergen friendly school environment exists that is safe and supportive for all students.
- Ongoing communication, with staff, students, parents/guardians and school community, about the school anaphylaxis plan is essential in creating awareness and support for students at risk.
- Communicate with parents/guardians in medical emergencies, as outlined in the Student Plan of Care.

- **School Staff: Annual Anaphylaxis Training** – All staff required to completed online checklist as determined by HCDSB.

**Avoidance Strategies:**

- Implement school avoidance strategies for peanut and tree nut allergens in the classroom and common school areas. [StaffNet → Forms → School Services →SS:05 Medical Conditions - Anaphylaxis → Avoidance Strategies for Allergens that Cause Anaphylaxis.](#)
- 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 and are in good repair. Signs can be ordered through Print Services.
- Vending machines are NOT to provide food items that contain or ‘may contain’ peanuts/tree nuts.
- Selection of a school/class activity fundraiser is to avoid products containing peanuts and tree nut products.
- Check that all teachers (including Occasional Teachers and Occasional DECEs) who supervise students know the symptoms of an anaphylactic reaction and can administer the epinephrine auto-injector.
- Implement school avoidance strategies for allergens identified in Student’s Plan of Care in the classroom and where appropriate common school areas.
- Monitor that all staff (including Occasional staff) are following anaphylactic protocols e.g., avoidance strategies and where applicable following the Student’s Plan of Care.
- School Staff with Life-Threatening Allergies: Process in place where school staff are surveyed for life-threatening allergies/anaphylaxis. Information on life-threatening allergen(s), location of epinephrine and emergency contacts to be provided.
- **Students transferring between panels** (elementary to secondary):  
School Administrators from the Elementary Panel are to ensure names of students who have (a) prevalent medical condition(s) are entered into the Board’s student database system (e.g., PowerSchool) outlining each medical condition, as applicable.
- *Lunch/Snack Time*  
*Elementary Schools:* Schools Principal/designate is to communicate to school staff supervision and avoidance strategies when students are eating lunch/snacks.  
*Secondary Schools:* Foodservice Companies, and catering services contracted by the board/school, are to provide avoidance strategies in food preparation, serving eating areas that meet with the HCDSB Anaphylaxis policy. Refer to Appendix D: Foodservice Company Avoidance Strategies.

**Safety Considerations in the Event of an Emergency (Fire, Evacuation, Lockdown, Hold and Secure, Shelter in Place, and Bomb Threat)**

- Support student(s) with prevalent medical conditions in the event of a school emergency (e.g., Fire, Evacuation, Lockdown, Hold and Secure, Shelter in Place, and Bomb Threat)
  - Specifically:
    - **Anaphylaxis:** ensure student has epinephrine auto-injector
    - **Asthma:** ensure student has reliever medication(s)
    - **Diabetes:** ensure student has test kit and fast acting sugars are available
- Notify police/emergency responders of students, and staff, that have anaphylaxis that may result in a medical emergency in the event of a lock down or bomb threat

## Communication with Parents/Guardians of Student with Anaphylaxis

### Identification

Have a process in place where the student with anaphylaxis is identified to the school by parents/guardians and requested to supply information on the asthma condition.

- **Students, new to the school, during registration**  
(e.g., Question on registration form: *specifically asking whether or not their student is anaphylactic*)

A copy of the Parent/Guardian Anaphylaxis Package (Student Plan of Care and Request and Consent for the Administration of Epinephrine Forms) is provided to parents/guardians for further information on parent/guardian responsibilities and completion of forms regarding anaphylaxis triggers, etc.

- **Students presently registered at school (e.g., Verification form)**  
At the beginning of each school year, the school principal/designate shall have a process in place of requesting parent/guardian/adult student to identify if there is a new diagnosis of anaphylaxis (where appropriate throughout during the school year)
  - Ensure student's medical condition(s) are entered into HCDSB's student database system.

Ensure that students with both Anaphylaxis and Asthma have their Asthma condition included on their Anaphylaxis Emergency Treatment and vice versa

### **Identification of Students with Anaphylaxis to School Staff and Others**

**Principal to ensure the following:**

- **Transportation Services:** Identification and Emergency Treatment Plan (HSTS) – shared with Halton Student Transportation Services (where applicable)
- **Teachers supervising classes for lunch, volunteers etc.:** Identification and Emergency Treatment Plan- posted in classroom
- **All school staff:** At-a-Glance- Posted in Staffroom, health room, first aid room, office (as applicable).
- **Teachers on yard duty:** Principal to develop and communicate a process of student identification.
- **Occasional Teachers:** teacher to provide information on SMARTFIND with location of Student Plan of Care.

### Proof of Diagnosis:

Parents/guardians are requested to provide ONE of the following 'proof of diagnosis' (to place in student file):

- Letter/note from doctor or allergist
- Copy/photocopy of the prescription from epinephrine auto-injector container
- Copy/photocopy of the official receipt from the pharmacy that contains all relevant information
- If parent/guardian provides a non-prescription epinephrine auto-injector, a doctor's note must accompany the medication as proof of diagnosis

### Development of the Anaphylaxis Student Plan of Care

The parent/guardian in consultation with the principal shall develop the Student Plan of Care following the HCDSB Anaphylaxis Protocol and the Student Plan of Care located in Parent/Guardian Package.

- The Student Plan of Care shall be reviewed/updated on an annual basis or when there is a change in the student's condition. The annual review process begins in June when the Student's Plan of Care is

given to the parents/guardians to make changes where appropriate and to return the Student Plan of Care in August for a meeting with principal.

Where appropriate, the classroom teacher is to be part of the information sharing process.

- Where there are no changes in the student's condition or treatment strategy parent/guardian may authorize continuation of the previous year's Student Plan of Care by initialing and dating.
- When there are changes to Contact Information; Medication or to Medical Diagnosis follow HCDSB/school procedures
  - [StaffNet → Forms → School Services → SS:05-Medical Conditions - General: Change of Medical Diagnosis Form](#) outlined in [Appendix E] and Medical Diagnosis Form [Appendix F]

### Avoidance Strategies for the Student Plan of Care:

When addressing avoidance strategies, for the student's life threatening allergens (e.g. peanuts, milk, wheat, eggs, seafood, insect venom, latex) on the Student's Plan Of Care, principals are directed to refer to [StaffNet → Forms → SS:05 Medical Conditions - Anaphylaxis → Avoidance Strategies for Allergens that Cause Anaphylaxis](#). In consultation with parents/guardians, select appropriate strategies to be included on Student Plan of Care.

Communicate strategies to classroom teachers and all teachers who are in direct contact with student on a regular basis and where appropriate to school staff.

- Ensure that students with both **Anaphylaxis** and **Asthma** have their Asthma condition included on their Anaphylaxis Emergency Treatment and vice versa
- Inform parents/guardians of HCDSB's choice of epinephrine auto-injector, number required on school site and location.
- Concerns regarding epinephrine auto-injector:
  - Whether student will carry epinephrine auto-injector.
    - [Letter to Parents/Guardians - Student to Carry Epinephrine Auto Injector.pdf](#)
    - [Letter to Parents/Guardians - Acknowledgement of Risk and Refusal to Carry an Epinephrine Auto Injector.pdf](#)
  - Number of epinephrine auto injector to be provided.
    - [Letter to Parents/Guardians - Provide Two Epinephrine Auto Injectors.pdf](#)

### Location of Completed Plan of Care

- Provide the classroom teacher with a completed copy of the Student's Plan of Care and determine who will share the information with other staff members who are in direct contact on a regular basis with the student (e.g., educational assistants, other teachers, volunteers, etc).
- Elementary Teacher will locate the Student Plan of Care in the Occasional Teacher folder located on the teacher's desk.
- Secondary Teacher will locate the Student Plan of Care attached to day plans.
- Original placed in OSR; copy placed in student file.

### Student File

A student file is to be maintained for each student with anaphylaxis. The file can be a separate file; however, the information must also be placed in the OSR.

- Student's Plan of Care and current emergency contact information

- Supporting Documentation: Proof of diagnosis
- Request and Consent for the Administration of Epinephrine Form

### **Supervision Procedures for Lunch/Snack Time:**

Supervision of the student with anaphylaxis during lunch/snack time can be General Supervision and/or Direct Supervision.

#### **Elementary**

- Determine supervision strategies for student's lunch/snack times (General or Direct) in consultation with the child's parents/guardians, using Sample Supervision Strategies [Appendix G], and communicate to classroom teacher and all relevant staff personnel and Occasional teacher.
- Have a process in place to identify the anaphylactic student and the classroom to the lunch supervisor, (teacher, noon hour supervisor, occasional teacher), AND/OR, all lunch supervisors are instructed that prior to supervision duties to check each room for students with anaphylaxis.
- Type of lunch and snack supervision based on the student's needs, and in consultation with child's parent(s)/guardian(s), is to be communicated to the classroom teacher, all relevant staff personnel and Occasional Teachers.
- Have a process in place to check that all lunch/snack supervisors (e.g., other teachers, lunch time supervisors and Occasional Teachers) know the symptoms of an anaphylactic reaction and can administer epinephrine auto-injector.

#### **Secondary**

- In the secondary school environment, with multiple classrooms, interaction with numerous teachers, limited supervision at lunch time and students permitted to leave campus for lunch (e.g., home/commercial food source), students must be able to take on primary responsibility for allergen avoidance at school and in other environments. For key safety rules and avoidance strategies to be encouraged to be implemented by students refer to Appendix H Secondary - Supervision of Students – Lunch Strategies.

### **Communication With School Community**

- Newsletter/school website: Information item to parents/guardians who have a student with a life-threatening allergy and have not identified their student to the principal to do so immediately.
- Letter/school website: Information sent to parents/guardians informing them of students with life-threatening allergies attending the school and how they can support a safe environment for all students. (Sample - Peanut/Tree Nut letter – available on StaffNet).
- Reminders published in school bulletins/ website at Hallowe'en, Christmas, Easter time about not bringing foods/snacks containing or may contain peanuts/tree nuts.
- Communicate to school community HCDSB protocol that products containing or may contain peanuts or tree nuts are not to be brought into the school. Link to Anaphylaxis resources on [StaffNet](#) → [Forms](#) → [School Services](#) → [SS:05 Medical Conditions – Anaphylaxis: Sample letter re Peanuts/Tree nuts to School Community and Parent Letter - Peanut -Tree Nut Allergen Ingredient Checklist](#).

- Look-a-like products to Peanut butter: Communicate to school community to refrain from sending look-a-like products to peanut butter to school. (e.g., SchoolSafe Soy Butter – WOWBUTTER; Sunbutter (sunflower seeds); Golden Pea Butter (peas and Omega 3 canola oil). (Appendix C).
- Where appropriate provide community with information letter regarding products containing latex. Link to Anaphylaxis resources [StaffNet → Forms → School Services → SS:05 Medical Conditions – Anaphylaxis: Sample ‘Latex’ Minimized Allergen Environment](#).
- Inform parents/guardians during Information Nights such as Kindergarten Orientation; School Council Meeting(s); Secondary Transition meetings; etc., on life-threatening allergies.
- **Secondary School – FOOD PROVIDER.** Principals/designate is to meet with the Cafeteria Manager of the Food Service Company, early in the school year, to review company’s commitment to implement reduction strategies in school cafeterias for the avoidance of anaphylaxis allergens, for example, peanuts and tree nuts. (Appendix D).
- **Halton Transportation Services (HSTS):** Provide requested information regarding students who will be attending school in September diagnosed with anaphylaxis.  
September: bus drivers (morning and afternoon routes): identify students on their bus diagnosed with anaphylaxis and triggers.
- **School council:** provide general information on anaphylaxis at the school, 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.).
- Volunteers: who are in direct contact with anaphylactic student of a regular basis are informed of:
  - the identity of the students with a life-threatening allergy, and
  - school avoidance strategies for peanuts and tree nuts not to bring in foods containing the student’s life-threatening allergen.
- **Secondary School administrator/designate to communicate with the Food and Nutrition Course Teachers:**
  - Process in place (e.g., prior to first class using food), the teacher is to identify students with food allergies. Teacher is to provide a program to minimize the risk of those students coming into contact with life-threatening allergens.
  - All food items and ingredients, purchased and brought into the program, are to be checked by the teacher that they do not contain or ‘may contain’ peanuts and tree nuts.
- **Secondary School Co-operative Education Placements**  
The co-operative 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.

### Communication With Students

- Principal is to communicate with all students on a regular basis: the HCDSB policy (as illustrated by the Anaphylaxis STOP sign) that all products containing peanuts and tree nuts and products that ‘may contain’ peanuts and tree nuts are not to be brought into the school at any time for lunch or snacks (e.g., at the beginning of school year, reminders as appropriate and at special occasions – Halloween, Christmas, Easter).
  - The following food avoidance strategies are to be reviewed with the anaphylactic student:
    - NOT to eat without their epinephrine auto-injector

- Eat only food items approved by parents/guardians
  - No trading or sharing foods, utensils or food containers
  - Place a barrier (e.g., placemat) between the food and the eating surface
  - Wash hands before and after eating
  - Advise an adult and/or others around them if they are feeling unwell or distressed
  - Advise an adult and/or others around them quickly if they feel they are having an allergic reaction
- Inform the students in the class of the individual's life-threatening allergy to the food product, the consequences of the student ingesting the food product, how the ingestion can occur through cross contamination and outline how they can be of assistance to the student in the class:
    - Help your classmate to avoid the food allergy (e.g., avoid bringing food and snacks made from the student's food allergen)
    - Don't share food, utensils, drinking straws, food containers etc. with classmates who have food allergies
    - Wash your hands after eating
    - If a classmate who has food allergies becomes ill, get help immediately.

### Communication With School Staff – In-Service

Provide staff with access to the HCDSB Anaphylaxis Protocol. Review relevant sections with classroom teachers, other teachers and staff.

Resources for information and training:

- HCDSB Anaphylaxis Protocol
- Student's Plans of Care
- Video: How to Use an EpiPen™ [www.epi-pen.ca](http://www.epi-pen.ca)
- Video: How to Use an Allerject™ [www.allerject.ca](http://www.allerject.ca)
- Video: How to Use an Emerade™ [www.emerade.ca](http://www.emerade.ca)
- Resources: StaffNet → Forms → School Services → SS:05 Medical Condition: Anaphylaxis

### Information to be provided to school staff:

- Complete the online Anaphylaxis Training, annually**, as directed by school administrator
- Identification** of students with **anaphylaxis** and those students identified as having **asthma** and **anaphylaxis**
- Information about Anaphylaxis Condition as it applies to students in the school
  - What is anaphylaxis?
  - Life threatening allergens/ triggers - (peanuts/tree nuts + allergens identified in Student Plan of Care)
  - Allergen avoidance strategies
    - Peanuts/Tree Nuts. Communicate to teacher/school staff that the school is a 'minimized allergen' environment where products containing or 'may contain' peanuts or tree nuts are not to be brought into the school. For school avoidance strategies to peanuts/tree nuts refer to Avoidance Strategies for Peanuts/Tree Nuts (Appendix B)
    - Other life-threatening allergens: Implement avoidance strategies, to reduce the risk of exposure, identified in Student Plan of Care

- Signs and Symptoms
- **Medication – Epinephrine**  
Emphasize:
  - **Epinephrine is the first line of medication to be given at the start of any anaphylactic reaction** occurring in conjunction with known or suspected allergen contact.
  - Antihistamines and asthma medications must not be used as first line treatment for an anaphylactic reaction.
- Treatment for an Anaphylactic Reaction (A.C.T.).
- How to administer epinephrine auto-injector.
- Initial training at beginning of school year, review January and/or when required.
- Review, practice, and provide staff with opportunity for practice using the auto-injector trainers, as required throughout the year.

**Other Information:**

- **Supervision Procedures during lunch/snack time - Elementary Schools:** Inform teachers when supervising classrooms during lunch/snack time to follow school procedures.
- **Supervision during yard duty (Elementary Schools):** Follow school procedures for identifying student(s) with anaphylaxis; know the signs and symptoms of an anaphylactic reaction, and how to administer an epinephrine auto-injector. Follow school procedures for contacting office/first aid provider in case of emergency.
- Restaurant eating. When taking students to a restaurant for a celebration e.g., graduation, refer to Selecting a Restaurant Procedures (Appendix B).
- When acting as a Field trip organizer to follow the procedures outlined in: Field Trips and Student with Anaphylaxis (day, overnight, extensive) (Appendix A).
- **When acting as a supervisor for a club or a coach of athletics:**
  - Follow school procedures in identifying students with anaphylaxis
  - Be familiar with content of Student's Plan of Care
  - Remind students to have access to their epinephrine auto-injector at all times
  - Assist student in managing their anaphylaxis
  - Know how to treat an anaphylactic reaction
  - Know how to administer medication – epinephrine auto-injector
- All staff should be aware of the possible peanut/nut allergens present in curricular materials:
  - Playdough,
  - beanbags, stuffed toys (peanut shells are sometimes used),
  - counting aids (beans, peas),
  - empty cereal boxes or other containers,
  - science projects (e.g., pine cone bird feeders stuffed with peanut butter), and
  - special seasonal activities.

Review school's anaphylaxis protocol with school staff, as needed or at an appropriate time midway through the school year.

## Communication with Classroom Teacher and Teachers with Direct Contact to the Student on a Regular Basis

- **Complete the online Anaphylaxis Training, annually**, as directed by school administrator.
- **Student Plan of Care:** School administrator is to meet with classroom teacher, and when appropriate all teachers who come in direct contact with the student of a regular basis, to review the contents of the completed Student's Plan of Care. Provide a copy to the classroom teacher.
- **In the Event of an Emergency** (Bomb Threat; Evacuation; Hold and Secure; Lock Down) Check the student has their epinephrine auto-injector.
- **Occasional and On-Call Teachers Information:**
  - Identify a process to teachers for informing Occasional and On-Call Teachers of the presence of students with asthma in the classroom (e.g., Elementary - located on teacher's desk and/or follow elementary school procedure for location, by the school principal; Secondary – follow secondary school procedure for location)  
**Occasional Teachers:** Provide teaching staff with school protocol for informing occasional teachers about students with asthma. For example:
    - When calling in an absence the teacher is to indicate on the SMARTFIND system that there is a child with anaphylactic condition
    - Student's Emergency Treatment Form and Student Plan of Care are attached to teacher's lesson plan.
  - **On-Call Teachers:** Classroom teachers are to provide a list (e.g., on day plans) that identify students with medical conditions – Asthma
- Document in-service and record attendance:
  - Have a process of documenting in service – date, time and brief content. For absent staff provide in service at earliest opportunity.
- **Communication with Custodian(s)**
  - **Complete the online Anaphylaxis Training, annually**, as directed by school administrator.
  - In service custodian(s) on their responsibilities regarding Anaphylaxis. Refer to [StaffNet → Forms → School services → SS:05 Medical Conditions – Anaphylaxis: Custodian Checklist](#)
  - Have a process of documenting in service – date, time and brief content. For absent staff provide in service at earliest opportunity.
- **Communication with Lunch Time Supervisor(s):**
  - **Complete the online Anaphylaxis Training, annually**, as directed by school administrator.
  - In service Lunch Time Supervisor on their responsibilities regarding Anaphylaxis. Refer to [StaffNet → Forms → School services → SS:05 Medical Conditions – Anaphylaxis: Lunch Time Supervisor Checklist](#)
  - Identify the student(s) and their food allergy
  - Have a process of documenting in service – date, time and brief content. For absent staff provide in service at earliest opportunity.

## PART IV

### Classroom Teacher and Teachers Who Have Direct Contact with Student on a Regular Basis Responsibilities:

- **Complete the online Anaphylaxis Training, annually**, as directed by school administrator.

- Know how to access the HCDSB Anaphylaxis Protocol.
- Follow school procedures regarding school as a ‘minimized allergen’ environment for peanuts/tree nuts in the classroom and common school areas.
- Participate in the anaphylaxis information and training session provided by principal. If absent make plans to receive information as soon as reasonably possible.
- When invited, by the school administrator, participate in the development of the Student’s Plan of Care
- Have a copy of the Student’s Plan of Care for those students with Anaphylaxis and follow contents in assisting student in managing their anaphylaxis and where applicable know how to respond to an anaphylaxis reaction and assist in administering the epinephrine auto-injector.
- Meet with the student’s parents/guardians (where applicable) to gather information related to the student’s life-threatening allergens, avoidance, and accommodation strategies.
- Meet with the student(s) identified with anaphylaxis and explain that:
  - You are aware of their anaphylaxis condition.
  - You are there to assist in case of an anaphylactic reaction.
  - You are there to listen when they are experiencing symptoms or feel hesitant to participate.
  - You are there to support and facilitate a successful activity/school day.
  - Discuss with student how he/she is to let you know that he/she is feeling unwell.
- Support inclusion by allowing students with anaphylaxis to perform daily or routine management activities and to participate to their full potential as outlined in their Student Plan of Care, while being aware of confidentiality and dignity of the student.
- Be aware of the possible peanut/nut allergens present in curricular materials. For example:
  - Playdough,
  - beanbags, stuffed toys (peanut shells are sometimes used),
  - counting aids (beans, peas),
  - empty cereal boxes or other containers,
  - science projects (e.g., pinecone bird feeders stuffed with peanut butter), and
  - special seasonal activities.
- Follow school procedures to identify the student(s) with anaphylaxis to the occasional teacher.
- Elementary - Supervising Lunch/Snack breaks. Follow school principal’s directive for the supervision of classes with student(s) with anaphylaxis. Refer to Supervision of Students During Lunch/Snack Time (Appendix G).
- When taking students, (for a celebration –graduation) to a restaurant follow procedures outline in Selecting a Restaurant (Appendix B).
- When planning for a field trip (day, overnight, extensive) follow the procedures outlined in Field Trips and Students with Anaphylaxis (Day Trips, Overnight Trips, Extensive Trips and Exchange programs) (Appendix A).
- Where appropriate, provide age-appropriate information about anaphylaxis to the class and how students can assist a student with anaphylaxis.
- Share information on a student’s anaphylaxis with other students, if the parents/guardians give consent to do so and as outlined in the Student Plan of Care and authorized by the principal.
- Document safety information to students. Take attendance. In service students who are absent at the earliest opportunity.

- Supervise students that they are implementing the management procedures outlined in their Student Plan of Care.
- **In the Event of an Emergency** (Bomb Threat; Evacuation; Hold and Secure; Lock Down) check the student has their epinephrine auto-injector.

## **PART V**

### **Other Teachers/School Staff Responsibilities**

- **Complete the online Anaphylaxis Training, annually**, as directed by school administrator
- Participate in the anaphylaxis information and training session provided by principal. If in service is missed to make arrangements for information as soon as reasonably possible.
- Follow school procedures regarding school as a ‘minimized allergen’ environment for peanuts/tree nuts in the classroom and common school areas.
- When acting as field trip supervisor (day, overnight, extensive) refer to Field Trip Procedures for Students with Anaphylaxis (Appendix A).
- When supervising students (e.g., yard duty):
  - follow school procedures in identifying student(s) who have anaphylaxis,
  - know how to access assistance by contacting office,
  - know the signs and symptoms of an anaphylactic reaction,
  - know how to treat for an anaphylactic reaction, and
  - know how to administer the epinephrine auto-injector.
- Elementary - Supervising Lunch/Snack breaks. Follow school principal’s directive for the supervision of classes with a student(s) with Anaphylaxis. Refer to Supervision of Students During Lunch/Snack Time (Appendix G).
- Know the location of student’s two epinephrine auto-injectors.
- Follow school procedures when students are taken to a restaurant. Refer to Selecting a Restaurant (Appendix B).
- **When acting as a supervisor for a club or a coach of athletics:**
  - Follow school procedures in identifying students with anaphylaxis,
  - Be familiar with content of Student’s Plan of Care,
  - Remind students to have access to their epinephrine auto-injector at all times,
  - Assist student in managing their anaphylaxis,
  - Know how to treat an anaphylactic reaction, and
  - Know how to administer medication – epinephrine auto-injector.

### Field Trip Procedures For Students With Anaphylaxis (Day Trips, Overnight Trips, Extensive Trips, Exchange Programs)

- **Process in place to identify students with a diagnosed life-threatening allergen - anaphylaxis.**
- **Trip site and activities are to be checked for potential safety hazards.** Where possible a pre activity inspection of the site and activities by the in-charge teacher to investigate safety conditions e.g., bees/wasps, latex, and foods products that students have life-threatening allergy.
- **Communicate with the student's parents/guardians** during the initial planning stages of the trip informing them of the destination, mode of travel, and activities students are to participate in. This will allow for parent/guardian input in the school developing a clear set of expectations and accommodations to meet their student's medical needs on the trip. Knowing the trip expectations and accommodations the parents/guardians will be able to provide an informed decision as to their student's participation. You may consider inviting parent/guardian on the trip as a supervisor.
  - Parents/Guardians are to be consulted on medication to be taken – EpiPen™/ Allerject™/Emerade™ :
    - Day Trips – two (2) epinephrine auto-injectors to be taken.
    - Overnight/Extensive/Exchange Trips – minimum number of two (2) epinephrine auto-injectors to be taken. Consideration given to distance from activity site to closest hospital/EMS, and availability of epinephrine auto-injectors in the country of destination.
    - Conditions for storage of epinephrine auto-injector on route and at destination.
    - In charge teacher to check with tour operator/activity provider the distance from the activity location to Emergency Medical Services (ambulances) and/or hospital. It is important when planning trips that a hospital and/or EMS be within the timeframe of the number of epinephrine auto-injectors accessible to the student epinephrine auto-injector (will last 10-15 minutes if administered correctly).
    - Food: If a food allergy student brings their own parent/guardian approved food. Where not possible parent/guardian provides information/list of foods to avoid during trip.

#### **Tour operator and/or activity provider**

- In charge teacher is to identify the students with anaphylaxis and their life-threatening allergen.
- Request operator to provide you with their accommodations for students with anaphylaxis.
- Compare tour operator's plans for accommodations with HCDSB expectations for accommodations for one of its students.
- Adjust operator's accommodation plans accordingly to the needs of the student. Follow the plans wherever there is a higher standard.
- If trip provider does not have a pre-existing plan for the student's medical condition developed, one of your own based on HCDSB expectations and parent/guardian input, can be provided to the operator as a copy.
- Based on listed accommodations for the student, can the tour operator provide:
  - accommodations during travel to destination,

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

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

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

### **Extensive Trips and Exchange Programs:**

#### **Background check of the country – area of the country and activities.**

- Tour/trip provider
- If you are going to a place where another language is spoken, try to learn the names of your student's allergen in the country you are visiting. Have key terms and phrases translated into that language.
- Learn the emergency number for emergency medical services (911 is used for Canada and United States).
- The following [website](#) outlines some facts about food allergy and related issues for the following countries: United States, Australia, New Zealand, The Netherlands, Germany, United Kingdom, and Italy.
- Research is to be done by the parents/guardians/school organizers into the following resources that provide food allergy translation cards in the language of the country. Select if/where applicable.
  - <https://equaleats.com/>
  - <https://www.selectwisely.com>
- Preparation for travelling with a food allergy is to be provided to student and parents/guardians: Refer to the following resource: [www.anaphylaxis.ca/en/parents/travelling.html](http://www.anaphylaxis.ca/en/parents/travelling.html)

#### **If a student is to be billeted with a host family.**

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

- **Information:**  
Host family is willing to make themselves knowledgeable about student's life-threatening allergy by making themselves aware of:
  - Information about the allergen - how the allergen is named and used,
  - Methods of cross contamination,
  - Prevention and management,
  - Identification of an anaphylactic reaction (signs and symptoms), and
  - Emergency care – A.C.T.

- **Avoidance strategies for student's life-threatening allergen(s):**

The key to minimizing an anaphylactic emergency is absolute avoidance of the allergen.

- **Meals, snacks and refreshments:**

The host family *must agree* to the following:

- Student must not share food or eat unmarked/bulk foods or products with a 'may contain' label.
- The student's meals, snacks and drinks must be prepared without any trace of the student's allergen e.g., peanuts/tree nuts. Refer to information naming the possible products to avoid.
- Before foods are brought into the house, they must be checked by reading the food labels for products that contain or 'may contain' the food allergen (e.g., peanuts/tree nuts).
- Take out foods that are brought into the house must first be checked, at the source, that it does not contain the allergen (e.g., peanuts/tree nuts).
- Foods consumed outside of the house (e.g., restaurants). Contents of food must first be checked by questioning a knowledgeable person at the restaurant (e.g., manager and/or chef). Inform person of the food allergies (e.g., "I have a person severely allergic to all nuts, fish and shellfish. Can your chef accommodate this individual?").

- **Preparation for Emergency Response:**

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

## Avoidance Strategies For Peanuts/Tree Nuts

### Strategies for Reducing Student Contact with Peanuts and Tree Nuts

All school staff are to follow HCDSB policy for nuts: **'Products that contain or 'may contain' peanuts and tree nuts are not to be brought onto school site'**.

- School staff are to check that they do not bring in food items that contain or 'may contain' peanuts, tree nuts (e.g., baked goods from doughnut shops, trail mix bars).
- Where applicable, organize events/celebrations focused on activities and not food.
- Not to provide food products as incentives or rewards to students.
- Staff member must inform the school administrator of their plans to provide food for team/club activities/celebrations (e.g., team/club parties) on or off school site and in advance of the activity.
- Staff member is to communicate with parents/guardians of the food allergic student, in advance of the activity, about their plans to serve food at an event and how parents/guardians can assist in the decision of foods appropriate for their student.
- Staff member is to minimize the chance of food products that contain or 'may contain' peanuts and tree nuts being served at classroom activities by implementing the following:
  - Purchase of allergy safe food from commercial food outlets. Check ingredient food labels for nut free food items.
  - Order foods from a commercial source. Teacher/Staff Member 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.
  - Foods prepared on school site under the supervision of a teacher/staff member /designate (e.g., parent/guardian of an anaphylactic student) who is familiar with nut free ingredients and cross contamination procedures.
  - Food items prepared by the parents/guardians of an anaphylactic student.
  - Nutritious, allergy safer foods to be served (e.g., fruit platter, veggie platter.)

To assist teachers/staff members/designates when checking ingredient food labels for nut products refer to [StaffNet → Forms → School Services → SS:05 Medical Conditions Anaphylaxis - Avoidance Strategies for Allergens that cause Anaphylaxis](#)

(cont'd)

### Selecting a Restaurant

There may be times when students are taken off site to a restaurant for a celebration (e.g., graduation). The following process for planning such an event with a student(s) with a food allergy is taken from the Allergic Living Magazine, Spring 2011.

Teacher/Staff Member is to inform school administrator of the event and follow the administrator's approved process in advance of the event.

#### Sample Process for school administrator's approval:

- For all groups/classes a process must be in place where students with food allergies are identified
- **Communicate with parents/guardians of the food allergic student:**
  - Plans of the group/class/team going to a restaurant
  - How the parent/guardian can assist in the decision of a restaurant appropriate for their student.
  - Sharing the following process of restaurant selection.
- **Selecting the Restaurant:**
  - **Preview the menu:**
    - Look at the restaurant's website. Almost all restaurants post their menus.
  - **Call ahead:**
    - Speak with the highest person in charge you can reach (e.g., general manager, chef or owner. Don't settle for a host.)
    - Inform person of the food allergies (e.g., "I have a student severely allergic to all nuts, fish and shellfish. Can your chef accommodate this student?").
- **Once the restaurant has been selected:**
  - Inform parents/guardians of the selected restaurant.
- Suggest that parents/guardians and/or student prepare a food allergy card for the restaurant. Sample can be accessed from: [www.selectwisely.com](http://www.selectwisely.com)
- **At the Restaurant:**
  - Student MUST have his/her epinephrine auto-injector with them.
  - Ask for the manager. Remind them of the food requirements for the student.
    - Give them the food allergy card.
- **At the Table:**
  - Inform the server of the student's allergies and requirements
  - (Don't assume the manager you spoke to has relayed your needs to the server – that is your job)
  - Repeat your needs after every course if you need to.
- **Desserts:** Recommend skipping desserts as a rule since there is a lot of potential for unknown ingredients in cakes and pies. Even ice cream can be contaminated if a communal scoop is used.

### Background Information for Look-a-Like Products to Peanut Butter

Halton Catholic District School Board background and present policy towards look-a-like products to peanut butter.

The Halton Catholic District School Board has had a consistent policy of requesting parents/guardians to refrain from sending look-a-like products to peanut butter into the school since 2003. Products such as 'No Nuts Golden Peabutter', Sunbutter, (made from sunflower seeds), Freebutter (made from soy) and SchoolSafe Soy Butter better known as WOWBUTTER (made from non-GMO toasted soy, soy oil, granulated cane sugar, monoglyceride – from vegetable oil and sea salt).

The WOWBUTTER manufacturer claims in its advertisements:

'We have successfully created a product that is so close to peanut butter in smell, taste and texture that you won't believe it's NOT peanut butter!'

*"It is impossible to differentiate between these products and peanut butter; in fact, these products are almost identical in colour, consistency, smell and taste to peanut butter."*

This very claim is the rationale for HCDSB's concern with look-a-like products and the decision to **request parents/guardians not send the look-a-like products to schools.**

When implementing the legislative requirements of Sabrina's Law, the school is to have strategies to reduce the risk of exposure to anaphylactic causative agents in classrooms and common school areas.

Teachers are instructed to monitor for peanut butter products, that if it looks like peanut butter, smells like peanut butter etc. that it is removed from the classroom. With the manufactures claim of how much WOWBUTTER imitates peanut butter, how do staff members monitor for potentially hazardous nut products?

**Schools cannot be expected to monitor for student safety when it is impossible to differentiate between these products and peanut butter.**

There may be a mistaken assumption that a student has a look-a-like product, but in reality, has peanut butter. If a staff member cannot tell the difference, how could a student? That mistaken assumption and that risk of error could be fatal.

As a result, HCDSB's position since 2003 remains that their schools request parents/guardians not send their students to school with look-a-like products to peanut butter. *If a student brings this product into the school, an alternative setting to eat their lunch/snack is to be provided.*

It's all about student safety.

## Food Service Company Avoidance Strategies

(Contracted Food Service Company for Halton Boards)

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

- Educate and train foodservice staff on food allergies, signs and symptoms of an anaphylactic reaction and how to administer the epinephrine auto-injector.
- 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/guardians when requested. (Binder with photocopy of ingredient labels)
- Check that the 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 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.

- Where appropriate, in consultation with parents/guardians and the 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.

### OTHER ALLERGENS:

- Cafeteria staff will identify menu items that are free of specific allergens (e.g., eggs, soy, milk, sesame seeds, sulfites and wheat) when asked by student or staff member.
- Food Service company does not serve seafood products.
- Set up a meeting with Food Service Company's cafeteria staff to discuss the school's anaphylaxis procedures and students at risk within the school.
- Principals are invited to reference the Food Service Company's Principal's Guide to Food Services and the company's Allergy Awareness Program.

## APPENDIX E

### Change Procedures for Student Contact Information, Medication, Medical Diagnosis

(This information is provided to parents/guardians in the Parent/Guardian Packages.)

- **Changes to CONTACT INFORMATION (e.g., contact person and/or contact number):**
  - Parent/guardian is requested to provide in writing the name of the person(s) with change of contact number to the school administrator.
  
- **Changes to MEDICATION (e.g. new medication or a change in medication):**
  - School administrator/designate to provide parent/guardian with a copy of the HCDSB Request and Consent for the Administration of Prescribed Medication to be completed and returned. Form provided by the school administrator.
  - Provide changes to medications information to staff responsible for providing medications to the student.
  - Make changes to the Student's Plan of Care, where appropriate.
  - Note: File the completed copy of the HCDSB Request and Consent for the Administration of Prescribed Medication in the student's OSR.
  
- **Changes to MEDICAL DIAGNOSIS:**
  - School administrator/designate provides parent/guardian with a copy of HCDSB Change of Medical Diagnosis Form (Appendix F) to be completed and returned.
  - Note: Changes to the student's medical diagnosis must be accompanied by a note/letter from the student's physician indicating the change.
  - Inform student's teacher(s) and other appropriate staff members.
  - Make changes to the Student's Plan of Care, where appropriate.

Note: File the completed copy of the HCDSB Change of Medical Diagnosis Form along with the student's physician note/letter in the student's OSR.

**Change of Medical Diagnosis Form**

(Parents/Guardians are required to complete this form and include communication from the student's physician to the school administrator as soon as reasonably possible, if there is a change to the student's medical condition.)

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Change of Medical Diagnosis:

\_\_\_\_\_  
\_\_\_\_\_

Change to child's medical accommodations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Authorization:

Name: \_\_\_\_\_

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

Physician's Comments:

\_\_\_\_\_  
\_\_\_\_\_

OR

Letter/note from physician must be attached

This information is collected under the authority of the Education Act, and Sabrina's Law and managed in accordance with the Municipal Freedom of Information and Protection of Privacy Act and the Personal Health Information Protection Act. Information will be used in the case of a medical emergency. If you have questions regarding the collection, use or disclosure of this information, please speak to your school Principal.

*Completed form along with physician's letter/note to be filed in the student's file and the Ontario School Record (OSR).*