

SCHOOL DISTRICT NO. 43 (COQUITLAM)

Anaphylaxis/Life-threatening Allergies Handbook



Policies, Procedures and Guidelines for Schools

Acknowledgements:

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REFERENCE AND RESOURCES

[British Columbia Anaphylactic and Child Safety Framework – Ministry of Education](#)
[Fraser Health Authority School Health](#)
[Health Canada Food Allergies](#)
[Canadian Society of Allergy and Clinical Immunology](#)
[Anaphylaxis Protection Order](#)
[Anaphylaxis in Schools & Other Settings](#)
[Food Allergy Canada](#)
[BC Health Files](#)
[Epinephrine Auto-Injector](#)
[Medicalert](#)
[Surrey School District - Anaphylaxis/Life Threatening Allergies Handbook](#)
[CSBA: Anaphylaxis: A Handbook for Schools](#)

SCOPE AND PURPOSE

“Anaphylaxis is a sudden and severe allergic reaction, which can be fatal, requiring immediate medical emergency measures to be taken. Although not a frequent occurrence in schools, failure to respond appropriately could result in death” ([BC Anaphylactic and Child Safety Framework – Ministry of Education](#)).

School District 43 recognizes the important role schools play in supporting children with anaphylaxis, reducing the exposure to allergens and responding appropriately to an anaphylactic incident. The goal of this policy is to provide a comprehensive approach to anaphylaxis care, awareness, education and management. This is achieved through partnership and collaboration with parents/guardians, students, schools, the district, public health and health care providers.

The district recognizes that prevention as well as emergency response considerations are key and that allergen avoidance will reduce the likelihood of having to respond to an emergency. At the same time, there is recognition that not all allergens can be eliminated.

This policy follows the guidelines and expectations set out by the Anaphylaxis Protection Order and the BC Anaphylactic and Child Safety Framework. The policy is structured based on the Core Components within the BC Anaphylactic and Child Safety Framework.

DEFINITION OF ANAPHYLAXIS

Anaphylaxis is a sudden and severe allergic reaction which can be fatal, requiring immediate medical emergency measures be taken (BC Anaphylactic and Child Safety Framework – Ministry of Education). Signs and symptoms of a severe allergic reaction can occur within minutes of exposure to an offending substance. Reactions usually occur within two hours of exposure, but in rarer cases can develop hours later.

Specific warning signs as well as the severity and intensity of symptoms can vary from person to person and sometimes from attack to attack in the same person.

Common causes of anaphylaxis include:

- **Food:** eggs, milk/dairy, mustard, peanuts, crustaceans & molluscs (shellfish), fish, sesame seeds, soy, tree nuts, wheat & triticale (click on hyperlink ‘Food’ for definitions)
- **Food Additives:** sulphites, colourings, or tenderizers like MSG
- **Insect Stings:** bees, wasps or other insects
- **Medications:** penicillin or sulpha drugs
- **Latex:** found in gloves or condoms
- **Exercise:** in some individuals can be triggered by the prior ingestions of a specific food which is not normally a problem

An anaphylactic reaction can involve **any** of the following symptoms, which may appear alone or in any combination, regardless of the triggering allergen:

- **Skin:** hives, swelling of eyes, face, lips, tongue and throat, itching, flushing, warmth, redness, rash
- **Respiratory (breathing):** wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing), trouble swallowing

- **Gastrointestinal (stomach):** nausea, pain/cramps, vomiting, diarrhea
- **Cardiovascular (heart):** pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
- **Other:** anxiety, feeling of “impending doom”, headache, uterine cramps in females, loss of consciousness, coma.

Because of the unpredictability of reactions, early symptoms should never be ignored, especially if the person has suffered an anaphylactic reaction in the past.

It is important to note that anaphylaxis can occur without hives.

If an allergic student expresses any concern that a reaction might be starting, the student should always be taken seriously. When a reaction begins, it is important to respond immediately, following instructions in the student’s *Anaphylaxis Emergency Action Plan*. The cause of the reaction can be investigated later.

The most dangerous symptoms of an allergic reaction involve:

- Breathing difficulties caused by swelling of the airways and
 - A drop in blood pressure indicated by dizziness, light-headedness or feeling faint/weak
- Both of these symptoms may lead to death if untreated

People with asthma who are also diagnosed with life-threatening allergies are more susceptible to severe breathing problems when experiencing an anaphylactic reaction. In cases where an anaphylactic reaction is suspected but there is uncertainty whether or not the person is experiencing an asthma attack, epinephrine should be used first.

IDENTIFICATION OF ANAPHYLACTIC STUDENTS

The identification of students at risk for anaphylaxis is a shared responsibility between the parents/guardians and the schools.

The schools are responsible for:

- Reviewing the medical information on the registration form
- Providing the parent/guardian with *Anaphylactic Student Emergency Procedure Plan (ASEPP)* for those students with a diagnosis of anaphylaxis
 - Request the parent/guardian complete and sign these forms, and return them to the office prior to the start of the school year or as soon as possible
- Collaborate with the child’s parent/guardian to identify individual care needs shall occur at the beginning of the school year or when the student transfers to a new school. Create an *Anaphylactic Student Emergency Procedure Plan (ASEPP) utilizing the SD43 Anaphylaxis Checklist*.
- Principals will review the *ASEPP* for each student with anaphylaxis, meet with the student (where age appropriate) and students’ parents to review the *ASEPP*.
- Implement a system so that all staff are aware of those students at risk for anaphylaxis
 - This is especially crucial when alternate staff (ie teachers on call, none regular staff) are working in the school

The parents/guardians are responsible for:

- Notifying the school principal when a child is diagnosed as being at risk of anaphylaxis
- Complete and have signed by a physician the *ASEPP*.
- Providing the school with updated medical information annually
- Providing the school with updated medical information whenever there is a significant change related to their child/children

RECORD MANAGEMENT

Schools are responsible for keeping accurate records for each student at-risk of life-threatening allergies.

- Keep a copy of the *ASEPP* in the Student's Permanent Record, and update this annually
- Ensure information on the student's life-threatening allergy is recorded on both the student's electronic file, and the School Health Resource Book
- Transfer the *ASEPP* when the student changes schools

EMERGENCY PROCEDURE PLANS

Each individual student at risk of life-threatening allergies will have an accurate, up to date *ASEPP*. The Anaphylaxis Action Plan should be developed in conjunction with the parents/guardians and the student (where age appropriate). The *ASEPP* will be kept on file and in easily accessible locations for staff to facilitate responding to an emergency.

Emergency response to anaphylaxis includes:

- Administer Epinephrine Auto-Injector
- Call 911
- Call student's parent/guardian
- Administer second Epinephrine Auto-Injector within 5-15 minutes if symptoms have not improved
- Observe and Monitor the student until the ambulance arrives

MEDICATION MANAGEMENT

Timely access to a student's Epinephrine Auto-Injector is critical. Schools will have provision for the proper storage of medication in a central unlocked location.

Parents will provide two current Epinephrine Auto-Injectors (one of which will be kept in a central location at the office and the other to be kept with the student if he/she is able to self-administer, or in a location where the student frequents, ie classroom)

Staff will only administer the Epinephrine Auto-Injector prescribed for the specific student (who has the *ASEPP* completed)

If anaphylaxis is suspected and there is no Epinephrine Auto-Injector for the specific student, the emergency protocol is to call 911 and tell them that you have a student who you suspect is going into anaphylactic shock who does not have an Epinephrine Auto-Injector.

ALLERGY AWARENESS AND PREVENTION

Allergy avoidance is key in preventing and reducing the occurrence of an anaphylactic reaction. Schools will work to create an allergy-aware environment, acknowledging that it is impossible to eliminate all potential allergens from the school environment. Partnership between the school, students and parents is essential in supporting the student's specific needs.

Possible strategies to [avoid allergens](#) could include:

Food Allergies:

- Trading and sharing of foods, food utensils and food containers is to be discouraged
- Hand washing is encouraged before and after eating
- Surfaces (such as tables) shall be washed to avoid contamination. Child can use a napkin or personal placemat
- The use of food in crafts, cooking and special celebrations may need to be adapted depending on the allergy
- Classroom should be checked for other sources of the allergen
- Allergy free area may be provided as needed
- Field trips. Be aware of the life-threatening allergies and exposure risks (food and insect allergies)

Insect Allergies (risk is higher in the warmer months):

- Keep garbage cans covered with tightly fitted lids in outdoor play areas
- Have insect nests professionally relocated or destroyed, as appropriate

Other Allergens:

- Reactions to medication, exercise, latex and unknown causes are rare in school settings.
- Care of children with these allergies should be individualized based on collaboration with the parents, physician and school
-

Suggested Prevention strategies

- Send letters home to enlist parent support
- Education programs for classmates and parents
- Creating visual reminders including posters in key areas
- Distribute lists of allergen containing products
- Develop guidelines to reduce risk in common areas (computer labs, learning commons, gym, music room)

EDUCATION AND TRAINING

Anaphylaxis training is a cornerstone in the management of the risk associated with anaphylaxis.

- Principals will establish a training strategy and implement the strategy as early as possible in each school year

- Principal will communicate to all school community members the school’s anaphylaxis policies and procedures
- Training will be provided to school staff
- Resources to assist with staff training (including a Power point) can be accessed at the bottom of this link under the heading – Training School Staff in Anaphylactic Safety: [Training Resources](#)
- Education will be provided to classmates/peers at age appropriate levels
- Public health nurses are available to provide anaphylaxis training at the beginning of each school year (contact the local health unit to arrange)
- Training will include:
 - Signs and symptoms of anaphylaxis
 - Common allergens
 - Avoidance strategies
 - Emergency protocols
 - Use of the Epinephrine Auto-Injector
 - Identification of at-risk students
 - Emergency plans

Schools will work to create a supportive and safe environment where children feel safe to report accidental exposure to allergies

Schools will support ongoing education to raise awareness of anaphylaxis, the risks associated with being anaphylactic and how to create a supportive and inclusive environment.

APPENDIX A

Administrative Procedure 315

ANAPHYLAXIS IN SCHOOLS

Background

“Anaphylaxis is a sudden and severe allergic reaction, which can be fatal, requiring immediate medical emergency measures to be taken. Although not a frequent occurrence in schools, failure to respond appropriately could result in death” ([BC Anaphylactic and Child Safety Framework – Ministry of Education](#)).

Common causes are food, latex, insect stings, medication and exercise. It is suggested that the following principles serve as a foundation for individual school plans for dealing with life-threatening allergies:

- Parental involvement in all phases of planning
- Cooperation rather than enforcement
- Open communication
- Flexibility in implementation
- Proactive planning
- Doing what is reasonable and prudent.

Procedures

1. Information and Awareness

Parents/guardians have the primary responsibility for informing school personnel regarding their child's severe allergy. The physician must diagnose the child with anaphylaxis and prescribe the specific treatment protocol. Safety measures a school can reasonably expect to implement are:

- 1.1 Anaphylactic Student Emergency Procedure Plan (ASEPP) completed and signed by the physician should be kept along with other information in School Health Resource Book.
- 1.2 Consultation with the child's parents to identify care needs shall occur at the beginning of the school year.
- 1.3 Medical alert posters shall be posted in the office, classroom, medical room and any other room which is used on a regular basis by the child in consultation with the parent.
- 1.4 All staff (teaching and non-teaching) must be made aware of and be able to visually identify students who have potentially life-threatening allergies. This may include: custodians, supervisors, bus drivers, substitute teachers, first aid attendants, parent volunteers, coaches, and food services personnel.

- 1.5 An annual training session for all staff re: administration of medication and Epinephrine Auto-Injector (in consultation with the nurse, parent and/or expert resource) must be held and reviewed mid-year.
- 1.6 The school must strive to build support for the child with his/her peers.
- 1.7 There needs to be recognition by all concerned of the increased danger when changes to the routine occur, especially field trips, Sports Days, extracurricular outings, and on treat days and festive occasions.
- 1.8 There needs to be recognition by all concerned of the increased danger in cafeterias, home economics classes and in other food services areas.
- 1.9 The child's teacher(s) must receive additional information about the child from the parent. The teacher(s) and parent must maintain open lines of communication.

2. Avoidance of the Allergen

The parent and the child have primary responsibility for avoiding the allergen. It is not possible to achieve a completely allergen-free school, as there can be hidden or accidentally introduced sources. The Principal must attempt to reduce the child's exposure to allergic foods within the school setting.

- 2.1 Trading and sharing of foods, food utensils and food containers in the allergic child's classroom is to be discouraged.
- 2.2 All food allergic children shall only eat lunches and snacks that have been prepared at home.
- 2.3 Hand washing is encouraged before and after eating for all children in the classroom of an anaphylactic child.
- 2.4 Surfaces such as tables in the areas where students eat and that the child frequents shall be washed clean of contaminating foods.
- 2.5 The use of foods in crafts, cooking classes and special celebrations may need to be restricted depending on the allergies of the students.
- 2.6 The allergic child's classroom shall be checked for other sources of the allergen, e.g. playdough, bean bags, stuffed toys - peanut shells are sometimes used.
- 2.7 An allergen restricted eating area shall be provided using a cooperative approach with fellow students and their parents.
- 2.8 An allergen free area may be provided for the allergic child to use as a safe area.
- 2.9 **Insect Allergies** (risk is higher in the warmer months):
 - Keep garbage cans covered with tightly fitted lids in outdoor play areas
 - Have insect nests professionally relocated or destroyed, as appropriate
- 2.9.1 **Other Allergens:**
 - Reactions to medication, exercise, latex and unknown causes are rare in school settings.
 - Care of children with these allergies should be individualized based on collaboration with the parents, physician and school

3. Emergency Response Procedures

- 3.1 Since it is impossible to reduce the risk of accidental exposure to zero, an anaphylactic child may require emergency life-saving measures while at school.
- 3.2 Each Principal must develop an Anaphylaxis Action Plan which consists of completing:
 - Anaphylaxis Student Emergency Procedure Plan

- SD43 Responsibility Checklist
- Developing safe guards for fieldtrips and special events

3.3 Common symptoms and signs of anaphylactic reaction may be a combination of any of the following:

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

3.4 People with asthma are at greater risk. If a person is having a reaction and has difficulty breathing, the Epinephrine Auto-Injector should be given before asthma medication.

3.5 An emergency response plan must be developed and reviewed Anaphylaxis Student Emergency Procedure Plan.

3.6 A medical alert and an explanation of the emergency response plan must be kept in the teacher's day planner.

3.7 An up-to-date supply of two single dose Epinephrine Auto-Injectors provided by the parent/guardian(s) must be stored in a covered, secure, unlocked area for quick access. Students shall be encouraged to carry an auto-injector on their person wherever possible.

3.8 When in doubt, DO:

1. use the Epinephrine Auto-Injector, *and*
2. obtain professional medical assistance.

3.9. For more detailed information, consult:

- [BC Anaphylactic and Child Safety Framework Published by the Ministry of Education](#)

Reference: Section 65, 85, School Act
School District 43 Anaphylaxis/Life Threatening Allergies Handbook

Forms: Anaphylaxis Student Emergency Procedure Plan (ASEPP)
SD43 Anaphylaxis Responsibility Checklist

Last revised: November 2019

APPENDIX B

School District 43 - Anaphylactic Student Emergency Procedure Plan

(Photo I.D.)	Parent/Guardian please complete:	
	Student's Name: _____	Date Of Birth _____ (Y/M/D)
	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> _____	
	Parent/Guardian: _____	Daytime Phone: _____
	Emergency Contact: _____	Daytime Phone: _____
	Physician: _____	Daytime Phone: _____

Food Allergen: (Do not include antibiotics or other drugs)

- Peanuts Tree Nuts Milk/Dairy Other food _____
- Mustard Sesame Seeds Soy Wheat & Triticale Eggs
- Crustaceans & Mollusks (shellfish) Fish

Food Additives (List): _____

Insect Stings (List): _____

Medications (List): _____

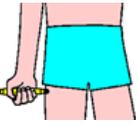
Others ie. Latex, Exercise (List): _____

Symptoms (circle each symptom that your child experiences):

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

Emergency Protocol

If you see symptoms of a severe allergic reaction or know that a child has been exposed to something they are allergic to:

- 1. Administer the EpiPen – Don't hesitate. It can be life saving.**
 - I. Pull off blue safety cap 
 - II. Firmly push orange tip into outer thigh. If necessary may be done through light or single layer of clothing (no thicker than jeans). 
 - III. Listen for a “click”. Hold for 5 seconds. Remove and send with student to hospital.
 - IV. **If symptoms persist or recur**, a second dose can be administered in 5 to 15 minutes (*maximum 3 doses*).
- 2. Have someone call 911.** Tell them that a student has had an anaphylactic reaction. Give them Name and address of school (use 911 protocol).
- 3.** The student should rest quietly. **DO NOT SEND THE CHILD TO THE OFFICE.**
- 4.** Help the student to remain calm and to breathe normally. **An adult must stay with the student.**
- 5.** Call the parents/guardians/emergency contact.
- 6.** Observe and monitor the student until the ambulance arrives.

Student Name: _____

Date of Birth: _____

Emergency Medication (to be completed and signed by physician or allergist)

NOTE: Emergency medication must be a single-dose auto-injector for school setting. Oral antihistamines will not be administered by school personnel.

Name of emergency medication: _____

Dosage: _____

Physician Signature

Date (Y/M/D)

Parent/Guardian please complete

Discussed and reviewed Anaphylaxis Responsibility Checklist with Principal? yes no

Two single-dose auto-injectors provided to school? yes no

Student aware of how to administer? yes no

Your child's personal information is collected under the authority of the *School Act* and the *Freedom of Information and Protection of Privacy Act*. The Board of Education may use your child's personal information for the purposes of:

- Health, safety, treatment and protection
- Emergency care and response

If you have any questions about the collection of your child's personal information, please contact the school principal directly. By signing this form, you give your consent to the Board of Education to disclose your child's personal information to school staff and persons reasonably expected to have supervisory responsibility of school-age students and preschool age children participating in early learning programs (as outline in the *BC Anaphylactic and Child Safety Framework 2007*) for the above purposes. This consent is valid and in effect until it is revoked in writing by you.

APPENDIX C

SD43 Anaphylaxis Responsibility Checklist

Anaphylaxis Action Plan for _____

(Student's name)

Principal: Use this checklist and the Anaphylactic Student Emergency Procedure Plan (ASEPP) form to develop an Anaphylaxis Action Plan for the above-named student. Check the boxes when items are completed. This process needs to be completed **annually**.

Principal's Responsibilities

- Be aware of School District 43 Anaphylaxis Policy 315 as well as your responsibilities for keeping students at risk of anaphylaxis safe while at school and participating in school-related activities.
- Inform school staff of their responsibilities regarding school district Anaphylaxis Policy 315.
- Endeavour to contact parents prior to school starting in September when possible.
- Inform the parent of SD 43 Anaphylaxis Policy 315 as well as the intent to provide an "allergy aware" environment for students with life threatening allergies.
- Provide parents with an Anaphylactic Student Emergency Procedure Plan (ASEPP) form. Request that parent(s) and their physician complete the form.
- Inform parent(s) that only an epinephrine auto-injector will be administered by school staff in the event of an anaphylactic reaction (no oral antihistamines).
- Request parent(s) to provide two epinephrine auto-injectors. One to stay with the student if possible (not in a locker) and one to be kept in a central unlocked location in the school.
- Meet with the parent(s) and teacher(s) to review the Anaphylactic Student Emergency Procedure Plan (ASEPP) and complete an Anaphylaxis Action Plan.

Develop the Anaphylaxis Action Plan (AAP):

- Review responsibilities of the parent(s), student, teacher(s) and principal in developing and implementing the plan.
- Recommend to parent(s) that their child wear a MedicAlert bracelet or necklet. Provide parent(s) with a MedicAlert brochure and inform parent(s) of MedicAlert's free "No Child Without" program.
- Check to see parent(s) have completed the Anaphylactic Student Emergency Procedure Plan (ASEPP) form and that they have provided two epinephrine auto-injectors.
- Check to see the physician has signed the Anaphylactic Student Emergency Procedure Plan (ASEPP) form and has indicated the use of an epinephrine auto-injector to treat anaphylaxis.
- Request the teacher to send a letter home to other classroom parents informing them of a student in the class at risk of anaphylaxis. Schools can use the sample letter in the *SD43 Anaphylaxis Handbook*.
- Request parents' permission to use student's picture on the Anaphylactic Student Emergency Procedure Plan (ASEPP) form.
- Provide a copy of the Anaphylaxis Action Plan to parent(s) (ASEPP and Responsibility Checklist).

Inform involved school staff:

- ❑ Activate the student's computer record to indicate the student has a life-threatening allergy.
- ❑ Provide a safe, **unlocked**, centrally located storage area for one of the student's epinephrine auto-injectors. If the student is not yet responsible enough to carry the second auto-injector, it should be kept in a place where the student frequents (e.g. classroom).
- ❑ Ensure staff are aware of the location of the epinephrine auto-injector(s) and Anaphylactic Student Emergency Procedure Plan (ASEPP). Keep a copy of the ASEPP with the auto-injector.
- ❑ All school staff are to be responsible for administering an epinephrine auto-injector in an emergency.
- ❑ Post the Anaphylactic Student Emergency Procedure Plan (ASEPP) in appropriate, confidential, staff locations.
- ❑ Provide a copy of the Anaphylactic Student Emergency Procedure Plan (ASEPP) to the teacher and involved school staff.
- ❑ Inform involved staff of their responsibilities for student safety in the classroom, on school grounds and during field trips, co-curricular, or extra-curricular activities.
- ❑ Post signs and symptoms of anaphylaxis and how to administer the epinephrine auto-injector in relevant areas in the school. This may include classrooms, office, staff room, lunch room, cafeteria, multipurpose and any common room areas.
- ❑ Arrange for training session(s) for all school personnel (including teachers, secretaries, educational assistants, care takers, food services staff, lunch supervisors and volunteers) on how to recognize and treat anaphylactic reaction, on school procedures to protect anaphylactic students from exposure, and on school protocol for responding to emergencies. This session and ongoing review sessions should also include training in emergency administration of the auto-injector and administering second dose (within 5 to 15 minutes if symptoms have not improved). Training should take into consideration the age, maturity and responsibility-level of anaphylactic students.
- ❑ The Public Health Nurse is available to consult regarding any concerns with the Anaphylaxis Action Plan and Anaphylactic Student Emergency Procedure Plan (ASEPP).
- ❑ The Public Health Nurses can also provide EpiPen administration training for staff at the school.

Teacher and Staff Responsibilities

- ❑ Be aware of school district Anaphylaxis Policy 315 and your responsibilities for keeping students with at risk of anaphylaxis safe while at school and while participating in school-related activities.
- ❑ Be familiar with students in your class at risk of anaphylaxis, their Anaphylactic Student Emergency Procedure Plan (ASEPP), emergency treatment and location of the epinephrine auto-injector(s).
- ❑ Inform teacher-on-call of student at risk of anaphylaxis, location of Anaphylactic Student Emergency Procedure Plan (ASEPP) and location of the epinephrine auto-injector(s). Keep this information in the teacher's TTOC book.
- ❑ In consultation with parent(s)/student provide students with age-appropriate "allergy awareness" education.

For student with food allergies:

- In consultation with school staff develop an “allergy aware” classroom.
- Request parent(s) to consult with the teacher before bringing food into the classroom.
- Encourage students NOT to share food, drinks or utensils.
- Encourage a non-isolating eating environment for the student with a food allergy (the student should eat in the classroom with classmates when possible).
- Encourage all students to eat with their food on a napkin rather than directly on the desk or table.
- Encourage all students to wash their hands with soapy water before and after eating.
- Wash desks with hot water and district provided cleaner after students eat.
- Do not use identified allergen(s) in classroom activities.

On field trips/co-curricular/extra-curricular activities:

- Take a copy of the Anaphylaxis Action Form.
- Take an epinephrine auto-injector and ensure the student has his/her epinephrine auto-injector with them.
- Take a cellular phone and relevant phone numbers.
- Be aware of the life-threatening allergen exposure risk (food and insect allergies).
- Inform supervising adults of student(s) at risk of anaphylaxis and indicated emergency treatment.
- Request supervising adults to sit near student(s) in vehicle (or bus)

Student Responsibilities (Where age-appropriate)

- Work with the school staff to develop and provide “allergy awareness” education to your classmates.
- Be aware of risks for allergic reactions and always take steps to reduce the risk of exposure.
- Know the signs and symptoms of anaphylaxis.
- Notify an adult if you are feeling unwell or if you think you are having a reaction.
- Carry an epinephrine auto-injector at all times. (not in your locker)
- Take your auto-injector with you on field trips and extra-curricular activities.
- Wear a MedicAlert bracelet or necklet at all times.
- Secondary students should encourage their friends to learn how to administer the auto-injector.
- If you carry a cell phone, pre-program it to dial “911” and inform your friends.

If you have food allergies:

- Eat only food and drinks approved by your parent or guardian.

- Do not share cutlery and dishes.
- Do not eat food that has had direct contact with a desk or table.

Parent responsibilities

- Inform school staff and classroom teacher of your child’s life-threatening allergy.
- Ensure your child is aware of his/her allergy and the signs and symptoms of an allergic reaction.
- Inform your child of ways to avoid allergic reactions.
- Inform your child to notify an adult if he/she is having an allergic reaction.
- In conjunction with your physician, complete the Anaphylactic Student Emergency Procedure Plan (ASEPP) form and return it to the principal. Set up a time to meet with designated school staff to develop the Anaphylaxis Action Plan.
- Provide two “in date” epinephrine auto-injectors for school use: one to be kept with your child; the other to be kept in a central unlocked location at school.
- Provide a body pouch, fanny pack, backpack or other means for your child to carry the auto-injector.
- Reinforce with your child the importance of having the epinephrine auto-injector with them at all times
- Where age appropriate, teach your child to administer his/her own epinephrine auto-injector.
- Reinforce with your child, the importance wearing a MedicAlert bracelet or necklet.
- In consultation with the classroom teacher determine your role in providing “allergy awareness” education for classmates
- Notify school staff if there is a change in your child’s allergy condition.
- Check expiry date of epinephrine auto-injectors.

I give permission for my child’s photo to be placed on the Anaphylactic Student Emergency Procedure Plan (ASEPP) Form.

Parent/Guardian Name _____	Parent /Guardian Signature _____	Date _____
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I have read the Anaphylaxis Action Plan.

Parent/Guardian: _____ Date: _____

Student (Optional): _____ Date: _____

Principal: _____ Date: _____

Field Trips

Quick Facts

- When students are in new situations, they can be at greater risk for a reaction because their normal routine is changed.
- School trips and special events are not part of the daily routine and may present new risks.
- If you are a teacher, staff member, driver, or volunteer on a field trip, you need to be prepared.
- Understand the signs and symptoms of anaphylaxis and what to do.
- Before you leave, take some time to practice using the auto-injector with the rest of your team.

Before your child goes on a field trip

- Make sure your child with food allergy is carrying auto-injectors. Talk to them about their needs and concerns.
- Teachers, staff and parent chaperones should carry a back-up auto-injector in case a second injection is necessary before medical help arrives.
- All teachers and chaperones should carry a mobile phone.
- Inform all adults travelling on the trip about which students have food allergy or other allergies, and make sure they have a copy of the Anaphylaxis Student Emergency Procedure Plan (ASEPP) for each student.
- Talk to all students about keeping their classmates with allergies safe.

Food and eating

- It is often best for young children to bring their own food from home and to have a “no sharing” policy in place.
- Teachers should consult with students with allergies ahead of time (and their parents/guardians) about foods or other allergens to avoid during the trip or event.
- Any food that is part of the outing (like animal food at a petting zoo, food and materials used in craft projects) should be checked for potential allergens.
- Keep an eye on students. In a new space, new risks could be taken and students may communicate less with adults.

Emergency steps

- Instruct all teachers, drivers, and chaperones on how to use the auto-injectors being brought on the trip and have them practice before leaving.
- Review the **6-step Emergency Protocol** with all adults and students.

APPENDIX E

Anaphylaxis Triggers

It should be noted that any food or scent could trigger an anaphylactic reaction. Cross-contamination of foods is also a concern.

If an allergic student expresses any concern that a reaction might be starting, the student should always be taken seriously.

When a reaction begins, it is important to respond immediately, following instructions in the student’s Anaphylaxis Emergency Guide/Guidelines/911 Protocol.

Foods which are common sources of anaphylactic reaction	Other possible sources in prepared foods	Non-Food Sources
<ul style="list-style-type: none"> • Peanuts/peanut butter/peanut oil are the most prevalent among school students. • Tree nuts: hazelnuts, walnuts, pecans, almonds, cashews • Sesame seeds and sesame oil • Cow’s milk and dairy products • Eggs • Fish • Shellfish • Wheat • Soy • Bananas, avocados, kiwis and chestnuts for children with latex allergies. <p><i>The Anaphylaxis Network of Canada has allergen information cards which may be helpful.</i></p>	<ul style="list-style-type: none"> • Cookies • Cakes • Cereals • Granola bars • Candies 	<ul style="list-style-type: none"> • Play dough (may contain peanut butter) • Scented crayons and cosmetics • Peanut-shell stuffing in “bean-bags” and stuffed toys • Wild bird seed, sesame • Insect venom (bees, wasps, hornets, yellow-jackets) • Rubber latex (eg. In gloves or balloons, erasers, rubber spatulas, craft supplies, Koosh balls) • Vigorous exercise • Plants such as poinsettias, for children with latex allergies • Perfumes and scented products (lotions, etc.)

Anaphylaxis

Emergency Guide

If you see symptoms of a severe allergic reaction or know that a child has been exposed to something they are allergic to:

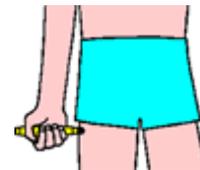
* Have someone CALL 9-1-1 IMMEDIATELY!

***If the child has an Epinephrine Auto-Injector, follow the instructions:**

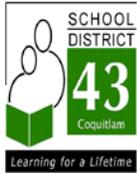
1. Pull off blue safety cap



2. Push orange tip into outer thigh
if necessary may be done through light or
single layer of clothing (no thicker than
jeans)



3. Listen for a "Click". Hold for 5 seconds.
Remove and send with the student to
the hospital.
4. If symptoms persist or recur, a second dose
can be administered in 5 to 15 minutes.
(maximum 3 doses)



Anaphylaxis

Guidelines

All caregivers should familiarize themselves with students' individual medical alert and medication administration care plans

If an allergic student expresses any concern that a reaction might be starting, the student should always be taken seriously. Immediate medical emergency measures must be taken.

Symptoms:

May include **any** of the following, may appear alone or in any combination, regardless of the triggering allergen:

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

Procedure:

1. **Administer the Epinephrine Auto-Injector** – Don't hesitate. It can be life saving.
2. **Have someone call 911.** Tell them that a student has had an anaphylactic reaction.
Give them: Name and address of school (use 911 protocol).
3. The student should rest quietly. **DO NOT SEND THE CHILD TO THE OFFICE.**
4. Help the student to remain calm and to breathe normally. **An adult must stay with the student.**
5. Call the parents/guardians/emergency contact.
6. Observe and monitor the student until the ambulance arrives.
7. **If symptoms persist, administer the second Epinephrine Auto-Injector (5-15) minutes after the first. (maximum 3 doses).**



Anaphylaxis

911 Protocol

To be posted by telephone:

1. **Emergency Phone Number**
2. **Hello, my name is _____.**
3. **We are located at:**
 - a. **Address: _____.**
 - b. **Nearest major intersection: _____.**
4. **Tell them:** “We need an ambulance immediately. We have a child going into anaphylactic shock. An Epinephrine Auto-Injector is being given now.”
5. **Give the following information about the child:**
 - Level of consciousness
 - Breathing
 - Bleeding
 - Age
6. **My phone number is _____.**
7. **The closest entrance for the ambulance is on:**
_____.
8. **Do you need any more information?**
9. **How long will it take you to get here?**
10. **Tell them:** “A staff member will meet you at the entrance to provide further information.”
11. **Call the parents/guardians/emergency contact.**



STOP!

ALLERGEN

ALERT

**Food allergens
may be present
in this room**



Be Safe!!

No Sharing Food

**WASH or
WIPE your
hands before
and
after eating.**

**Your desk
is your
Food Safe
Zone.
Only your
food is
allowed there!**

Clean up your spills

Blue to the sky. Orange to the thigh.

How to use EpiPen® and EpiPen Jr® (epinephrine) Auto-Injectors.

Remove the EpiPen® Auto-Injector from the carrier tube and follow these 2 simple steps:



- Grasp with orange tip pointing downward
- Remove blue safety cap by pulling straight up – do not bend or twist



- Place the orange tip against the middle of the outer thigh
- Swing and push the auto-injector firmly into the thigh until it “clicks”
- Hold in place for 3 full seconds



Built-in needle protection

- After injection, the orange cover automatically extends to ensure the needle is never exposed.



After using EpiPen®, you must seek immediate medical attention or go to the emergency room. For the next 48 hours, you must stay close to a healthcare facility or be able to call 911.

For more information visit the consumer site EpiPen.ca.

EpiPen® and EpiPen Jr® (epinephrine) Auto-Injectors are indicated for the emergency treatment of anaphylactic reactions in patients who are determined to be at increased risk for anaphylaxis, including individuals with a history of anaphylactic reactions. Selection of the appropriate dosage strength is determined according to patient body weight.

EpiPen® and EpiPen Jr® Auto-Injectors are designed as emergency supportive therapy only. They are not a replacement for subsequent medical or hospital care. After administration, patients should seek medical attention immediately or go to the emergency room. For the next 48 hours, patients must stay within close proximity to a healthcare facility or where they can call 911. To ensure this product is right for you, always read and follow the label. Please consult the Consumer Information Leaflet in your product package for warnings and precautions, side effects, and complete dosing and administration instructions.



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MEMBER OF PHARMATHE BIOPHARMES CANADA

EPIPEN®
EpiPen® and EpiPen Jr® (epinephrine) 0.3 mg, 1 mg

Trusted for over 25 years.

The 5 Emergency Steps

**Step
1**

Give epinephrine (e.g. EpiPen®) at the first signs of an allergic reaction.

**Step
2**

Call 9-1-1 or your local emergency medical services and tell them that someone is having an anaphylactic reaction.

**Step
3**

Give a second dose of epinephrine as early as 5 minutes after the first dose if there is no improvement in symptoms.

**Step
4**

Go to the nearest hospital right away (ideally by ambulance), even if symptoms are mild or have stopped. The reaction could get worse or come back.

**Step
5**

Call emergency contact persons (e.g., parent, guardian, spouse).

Body Position

Keep in mind the following body positions while giving epinephrine and waiting for emergency care to arrive.

- When giving epinephrine, have the person sit or lie down, depending on the symptoms.
- Once it has been given, place the person on their back (if they are not already lying down) with their legs raised. Someone who is having difficulty breathing should be kept sitting up or in a position of comfort.
- If the person feels sick or is vomiting, place them on their side so that their airway is clear and they do not choke on vomit. An unconscious person should also be placed on their side.

Remember: standing suddenly can lead to severe complications, even death.



Food Allergy Canada

ALLERGIC REACTIONS

Could YOU save a life?

After eating or being stung by an insect, a person at risk for anaphylaxis might have any of these symptoms.

Think F.A.S.T...



then ACT...

Face

Hives, itching, redness, swelling of face, lips or tongue

Airway

Trouble breathing, swallowing or speaking, nasal congestion, sneezing

Stomach

Stomach pain, vomiting, diarrhea

Total Body

Hives, itching, swelling, weakness, dizziness, sense of doom, loss of consciousness

Give Epinephrine

- Give epinephrine (e.g. EpiPen®) at the first sign of a reaction.
- The first signs may be mild, but symptoms can get worse quickly.
- Repeat as early as 5 minutes if symptoms do not improve.

Call 9-1-1

- Have person transported to hospital, even if symptoms are mild or have stopped.

Visit foodallergyca.ca or call 1 866 785-5660 for more information and support.

Think F.A.S.T. concept developed by Food Allergy Canada and supported by:
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SAMPLE LETTER TO PARENT/GUARDIAN

School Letterhead

Date

Dear Parent/Guardian:

This year, we have a Grade _ student with a life-threatening allergy to _____ at our school. We are trying to make our school environment safe for this student by making sure that he/she is not accidentally exposed to any products containing _____.

Even the smallest amount of _____ on a desk, book, or even someone's clothing could cause a life-threatening allergic reaction. If this should happen, we have an emergency plan and will take action immediately.

However, we ask for your cooperation in reducing the risk for this student. Please do not send any food made with or containing _____ to school with your child. Please ask your child to eat only the food that you send from home, rather than trading or sharing lunch items with the other student.

Thank you for your understanding and cooperation in this very serious matter. If you have any questions or concerns, please call me at (000-0000).

Administration

REFERENCE AND RESOURCES

[British Columbia Anaphylactic and Child Safety Framework – Ministry of Education](#)

[Fraser Health Authority School Health](#)

[Health Canada Food Allergies](#)

[Canadian Society of Allergy and Clinical Immunology](#)

[Anaphylaxis Protection Order](#)

[Anaphylaxis in Schools & Other Settings](#)

[Food Allergy Canada](#)

[BC Health Files](#)

[Epinephrine Auto-Injector](#)

[Medicalert](#)

[Surrey School District - Anaphylaxis/Life Threatening Allergies Handbook](#)

[CSBA: Anaphylaxis: A Handbook for Schools](#)