

Managing Anaphylaxis In Our School

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IMPORTANT

The current *Managing Anaphylaxis in our School* document assumes that all students who will or may experience an anaphylactic reaction use an **EpiPen/Allerject** and these students carry their epinephrine autoinjector with them at all times unless the situation does not permit them to do so.

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Our Promise

At St. Gregory, we have students, staff and parents who will experience an anaphylactic reaction to allergens in our environment. The purpose of this document is to educate our community about allergies and anaphylaxis. We recognize that each student will react differently when he or she interacts with an allergen and we are prepared to help this student if a reaction occurs. Our goal is to support those who may experience a possible anaphylactic reaction by providing them with an allergy aware environment to minimize a potential life threatening reaction and a quick response if a life threatening reaction occurs.

Obtaining a Copy of this Document

A physical copy of this document is:

- 1** Kept in the School Office – in the Anaphylaxis binder as well as on a disc and USB key in the binder;
- 2** Given to Parent(s)/Guardian(s) of students with anaphylaxis each school year; and
- 3** Stored in *Health* folder of Teacher's hard drive;

A PDF copy of this document can also be downloaded from:

- 1** The Allergies section of the St Gregory CS Website at www.school.stgregorytoronto.com.
- 2** Emailed to you by request from the St Gregory CS Administration Team. Please call the office for a copy at 416.393.5262.

Purpose

There are two main purposes for this document.

1 To support Sabrina's Law:

In 2005, the Ontario government passed into law, Bill 3: An act to Protect Anaphylactic Pupils. Sabrina's Law requires that every school board establish and maintain an anaphylaxis policy. It also requires that principals develop individual plans for students at risk of anaphylaxis. For more information refer to the links below:

- Sabrina's Law (<http://www.edu.gov.on.ca/eng/healthyschools/anaphylaxis.html>)
- TCDSB Policy, Protocol & Guidelines PDF
<http://www.tcdsb.org/Board/Policies/Documents/FINAL%20Anaphylaxis%20BOOK%202006.pdf>

There are also copies available in the "Anaphylaxis" binder in the school office.

2 Prevent any unnecessary allergic reactions through education and caring:

We want to promote both an understanding of Anaphylaxis and a way to open the lines of communication between parents and students with anaphylaxis and those who are not directly affected with anaphylaxis.

As an informed community, we can help prevent any unnecessary allergic reactions at school and, hopefully, in our community.

If every student and parent in our community understands the signs and symptoms, and the severity of the allergy, we can help not only prevent unnecessary allergic reactions, but know what to do in the event that a student does have an anaphylactic reaction.

Introduction

Our goal is to protect the students in our school who are at risk and help minimize their chance of an anaphylactic attack while in our care.

Children with severe allergies benefit when they feel that others are mindful of their situation, ready to respond in an emergency, and when they are treated with respect. Like all other children, they just want to fit in. ⁽⁵⁾

As classmates learn about their friend's allergy they often become proud "allergy ambassadors", watching out for their peer and educating their own parents and others about how to keep their friend safe. ⁽⁵⁾

What is Anaphylaxis?

Anaphylaxis is a serious allergic reaction that can progress quickly and, if gone untreated, may cause death¹. The term comes from the Greek words "ana", *against*, and "phylaxis", *protection* ⁽⁴⁾.

Anaphylaxis typically results in a number of symptoms and in the most severe cases if left untreated, may lead to death. While food is one of the most common causes of anaphylaxis, other causes include insect bites/stings, latex, medicines and even exercise. The primary treatment is injection of **epinephrine**.

Anaphylaxis typically presents with many different symptoms (listed below) within seconds or up to several hours.

Worldwide 0.05–2% of people is estimated to have anaphylaxis at some point in their life and rates appear to be increasing: 6% of young children are affected by a food allergy. ⁽⁵⁾

What to Look For — Signs and Symptoms

An allergic reaction can happen immediately or within minutes of being exposed to an allergen¹ but sometimes it can take place several hours after exposure. Each person displays one or more of the following physical symptoms and each reaction may be very unique.

¹ **An allergen** is a substance which can cause an allergic reaction. While food is one of the most common allergens, medicine, insect stings, latex and exercise can also cause a reaction.

IMPORTANT: The most dangerous symptoms of an allergic reaction can lead to death if untreated: **TROUBLE BREATHING** caused by swelling of the airways (including a severe asthma attack for people with asthma). A **DROP IN BLOOD PRESSURE** causing dizziness, light-headedness, feeling faint or weak, or passing out.

Table 1: Signs and Symptoms of Anaphylaxis

Please be aware that each child reacts uniquely to an allergen. A reaction can involve any of these symptoms, and a person could have one or more of these symptoms regardless of the allergen. Each student creates a **Student Allergy Plan** that will detail their symptoms they have experienced in the past and treatment.

Skin System	hives, swelling, itching, warmth, redness, rash
Respiratory System TROUBLE BREATHING caused by swelling of the airways.	coughing, wheezing, shortness of breath, chest pain/tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing), trouble swallowing
Gastrointestinal System (Stomach)	nausea, pain/cramps, vomiting, diarrhea
Cardiovascular System (Heart) DROP IN BLOOD PRESSURE	pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
Other	anxiety, feeling of "impending doom", headache, uterine cramps, metallic taste

Emergency Response Procedures

These are the emergency procedures followed in the case of an anaphylactic reaction within our school community.

Table 2: Emergency Response Procedures

Give EpiPen	Administer the EpiPen at the first sign of an anaphylactic reaction. It is dangerous to wait. Note the time.
Call 911	Tell 911 that someone is having a life-threatening allergic reaction. Request an ambulance immediately. One will be dispatched. They will ask when the EpiPen was first administered.
Possibly Give	The second dose of the EpiPen if medical attention is not received within 10-15 minutes, and the reaction continues, or worsens.
Transport	The patient will be transported to the nearest hospital and will be requested to stay in the hospital for 4-6 hours, as the reaction can come back.

Allergen Awareness, Reduction and Avoidance

In our school, we have students who have life-threatening allergies. Food-allergic individuals can experience a life-threatening reaction from ingesting a very small amount of their allergen. Exposure through skin contact or inhalation can cause allergic reactions, but are generally not anaphylaxis. Anaphylaxis is a severe allergic reaction that can be caused by foods, insect stings, medications, latex or other substances. While anaphylaxis can lead to death if left untreated, anaphylactic reactions and fatalities can be avoided.

The responsibility of avoiding allergic reactions belongs to everyone in the St. Gregory School community. We **ALL** play a role in supporting our students that have known allergies as well as in situations where a student, staff or parent has a reaction to an allergen that was previously unknown.

Current Allergens in Our School

An allergen is a substance which can cause an allergic reaction. While food is one of the most common allergens, medicine, insect stings, latex and exercise can also cause a reaction

Education and awareness are central to keeping students with life-threatening allergies safe. Our school's *Managing Anaphylaxis in Our School* document is designed to ensure that students at risk are identified, strategies are in place to minimize the potential for accidental exposure, and all staff are trained to respond in an emergency situation.

For the 2012-2013 school year, the following foods, and other allergens may cause a life-threatening allergic reaction for our students or staff. This list is updated as needed throughout the year. Please check www.school.stgregorytoronto.com/downloads_handbooks.html for the most up to date document.

FOODS			INSECT	OTHER
Peanuts	Chestnuts	Kidney beans	Wasps	Latex
Almonds*	Pine nuts (pignolias)	Soy, soy protein		
Brazil Nuts*	Pistachios*	Shrimp		
Cashews*	Chestnuts	Salmon		
Hazelnuts (filberts)*	Green peas	Tilapia		
Macadamia*	Green beans	Eggs		

*Individuals who test positive for 1 tree nut, are told to avoid all tree nuts. Some allergists may test for a “tree nut mixture” which includes 5-6 nuts, and do not do individual tests.

Identifying Students at Risk

It is important that that staff, teachers and volunteers are able to identify those students who are at risk of an anaphylactic reaction using **Medical Form SS12A, Form SS12B** and the **Emergency Alert Form — EpiPen/Allerject Only** which are posted in the staff room, kept in the Teachers Daily Planner and posted in the student’s classroom with parental permission.

Medic Alert Bracelets are strongly recommended. It is the voice in an emergency and the only medical alert ID backed by a 24-hour emergency hotline. (www.medicalert.ca)

Availability and Location of EpiPens

Two labelled EpiPens are required for each student that is anaphylactic:

- One will be worn by the student throughout the school day (for example, carried in a fanny pack) or as per the parent’s written directions.; and
- One will be kept in the staff room attached to the board with Medical forms, and all other EpiPens/Allerjects and medications.

If an [EpiPen®/Allerject](#) needs to be removed from the school (i.e.: for field trips or school activities), it must be approved by the parent(s), and it is the responsibility of the parent(s) to ensure that it is returned promptly.

Two regular EpiPens/Allerjects and two EpiPen Jrs/Allerjects Jr. are part of the First Aid Kit. The Principal should check EpiPens/Allerjects in September, January and April to ensure that they are all accounted for and have not expired.

Each student that may experience an anaphylactic reaction is asked to wear an EpiPen/Allerject on his/her own body (i.e.: in a fanny pack). If a student is unable to wear their EpiPen/Allerject or removes it for a school activity, for example, Swimming or Phys. Ed., the adult supervising the activity should keep the medication with him/her and return it to the student immediately after the activity is over.

Field Trips

When a student with allergies goes on a field trip, it is important to remember that this is still considered the school community and precautions will be taken to minimize the chances of being exposed to allergens. It is recommended that:

- A parent (or designate) of a student with allergies may always accompany his/her class on any field trip.
- The student be placed in the group of his/her teacher if his/her own parent is not on the field trip, unless prior arrangements have been made with the parent and the teacher for another parent to supervise.
- The adult supervising the student with allergies must carry a cellphone and know their precise location.
- The parent determines if the field trip location is suitable (i.e.: within 30 minutes of a hospital) prior to giving consent to the field trip.
- The number of EpiPens/Allerjects to be taken on the trip is determined by the estimated number of minutes to the closest hospital. The parent(s) of a student is/are responsible to supply an adequate number of EpiPens/Allerjects.
- The field trip organizer must inform in advance to staff of the field trip destination that there will be a student and /or students with allergies and activities should be planned with that in mind. Parent(s) should be provided the opportunity to research field trip sites to determine the level of risk.

Staff Training and Education

To ensure that all our students are safe, training and education are required by all staff in our school. Training sessions ensure that all staff are comfortable with the student who has allergies and are prepared to act quickly in the case of a severe allergic reaction within our community.

All teachers and educational assistants who have students with allergies in their care must be trained before the start of the school year, if they have not received prior training.

All staff, including substitute teachers, secretaries, lunch monitors, education assistants, caretakers, bus drivers and volunteers who are left with students must attend an *Anaphylaxis and EpiPen/Allerject Training Session* held by *Anaphylaxis Canada*, or another qualified organization by the end of every September.

Currently, Judy Collins presents to all the schools within the TCDSB (at the principal's invitation and is paid through the *Board*) for one of the two required in-services to be held yearly. The second in-service is led by the school's administration team in the second half of the year. The principal uses the CD provided in the "Anaphylaxis Resource Kit" as well as a *PowerPoint* presentation provided by the TCDSB. This second training generally takes place each March.

Our Community's Responsibilities

Our responsibility is to ensure the safety of all our students and, in particular, those who suffer from severe allergies.

To best prevent any unnecessary allergic reactions within our school community we:

- 1** Put up posters indicating "Allergy Awareness" throughout the school, including at the main entrance.
- 2** Do not consume food in common areas - library, gyms, and hallways, except under special circumstances and under the specific direction of a staff member.
- 3** Ensure that tablecloths are used to minimize cross contamination for events that require food in common areas such as Fun Food Fridays, Pizza Lunch, Family Movie Night, Pancake Tuesday and Cake Walk and any activities in the classroom involving food.
- 4** Consult with the teacher before supplying food, toys, balloons, and craft materials to classrooms.
- 5** Supply age appropriate, non-food "treats", such as loot bags, pencils, erasers, stickers, sports cards, costume jewellery, notepads, activity books etc., for celebrations.
- 6** Wash our hands before and after eating.
- 7** Support and respect all students with allergies.

The Principal

The principal will ensure that Allergen Awareness, Reduction and Avoidance strategies are understood by students, staff, volunteers and parents in the school community. The principal is responsible to:

- 1** Implement and apply this *Managing Anaphylaxis in our School* document, in accordance with the [TCDSB Anaphylaxis Policy/Protocol & Guidelines](#) and Sabrina's Law (<http://www.edu.gov.on.ca/eng/healthyschools/anaphylaxis.html>).
- 2** Meet with parents of students with allergies each August/September to receive completed [Form SS12A](#), [Form SS12B](#), [Emergency Alert Form – EpiPen/Allerject Only](#), and answer any concerns and ensure the parents receive an updated hard copy of this document.
- 3** Develop a **Student Allergy Plan** with the parent and student that includes:
 - the allergen(s)
 - avoidance strategies
 - treatment/emergency procedures
 - emergency contact information

- various locations of student's medication (fanny pack, in the classroom, in the staff room, etc.)
- 4 Distribute completed Form SS12A, Form SS12B, and Emergency Allergy Alert Form – EpiPen/Allerject Only, and the Student's Allergy Plan (as outlined in number 3) to the student's teacher, lunch monitors, educational assistants, office staff, and bus driver.
 - 5 Post a copy of Form SS12A, Form SS12B, and the Emergency Allergy Alert Form – EpiPen/Allerject Only in the staff room.
 - 6 Ensure all staff is trained twice each year: once before the start of each school year by *Anaphylaxis Canada* (www.anaphylaxis.org) as well as once in the second half of the year.
 - 7 Ensure EpiPen/Allerject trainers are available to all staff so they can regularly practice administering the EpiPen/Allerject.
 - 8 Ensure that a current copy of the *Managing Anaphylaxis in our School* document is available:
 - in the school office; and
 - for download on the our website at www.school.stgregorytoronto.com .
 - 9 At the start of each school year, inform all parents in the school community of our responsibility to keep all students with allergies safe.
 - 10 Maintain the policy that all food items for celebrations must be peanut/tree nut free, in original packaging, individually wrapped, with ingredients listed.
 - 11 Inform teachers of all students with known allergies so that plans can be made in a timely manner. Also, inform teachers whenever a student develops a new allergy or a change in their medical condition.
 - 12 Enforce school rules about bullying and threats since studies show that students with allergies may be bullied at school.
 - 13 Ensure that the school has two regular EpiPens/Allerject and two EpiPen Jrs./Allerject Jrs. as part of the First Aid Kit. EpiPens need to be checked in September, January and April for expiration dates and accountability.
 - 14 In the event of a student experiencing an anaphylactic reaction, ensure all appropriate measures are taken by staff to safeguard the student and the parents are immediately contacted. Once the student is safe, an accident report is filled out and an investigation to determine how the allergen may have been introduced into the school community is performed. The principal will brief the individuals involved regarding the circumstances surrounding the incident: the student that experienced the anaphylactic reaction, parents, teachers, and any other staff.
 - 15 Ensure that posters indicating "Allergy Awareness" are posted throughout the school, including at the main entrance.
 - 16 Ensure that food is not consumed in common areas - library, gyms, and hallways, except under special circumstances.
 - 17 Ensure tablecloths are provided for event organizers (teachers, volunteers, etc.) of events which require food in common areas to minimize contamination. Such events would

include: Fun Food Fridays, Pizza Lunch, Family Movie Night, Pancake Tuesday and Cake Walk or a classroom event that includes foods.

- 18 Ensure that EpiPens/Allerjects are returned to the students at the end of the year and new forms are provided for each student to fill out for the following school year to ensure all information is reviewed yearly.

Parents of a Student with Allergies

Parents of a student with allergies are responsible to:

- 1 Meet with the principal each year to inform the school of their child's allergies and complete Form SS12A, Form SS12B, Emergency Allergy Alert Form – EpiPen Only
- 2 Review this *Managing Anaphylaxis In Our School* document and provide detailed information regarding allergens that other students in the classroom to avoid.
- 3 Inform the school of any changes to the student's medical condition as soon as it changes.
- 4 Ensure their emergency contact information is always current.
- 5 Provide a medical alert bracelet for their child, when possible.
- 6 Provide the school with 2 EpiPens/Allerjects, clearly labelled with child's name. One EpiPen/Allerject will be left in the teacher's staff room. The other will be asked to be worn on the child's person.
- 7 Provide their child with a body pouch or fanny pack so their child can carry 1 EpiPen/Allerject with them at all times.
- 8 Provide their child with "safe" treats for special occasions and provide consent to teacher (in writing) if their child may eat food supplied by other parents for celebrations.
- 9 Provide a zip-lock bag (kept in back pack) so that the teacher may put any food or non-food treats in the bag for the student to take home so that the parents/guardians can determine if the food is "safe".
- 10 Empower their child to:
 - understand their allergy;
 - find ways to avoid their allergen(s);
 - recognize the symptoms of an anaphylactic reaction;
 - know where their medication is kept;
 - communicate when he/she feels a reaction;
 - carry his/her own EpiPen/Allerject;
 - avoid sharing food;
 - wash their hands frequently;
 - report any bullying, teasing and uncomfortable situations;

- take as much responsibility as possible for his/her own safety.
- 11 Provide additional EpiPens/Allerject for field trips, if necessary.
 - 12 Ensure that EpiPens/Allerjects are returned home at the end of one school year and new forms are filled out for each student for the new school year to ensure all information is reviewed yearly.

Students with Allergies

Each student with an allergy is responsible to:

- 1 Keep an EpiPen/Allerject with them at all times (or as per parent(s)/caregiver(s) directions and know how to use this EpiPen/Allerject and identify which friends can call for assistance.

IMPORTANT: An individual going into anaphylactic shock may be unable to self-administer the EpiPen/Allerject and must be able to rely on those around him/her to receive help.
- 2 Never eat without his/her EpiPen/Allerject within arms-reach.
- 3 Take as much responsibility as possible for avoiding his or her allergen(s).
- 4 Wash hands with soap and water frequently especially before and after eating snacks and lunch.
- 5 Ensure their eating area is clean and use their own place mat to avoid placing food directly on the surface of a table/desk.
- 6 Eat only food from home, unless it is packaged, clearly labelled and approved by parents.
- 7 Never share food, utensils or containers with anyone else.
- 8 Take measures to prevent others from touching his/her food.
- 9 Learn to recognize the symptoms of an anaphylactic reaction and inform an adult immediately of accidental exposure or if symptoms appear.
- 10 Check labels and monitor food intake (Grades 6, 7, 8).

The Teachers and Staff

Teachers and staff are responsible to:

- 1 Review this *Managing Anaphylaxis in Our School* document.
- 2 Display a poster in their classroom which describes symptoms of anaphylaxis and how to administer an EpiPen.
- 3 Identify the students with allergies in their classroom and review their individual **Student Allergy Plan**.

- 4 Meet with the parents/guardians and student(s) prior to the school year or when the student is diagnosed to review their **Student Allergy Plan** and answer any questions.
- 5 Review the medical forms and photos of their students with allergies at the start of each school year in September.
- 6 Provide a letter to the families in the classroom at the start of each school year informing parents that there are students that have allergies that could lead to an anaphylactic reaction and that the school needs their support.
- 7 Send a reminder letter home at Halloween, Christmas, Valentine's Day, Easter and for any celebrations, reminding Parents/Guardians for "safe" snacks, with original packaging, individually wrapped, with a list of ingredients. As well, encourage activities, games or crafts, instead of food for birthday celebrations.
- 8 Ensure tables and chairs are regularly wiped clean following snacks and lunch. Desks of students with allergies should be wiped daily.
- 9 Ensure students with allergies use their own place mat, which is kept separate from those of other students. This place mat can be supplied from home and should be kept in their lunch bag.
- 10 Identify and recognize situations that present a greater risk to the student with allergies. For example, different adult supervision in classroom, such as lunch monitors; using food in teaching situations – pasta, egg shells, food boxes or cartons, cereal; out-of-routine eating situations – different classroom.
- 11 Discuss allergies and anaphylaxis with the class, in age-appropriate terms, at the beginning of each school year and monitor these children closely for teasing and/or bullying.
- 12 Ensure that all substitute teachers are informed of student(s) with allergies in the classroom, and the student(s) plan(s) to manage the potential of an anaphylactic reaction.
- 13 Establish a procedure with the student, parent(s)/guardians regarding who will keep possession of the medication when the student is participating in an activity and removes their EpiPen/Allerject (such as swimming). Ensure that the EpiPen/Allerject is returned to the student once the activity (such as swimming) is over or as per the direction of the parent(s)/caregiver(s).
- 14 Follow the same restrictions to manage anaphylaxis in any shared classroom (morning and afternoon kindergarten) due to cross-contamination risks.

Substitute Teachers

Substitute teachers are responsible to:

- 1 Be informed of this *Managing Anaphylaxis in Our School* document.
- 2 Be informed of students' medical conditions via their phone call, as well as read the details in the Teacher's Daily Planner.
- 3 Identify and speak with the students at the start of the day.
- 4 Know where the student's EpiPens/Allerjects are located.

Additional Resources

Association	Website
Anaphylaxis Canada	www.anaphylaxis.ca www.whyriskit.ca (for teens)
Allergic Living Magazine	www.allergicliving.com
Allergy Safe Communities	www.allergysafecommunities.ca
Allergy/Asthma Information Association	www.aaia.ca
Allerject	www.allerject.ca
Canadian Food Inspection Agency	www.inspection.gc.ca
Canadian Society of Allergy and Clinical Immunology	www.csaci.ca
EpiPen®	www.epipen.ca
FAAN Teen	www.faanteen.org
Health Canada	http://www.hc-sc.gc.ca/fn-an/securit/allerg/index-eng.php
Medic Alert	www.medicalert.ca
Twinject®	www.twinject.ca

Glossary

Epinephrine	<p>(ep-uh-nef-rin, -reen) is also known as adrenaline. It is a hormone that is secreted by the adrenal glands. (1, 3)</p> <p>Epinephrine is the most important treatment for anaphylaxis is a drug called epinephrine. This is the drug form of a hormone (adrenaline) that the body produces on its own. Doctors recommend that people at risk for anaphylaxis always have an epinephrine auto-injector with them.</p> <p>This drug helps to reverse symptoms of an allergic reaction by:</p> <ul style="list-style-type: none">▪ opening the airways▪ improving blood pressure▪ accelerating heart rate (4)
Auto-injector	<p>There are currently three epinephrine auto-injectors available in Canada:</p> <ul style="list-style-type: none">▪ EpiPen®▪ Twinject®▪ Allerject <p>Both are easy to use and are injected into the muscle on the outer side of the thigh to release the medication. (4)</p>

Sources

- 1 <http://dictionary.reference.com/browse/epinephrine>
- 2 <http://www.udel.edu/chem/C465/senior/fall00/Performance1/epinephrine.htm.html>
- 3 <http://en.wikipedia.org/wiki/Anaphylaxis>
- 4 <http://www.anaphylaxis.ca/en/anaphylaxis101/epinephrine.html>
- 5 <http://www.anaphylaxis.ca/en/educators/index.html>

Footnotes

¹ Tintinalli, Judith E. (2010). Emergency Medicine: A Comprehensive Study Guide (Emergency Medicine (Tintinalli)). New York: McGraw-Hill Companies. pp. 177–182. ISBN 0-07-148480-9.