

## Anaphylaxis Management in Student Nutrition Programs

### Background:

Anaphylaxis is a growing public health issue. In June 2005 the Ontario legislation passed Bill 3, *An Act to Protect Anaphylactic Pupils*. "Sabrina's Law" became effective January 1 2006 and requires that every school board establish and maintain an anaphylaxis policy. School Principals are required to develop individual plans for pupils at risk of anaphylaxis. Student nutrition program providers **must** have an awareness of anaphylaxis management and have measures in place to reduce the risk of accidental exposure and to respond appropriately in an emergency.<sup>1</sup>

**Definition:** Anaphylaxis can be defined as "a severe allergic reaction to any stimulus, having sudden onset, involving one or more body systems with multiple symptoms."<sup>1</sup>

**Symptoms:** Signs and symptoms of a severe allergic reaction can involve any of the following; hives, swelling, nausea, pain, vomiting diarrhea, throat tightness, difficulty swallowing, difficulty breathing, dizziness, fainting or loss of consciousness.

### Triggers:

The most common food triggers are peanuts, tree nuts, milk, eggs, fish, shellfish and to a lesser extent, sesame seeds, soy, and wheat. Insect stings from bees, wasps and hornets are also a common trigger.

### Avoidance Strategies

Avoidance of a specific allergy is the cornerstone of management in preventing anaphylaxis.<sup>1</sup>

## School Based Student Nutrition Programs

Bill 3 (Sabrina's Law) requires that every school board establish and maintain an anaphylactic policy. The **school principal has the responsibility** to develop and maintain the school's anaphylactic management plan and individual plans for each pupil who has an anaphylactic allergy. School anaphylactic plans will include the following:

- strategies to reduce the risk of exposure to anaphylactic causative agents in classrooms and common school areas
- a communication plan to disseminate information on allergies to parents, students and community members
- education and training sessions for all employees and others who have direct contact with pupils on a regular basis
- individual anaphylactic plan for each student who has an anaphylactic allergy
- A registration process that ensures all parents, guardians and students supply information on life-threatening allergies.
- maintenance of a file for each anaphylactic pupil of current treatment and other information including any prescriptions and instructions and a current emergency contact list<sup>1</sup>

Bill 3 requires every school principal to develop an individual plan for each pupil who has an anaphylactic allergy. This plan will include details informing employees and others who are in direct contact with the pupil on a regular basis of the type of allergy, monitoring and avoidance strategies and appropriate treatment.<sup>2</sup>

Review of these plans and sharing of relevant information should occur at the start of the school year.

<sup>1</sup> Anaphylaxis in Schools and Other Settings

<sup>2</sup> Bill 3; An Act to Protect Anaphylactic Pupils

## Community Based Student Nutrition Programs

The recently published national anaphylaxis guidelines, *Anaphylaxis in Schools & Other Settings*, encourages all childcare facilities to have regular staff training and emergency protocols in place. However, community based nutrition programs in which the “community” of children is constantly changing as well as the “drop in” nature of the program make it very difficult to implement and monitor food policies.<sup>1</sup> The following general recommendations **must** be adopted by all community based student nutrition programs **that deal with Haldimand-Norfolk R.E.A.C.H.** to identify the level of risk and define the roles and responsibilities of program volunteers, parents and nutrition program participants.

- **Identify individuals at risk:** Community based programs **must** have a registration process in place that ensures all parents, guardians and students supply information on life-threatening allergies. Parental consent **must** be part of this registration process. (Appendix A. sample template)
- **Create an Anaphylaxis Plan:** An anaphylaxis plan that defines roles and responsibilities and includes information about avoidance strategies, (Appendix B.) volunteer training, 911 protocols (Appendix C.) and an emergency plan (Appendix D.) **must** be developed. Program volunteers, parents and participants **must be informed of the plan and shall have it explained to them.**
- **Clarify Roles and Responsibility:** The primary responsibility for allergen avoidance lies with the food-allergic person or parent in the case of younger children.<sup>1</sup>
- **It is the responsibility of parents with anaphylactic children to identify their children. Community based nutrition programs funded through Haldimand Norfolk R.E.A.C.H. must understand the basics of anaphylaxis and have emergency protocols and staff training in place.**<sup>2</sup>

For more information:

[www.allergysafecommunities.ca](http://www.allergysafecommunities.ca)

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<sup>1</sup>Anaphylaxis Management

<sup>2</sup> Anaphylaxis in Schools and Other Settings

Funded by the Ontario Ministry of Children and Youth Services (MCYS) and administered regionally by Haldimand-Norfolk R.E.A.C.H.

## Avoidance Strategies

Avoidance is the cornerstone of preventing an allergic reaction. Much can be done to reduce the risk when avoidance strategies are developed.

### Food Allergens

For food-allergic individuals, the key to remaining safe is avoidance of the food allergen. It must be stressed that very small or minute amounts of certain foods can cause severe reactions when ingested. Even a small amount 'hidden' in a food or a trace amount of an allergen transferred to a serving utensil has the potential to cause a severe allergic reaction.<sup>1</sup>

While it is difficult to completely eliminate all allergenic ingredients due to hidden or accidentally introduced sources, it is possible and extremely important to reduce the risk of exposure to the. Effective ingredient label reading, special precautions for food preparations, proper hand washing, and cleaning go a long way toward reducing the risk of an accidental exposure.<sup>1</sup>

Parents of food –allergic children are often concerned that the odor or smell of a particular food such as peanut butter will cause a life-threatening or anaphylactic reaction. Inhalation of airborne peanut protein can cause allergic reactions, though usually not systemic anaphylaxis. The odor alone has not been known to cause an anaphylactic reaction.<sup>1</sup>

The following guidelines are recommended to reduce the risk of exposure for children/youth with food allergy:

1. Adult supervision of young children while eating is strongly recommended.
2. Individuals with food allergy should not trade or share food, food utensils, or food containers. They should also place meals on a napkin or personal placemat.
3. Parents should work closely with Student Nutrition Program volunteers/staff to ensure that food being served is appropriate.
4. Ingredients of food brought or donated should be clearly identified. Check with your local health unit for guidelines on donated foods.
5. All children should be encouraged to comply with a 'no eating' rule during daily travel on school buses.
6. All children should wash their hands before and after eating.
7. Surfaces such as tables, toys, etc. should be carefully cleaned of contaminating foods. Contact your local health unit for information on safe food handling.<sup>1</sup>

For further information contact Anaphylaxis Canada or [www.allergysafecommunities](http://www.allergysafecommunities)

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<sup>1</sup> Anaphylaxis in Schools & Other Settings

<sup>1</sup> Anaphylaxis in Schools & Other Settings

## Volunteer Training for those involved with Identified Anaphylactic Children

Despite best avoidance efforts, accidents can and do happen. Being prepared for the unexpected is always necessary. In the event of a severe allergic reaction, epinephrine is the treatment or drug of choice to treat anaphylaxis. There are no contraindications to the use of epinephrine for a life threatening allergic reaction. Simply put, this means that in normally healthy individuals, epinephrine will not cause harm if given unnecessarily. The Canadian Society of Allergy and Clinical Immunology recommends that parents of children at risk of a life threatening allergic reaction sign a consent form allowing the use of epinephrine in an allergic emergency.<sup>2</sup>

All Individuals entrusted with the care of children need to have familiarity with basic first aid and resuscitative techniques. Contact you local public health unit, Anaphylaxis Canada, VON or the Red Cross for information on training programs.

All individuals/volunteers in regular contact with children at risk of anaphylaxis **must** participate in formal training on how to use epinephrine auto-injectors. Standardized anaphylaxis training should be **undertaken** once a year at a minimum, preferably around the start of the school year. Training should include ways to reduce the risk of exposure, recognition of signs and symptoms of anaphylaxis and when and how to give the epinephrine auto-injector. Contact you local public health unit, Anaphylaxis Canada, VON or the Red Cross for information on training programs. For on-line anaphylactic training information, go [www.eworkshop.ca/allergies](http://www.eworkshop.ca/allergies)

**(There must be at least one person per team who has had formal training)**

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<sup>2</sup> Anaphylaxis in Schools & Other Settings

**Emergency 911 Protocol (to be posted beside telephone)**

- 1. Dial 911 or Emergency Phone Number**
  
- 2. My name is** \_\_\_\_\_
  
- 3. We are located at:**  
  
**Address:** \_\_\_\_\_  
  
**Nearest major intersection:** \_\_\_\_\_
  
- 4. Tell them:** \_\_\_\_\_
  
- 5. Give the following information about the child:**
  - level of consciousness
  - breathing
  - bleeding
  - age
  
- 6. My phone number is:** \_\_\_\_\_
  
- 7. The closet 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.”  
**Call the parents/guardians emergency contact.**
  
- 11. Call the parents/guardians emergency contact number.**

**Student Nutrition Program Registration**

Name of Student: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Classroom Teacher: \_\_\_\_\_

Name of parent and/or guardian: \_\_\_\_\_ Home Phone # \_\_\_\_\_  
 Work Phone # \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_

Program Registration:

I, \_\_\_\_\_  
(parent or guardian)

agree to let \_\_\_\_\_ take part in  
(name of student)

the \_\_\_\_\_ program held at \_\_\_\_\_  
(name and address of program)

Please complete the following, listing any special health or dietary concerns for your child.

Medical conditions: \_\_\_\_\_

Food allergies: \_\_\_\_\_

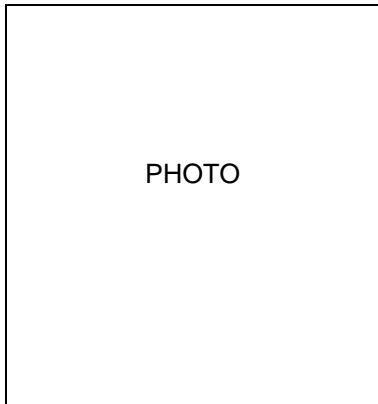
Food restrictions: \_\_\_\_\_

\_\_\_\_\_  
(signature of parent/guardian)

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

Sample Anaphylaxis Emergency Plan: \_\_\_\_\_ (name)

**This person has a potentially life-threatening allergy (anaphylaxis) to:**



(Check the appropriate boxes)

- Peanut
- Tree nuts
- Egg
- Milk
- Other: \_\_\_\_\_
- Insect stings
- Latex
- Medication: \_\_\_\_\_

**Food: The key to preventing an anaphylactic emergency is absolute avoidance of the allergen. People with food allergies should not share food or eat unmarked / bulk foods or products with a “may contain” warning.**

**Epinephrine Auto-Injector:** Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

**Location of Auto-Injector(s):** \_\_\_\_\_

**Asthmatic:** Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.

**A person having an anaphylactic reaction might have ANY of these signs and symptoms:**

- **Skin:** hives, swelling, itching, warmth, redness, rash
- **Respiratory (breathing):** wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (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/light headed, shock
- **Other:** anxiety, feeling of “impending doom”, headache

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

**Act quickly. The first signs of a reaction can be mild, but symptoms can get worse very quickly.**

1. **Give epinephrine auto-injector** (e.g. EpiPen or Twinject™) at the first sign of a reaction occurring in conjunction with a known or suspected contact with allergen. Give a second dose in 10 to 15 minutes or sooner IF the reaction continues or worsens.
2. **Call 911.** Tell them someone is having a life-threatening allergic reaction. Ask them to send an ambulance immediately.
3. **Go to the nearest hospital,** even if symptoms are mild or have stopped. Stay in the hospital for an appropriate period of observation, generally 4 hours, but at the discretion of the ER physician. The reaction could come back
4. **Call parent or guardian.**

**Emergency Contact Information**

Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned, parent or guardian authorizes any adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as described above. This protocol has been recommended by the child's physician. The training regarding the administration of the emergency medication was provided by:

- parent    doctor    Nurse    Red Cross Emergency Training    other \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

Adapted from Allergy Safe Communities, [www.allergysafecommunities.ca/assets/emergencyplan\\_eng.pdf](http://www.allergysafecommunities.ca/assets/emergencyplan_eng.pdf)