

STUDENTS WITH SEVERE (ANAPHYLACTIC) ALLERGIES

Background

The Division recognizes the dangers faced by students and staff with severe allergic or anaphylactic reactions. While the Division cannot guarantee an *allergen-free* environment, the Division will take reasonable steps to ensure an allergy *aware* environment for students and staff with life-threatening allergies further to the goal of maintaining a safe and caring environment for all students.

The responsibility for communicating concerns about students with severe or anaphylactic reactions belongs to parents and to the students themselves, depending on the student's age and maturity. The responsibility for communicating concerns about staff with severe or anaphylactic reactions belongs to the staff member. It may be necessary at times for school staff to provide an appropriate emergency medical response in the event of an anaphylactic reaction.

Definitions

“Allergen” means a substance capable of inducing allergy or hypersensitivity.

“Allergy” means a hypersensitive state acquired through exposure to a particular allergen, with re-exposure bringing to light an altered capacity to react.

“Allergen-free environments” means school sites that provide assurance that life-threatening allergens are not present at the site.

“Allergy-aware or allergy-safe environments” mean school sites that provide comprehensive information about allergens, allergies and anaphylaxis to students, parents and staff members, and that minimize the extent to which individuals at the site who have severe allergies are at risk of exposure to potentially life-threatening allergens.

“Anaphylaxis” means a severe systematic allergic reaction to any stimulus that has a sudden onset, involves one or more body systems with multiple symptoms, and can be life threatening. As such, it requires avoidance strategies as well as an immediate response and intervention in the event of an emergency.

About Anaphalaxis

Anaphylaxis is a serious allergic reaction that can be life threatening. Food is the most common cause of anaphylaxis, but insect stings, medicine, latex, or exercise can also cause a reaction.

Anaphylactic reactions are those severe allergic reactions that involve several body systems and can lead to death unless immediate medical attention is received.

The most distinctive symptoms of anaphylaxis include hives; swelling of the throat, tongue or around the eyes; and difficulty breathing or swallowing. Other common symptoms include a



metallic taste or itching in the mouth, flushing/itching of the skin, digestive discomfort, increased heart rate, rapidly decreasing blood pressure, sudden weakness, anxiety, collapse and loss of consciousness.

There is an urgent need to respond quickly and appropriately to an anaphylaxis as it can threaten life within a very short period of time. Most commonly, an injection of epinephrine via an auto-injector (*EpiPen*) will offer a short window of time to get the affected person to emergency care at a hospital.

Procedures

1. Identifying individuals at risk: It is the responsibility of parents of children with severe or anaphylactic allergies to encourage their child to wear an *Allergy Alert* bracelet and preferably carry an epinephrine auto-injector (*EpiPen*) on their person. Parents must also provide information about the diagnosis at the beginning of the school year and a change in diagnosis as it occurs to the Principal, home room teacher and bus driver at the beginning of each school year, or when their child changes schools.

- **Identification provided through registration forms**

2. Anaphylaxis Emergency Response Plan: The Principal will ensure that an individual emergency response plan is completed for each student with anaphylactic allergies in cooperation with the parents, the student's physician and where the Principal deems it necessary, the public health nurse. The Anaphylaxis Emergency Plan is kept in a readily accessible location at the school and will include:

- allergens which trigger anaphylaxis;
- treatment protocol, signed by the child's physician;
- consent form describing and authorizing emergency measures; and
- permission to post and/or distribute the student's photograph and medical information in key locations such as classrooms, school bus, and staff room.

- **See Appendix A**

3. Communication: Effective and planned communication strategies that target the different participants in a school community will help to reduce fear and uncertainty while building capacity to respond to individuals with severe allergies. (see 5.5)

3.1 All staff members (certified and non-certified) and including bus drivers will be made aware that a child at risk of anaphylaxis is attending their school or riding the bus and that child shall be identified before or immediately after the child registers at the school.

3.2 With the consent of the parent, the principal and the classroom teacher must ensure that the student's classmates are provided with information on severe allergies in a manner that is appropriate for the age and maturity level of the students, and strategies to reduce teasing and bullying are incorporated in this information.

3.3 A general awareness and information package be sent home via newsletter to all parents regarding allergy's and problematic foods



4. Allergen Avoidance Strategies: Strategies must be based on the developmental age of the student and the particular allergen. Avoidance strategies do not imply that there is zero risk, but strive to create an *allergy safe* as opposed to an *allergen-free* environment.

4.1 The Principal shall ask parents of students who share a classroom or school bus with a student at risk of anaphylaxis, to refrain from sending foods containing the allergen to school.

4.2 Young children will be supervised by an adult while eating.

4.3 Individuals with food allergy should not trade or share food, food utensils, or food containers.

4.3 Parents of a student at risk of anaphylaxis shall collaborate with the Principal to inform the food service staff that food served during lunch and snack programs is appropriate.

4.4 If a classroom is used as a lunchroom, it will be established as an “allergen-free” area, using a cooperative approach with students and parents. The school staff shall develop strategies for monitoring such “allergen-free” areas and for identifying high-risk areas for students at risk of anaphylaxis.

4.5 If parents provide food to the class for special occasions, they must ensure that the ingredients do not pose a threat to students at risk of anaphylaxis .

4.6 The Principal/maintenance supervisor will have insect nests professionally relocated or destroyed, as appropriate.

5. Training:

5.1 Principals will ensure that as many teachers, school-based non-teaching staff, and lunch program supervisors as possible receive first aid training so they learn how to recognize and respond to the signs of anaphylaxis. Standardized anaphylaxis training should be provided once a year at a minimum, preferably around the start of the school year.

5.2 The entire school population will be educated regarding the seriousness of anaphylaxis and taught how to respond appropriately to an anaphylaxis emergency.

6. Roles and Responsibilities: Anaphylaxis management is a shared responsibility that includes allergic children, their parents, caregivers, and the entire school community.

6.1 Parents: Parents should make every effort to teach their allergic children to self-protect. Good safety habits should be established from an early age. Parents:

6.1.1 Must make every effort to teach their allergic children to protect themselves through avoidance strategies.

6.1.2 Are responsible for informing the school about the student’s allergies, and updating the school on any changes (e.g. diagnosis of an additional



allergy, outgrowing an allergy).

6.1.3 Must provide the child/school with an epinephrine auto-injector which is not expired.

6.1.4 Will complete an Anaphylaxis Emergency Plan (Medical Release Form) and provide allergy information, emergency contact numbers, emergency protocol, and signature of the parent/guardian and physician.

6.1.5 Will provide consent to allow school staff to use an epinephrine auto injector when they consider it necessary in an anaphylaxis emergency.

6.1.6 For food-allergic children, will provide non-perishable foods and safe snacks for special occasions.

6.1.7 Will communicate with school staff about field trip arrangements.

6.1.8 Will meet with the principal/food service staff to inquire about allergen management policies and menu items, if their child is to eat foods prepared at school.

6.2 Students at Risk

6.2.1 Will have one epinephrine auto-injector with their name on it, kept in a readily available, unlocked location as designated by the school principal. Student's should be encouraged to carry their own auto-injector when age appropriate.

6.2.2 Will avoid eating if they do not have ready access to an epinephrine auto injector.

6.2.3 Will be very cautious when eating foods prepared by others.

6.2.4 Will be encouraged to wear medical identification, such as a *Medic Alert* bracelet or necklace which clearly identifies their allergy, or a special badge in the case of very young children.

6.3 School Community

6.3.1 All school staff (including volunteers in supervision of students at risk of anaphylaxis) will be made aware of children who are at risk of anaphylaxis and be trained to respond to an allergic reaction. Teachers will keep a copy of their student's Anaphylaxis Emergency Response Protocol in their day planner or emergency binder where it will be available for substitute teachers.

6.3.2 Teacher/Supervisor in consultation with parents will ensure that sufficient epinephrine (auto-injector-*EpiPen*) are available for off-campus field trips.



6.3.3 The child's Emergency Response information shall be kept in areas which are accessible to staff, while respecting the privacy of the student (e.g.office, staff room, lunch room or cafeteria).

6.3.4 The entire school population will be educated regarding the seriousness of anaphylaxis and be taught how to respond appropriately in the case of anaphylaxis.

6.4 Food Service and Bus Contractors/Drivers

6.4.1 Food service personnel will be aware of the risk of cross contamination through purchasing, handling, preparation, and serving of food.

6.4.2 When possible, contractors shall include anaphylaxis training as part of the regular first-aid training. It is recommended bus contractors/drivers will establish and enforce a 'no eating' rule during travel on buses that transport students at risk of anaphylaxis.

6.4.3 If possible, staff at both food service and bus contractors will participate in the school's anaphylaxis training, which includes the identification of students at risk and how to use an epinephrine auto-injector.

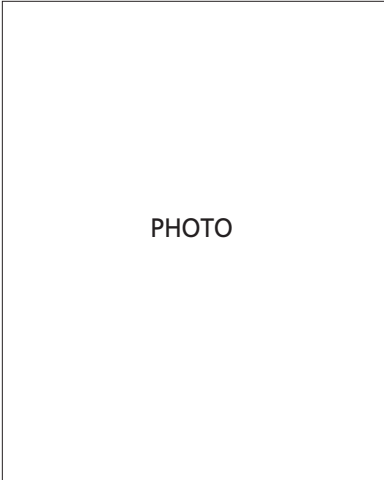
Reference and Emergency Forms:

1. Anaphylaxis Canada (www.anaphylaxis.ca/)
2. Anaphylaxis Canada Emergency Forms <http://foodallergycanada.ca/resources/emergency-forms/>
3. Allergy Anaphylaxis Information Response (AAIR) - (www.aaia.ca)
4. School Act Section 18, 20, 45, 60, 61, 113
5. Alberta Emergency Medical Aid Act
6. Anaphylaxis in Schools and Other Child Care Settings, Canadian Society of Allergy and Clinical Immunology, 2005 <http://csaci.ca>
7. Policy Advisory: Anaphylaxis - Alberta School Boards Association
8. Alberta Education–Resource <http://www.education.alberta.ca/admin/healthandsafety/aaair/resources.aspx>



Anaphylaxis Emergency Plan: _____ (name)

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



(Check the appropriate boxes.)

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Peanut | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Tree nuts | <input type="checkbox"/> Insect stings |
| <input type="checkbox"/> Egg | <input type="checkbox"/> Latex |
| <input type="checkbox"/> Milk | <input type="checkbox"/> 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: _____ / _____

- Dosage:** EpiPen® Jr 0.15 mg EpiPen® 0.30 mg
 Twinject™ 0.15 mg Twinject™ 0.30 mg

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/lightheaded, 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. (See second page for instructions.)
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 contact person.**

Emergency Contact Information

Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned patient, 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 patient's physician.

Patient/Parent/Guardian Signature

Date

Physician Signature

Date



How to use the EpiPen® Epinephrine Auto-Injector

Comment utiliser l'auto-injecteur d'adrénaline EpiPen®



1.



Grasp unit with black tip pointing downward and pull off grey activator cap.

Tenir l'unité avec le bout noir pointant vers le bas et enlever le bouchon activateur gris.

2.



Jab black tip firmly into outer thigh so it "clicks" AND HOLD on thigh approximately 10 seconds.

Enfoncer brusquement le bout noir dans la cuisse jusqu'à un « déclic » ET MAINTENIR l'unité dans cette position pendant environ 10 secondes.

3.



Seek medical attention.

Obtenir des soins médicaux.

AVAILABLE THROUGH YOUR PHARMACIST
DISPONIBLE CHEZ VOTRE PHARMACIEN

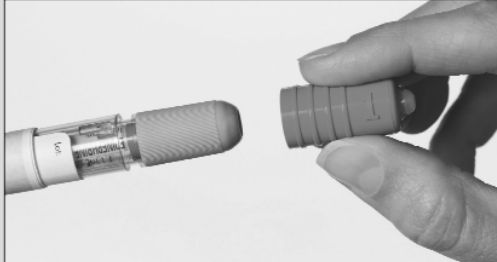


Distributed in Canada by / distribué au Canada par
ALLEREX® LABORATORY LTD.
P.O. Box 13307, Kanata, Ontario K2K 1X5
Tel.: (613) 831-7733 Fax: (613) 831-7738
www.epipen.ca

Twinject: Easy to use, easy to carry your back-up dose.



FIRST DOSE: AUTO-INJECTED



ONE

PULL off GREEN end cap to see a GREY cap. **Never put thumb, finger or hand over the GREY cap.**

TWO

PULL off RED end cap.

Numbered caps are for memory purposes only, and order is not important.



INJECT

Place GREY cap against mid-outer thigh. Press down firmly. Hold against thigh while slowly counting to ten. Injects through clothes. Remove auto-injector.

PREPARE FOR SECOND DOSE.

SEEK EMERGENCY MEDICAL HELP IMMEDIATELY.

SECOND DOSE, IF NEEDED: MANUAL



Unscrew and remove GREY cap. **Beware of exposed needle.** Holding BLUE hub at needle base, remove syringe from barrel.



Slide collar off plunger. **PAUSE. If symptoms have not improved in about 10 minutes since first dose, inject second dose.**



Insert needle into mid-thigh (at least 5 cm/2 in from first injection site) and push plunger down completely.

SEEK EMERGENCY MEDICAL HELP IMMEDIATELY.

Twinject 0.3 mg Auto-Injector (0.3 mL Epinephrine Injection, USP, 1:1000) and Twinject 0.15 mg Auto-Injector (0.15 mL Epinephrine Injection, USP, 1:1000) are indicated for emergency treatment of severe allergic reactions (Type 1) including anaphylaxis to: stinging insects, biting insects, allergen immunotherapy, foods, latex, other allergens, and drugs. (Please see Product Monograph for full indication.) Epinephrine can also be used in the treatment of anaphylaxis of unknown cause, exercise-induced anaphylaxis, or anaphylactoid reactions.

Epinephrine should be used with caution in patients with cardiac arrhythmias, coronary artery or organic heart disease, hypertension, or in patients who are on medications that may sensitize the heart to arrhythmias. In patients with coronary insufficiency or ischemic heart disease, epinephrine may precipitate or aggravate angina pectoris as well as produce potentially fatal ventricular arrhythmias. Epinephrine use should be avoided in patients with organic brain damage. Administer with caution to elderly or hyperthyroid individuals, pregnant women, individuals with cardiovascular disease or diabetes.

Adverse reactions include transient, moderate anxiety; feelings of over stimulation; apprehensiveness; restlessness; tremor; weakness; shakiness; dizziness; sweating; an increase in pulse rate; the sensation of a more forceful heartbeat; palpitations; pallor; nausea and vomiting; headache, and/or respiratory difficulties.

More than 2 sequential doses of epinephrine should only be administered under direct medical supervision.



P0508032E



Printed in Canada

Twinject[™]
auto-injector
(epinephrine Injection USP 1:1000)
Twice the confidence.