



Administrative Procedures Memorandum

#: APH005

Anaphylaxis

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Memo To: All Staff
From: Director of Education

ACCESSIBILITY:

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PURPOSE:

- To provide school administrators, school staff and appropriate others (e.g., volunteers) with information, resources and strategies in developing a safe and inclusive environment for students with anaphylaxis (what it is, it's causes, symptoms, and treatment), and their responsibilities to assist the student diagnosed with anaphylaxis in managing their life threatening allergy.

REFERENCES:

- [Sabrina's Law, Bill 3 - An Act to Protect Anaphylaxis Pupils \(2005\)](#)
- Policy/Program Memo 161 (PPM161)
- [APH030: Medical Conditions](#)
- [Epi Pen Canada](#)
- [Food Allergy Canada](#)
- [Safe Schools Online Training](#)

FORMS:

- APH004-01F: [Medical Administration Consent](#)
- APH030-01F: [Critical Medical Alert](#)
- APH030-02F: [Anaphylaxis Student Plan of Care](#)
- APH030-08F: [Identification and Emergency Treatment Plan](#)

REPORTS:

- APH030-09R: [At a Glance Identification](#)

APPENDICES:

- N/A.

COMMENTS AND GUIDELINES:

Principles

The goal of Anaphylaxis management is to:

1. Enable students with anaphylaxis to participate equitably and inclusively in all school activities as outlined in their Plan of Care.
2. Educate school personnel about anaphylaxis, its causes, symptoms, emergency treatments.
3. Outline responsibilities for the care and management of students with anaphylaxis.
4. Provide strategies on how to support the student in the management of their anaphylaxis in the school setting and at school sponsored activities off school site.
5. Minimize anxiety on the part of parents and school personnel by outlining appropriate steps to minimize risks and ensure the safety, health and success of students with anaphylaxis while they are under school supervision.

Responsibilities

All requirements from PPM 161 are to be followed, and include:

1. A communication plan for the dissemination of information on supporting students with a diabetes condition to parents, school board staff and others in the community who are in direct contact with students (transportation provider, food service provider, volunteers).
2. Training, at minimum annually and reviewed as appropriate, is to be provided for school staff who have direct contact with the student to ensure his/her safety and well-being of the student.

The scope of the training should include the following:

- a. Strategies for preventing risk of student exposure to triggers and causative agents
 - b. Strategies for supporting inclusion and participation in school
 - c. Recognition of symptoms of a medical incident and medical emergency
 - d. Information on school staff supports, in accordance with board policy
 - e. Medical incident response and medical emergency response
 - f. Documentation procedures
3. Every school Administrator/designate ensures that, upon registration, parents/guardians and pupils shall be asked to complete [Critical Medical Alert](#) (Form APH030-01F).
 4. Every school Administrator/designate will co-create, review or update the [Anaphylaxis Student Plan of Care](#) (Form APH030-02F) for a student, following Board approved procedures, in consultation with the parent(s), school staff (as appropriate) and with the student (as appropriate), along with any notes and instructions from the pupil's health care provider.
 5. Every school Administrator/designate inform employees and others who are in direct contact on a regular basis with a pupil who has medical condition(s) about the contents of the student's Plan of Care.
 6. Every school Administrator/designate maintain a file of current treatment and other information for each pupil with a diabetes, including a copy of any notes and instructions from the pupil's health care provider and a current emergency contact list.
 - a. [Anaphylaxis Student Plan of Care](#) (Form APH030-02F)
 - b. [Medical Administration Consent](#) (Form APH004-01F)
 - c. [Identification and Emergency Treatment Plan](#) (Form APH030-08F)
 - d. [At a Glance Identification](#) (Form APH030-09F)
 7. The school Administrator/designate shall work with staff and families to help ensure that an allergen friendly school environment exists that is safe and supportive for all students.
 8. Ensure that students with both **Anaphylaxis** and **Asthma** have their Asthma condition included on their Anaphylaxis Emergency Treatment and vice versa.

9. Provide classroom teachers, and others, who have students diagnosed with Anaphylaxis, with a copy of the WCDSB Anaphylaxis Policy (APH005).
10. Emphasize to staff the hazards of cross contamination and that the school as a whole is a 'minimized allergen environment', not just the classroom(s) of students with life threatening allergies.
11. Emphasize to school staff and volunteers that **products containing or 'may contain' peanuts or tree nuts are not to be brought into the school.**
12. Ensure there is a plan in place that will reduce the risk of exposure to anaphylactic causative agents in the classroom and common school areas.
13. Check anaphylaxis signage 'STOP' (food products containing or 'may contain' peanuts and tree nuts NOT to be brought into the school) is posted at public entrance(s) to school. Signs can be ordered through Student Services.
14. Provide School Council with general information on anaphylaxis at the school and include the legislated responsibilities from The Act to Protect Anaphylactic Pupils 2005, of the school to accommodate and provide a safe learning environment for the students. Outline the school's avoidance strategies for the life threatening allergens (e.g., peanuts and tree nuts, etc.).
15. Ongoing communication about the school anaphylaxis plan is essential in creating awareness and support for students at risk:
 - a. Newsletter/school website: Information item to parents/guardians who have a child with a life threatening allergy and have not identified their child to the Administrator to do so immediately.
 - b. Letter/school website: Information sent to parents informing them of children with life threatening allergies attending the school and how they can support a safe environment for all children (Sample - Peanut/Tree Nut letter – available on StaffNet).
 - c. Post Anaphylaxis STOP sign (relating to peanuts and tree nuts) at public entrances to the school; remind everyone who enters that items containing or may contain nuts are not to be brought into the school.
 - d. Reminders published in school bulletins/ web site at Hallowe'en, Christmas, Easter time about not bringing foods/snacks containing or may contain peanuts/tree nuts.
 - e. Inform Parents during Information Nights such as Kindergarten Orientation; School Council Meeting(s); Secondary Transition meetings; etc. on life threatening allergies.
16. Periodically check (spot check) and document that the student is carrying their epinephrine auto injector. Suggested time line is once per term (elementary) and once per semester (secondary) or more frequently where needed as determined by the school administrator in consultation with the parents.

Secondary Schools:

If an outside caterer is used for a function outside of school hours, the school must pay for and have a representative from the Food Service Company present for Health and Safety and sanitation reasons as well as to ensure that Food Service Company's procedures related to allergen avoidance procedures are not compromised in the cafeteria area.

Other Allergens:

Reactions to medication, exercise and other food products such as wheat, sesame seeds etc., are not as frequent in school settings. Care of children with these allergies should be individualized based on discussions with parents, physicians and school personnel. The emergency procedure, as described earlier in this document, would apply.

What is Anaphylaxis?

“Anaphylaxis (pronounced anna-fill-axis) is a serious allergic reaction that is rapid in onset and may cause death. An allergen is a substance capable of causing an allergic reaction. Upon first exposure in individuals who are predisposed to allergy, the immune system treats the allergen as something to be rejected rather than tolerated. This process is called sensitization. Re-exposure to the same allergen in the now-sensitized individual may result in an allergic reaction which, in its most severe form, is called anaphylaxis.”

Diagnosis of Anaphylaxis

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

Triggers – Life-Threatening Allergens:

Although many substances have the potential to cause anaphylaxis, the most common triggers are foods and insect stings. In Canada, allergy causing foods are most often:

1. Peanuts, tree nuts (e.g. almond, hazelnut, cashew, pistachio etc.)
2. Milk
3. Egg
4. Fish, shellfish
5. Sesame seeds, soy, wheat and mustard
6. Medications and latex rubber can also potentially cause life-threatening allergic reactions
7. Insect stings (wasps, bees)
8. Strenuous exercise can trigger anaphylaxis in some sensitized individuals after they eat a certain food that is not normally problematic. In these individuals, anaphylaxis only occurs if ingestion of the food allergen is followed by exercise or vigorous physical activity within hours of ingestion. Neither the food allergen nor exercise alone can trigger the anaphylactic reaction. In other individuals, anaphylaxis may be triggered by exercise alone. In some cases of anaphylaxis, the cause is unknown ('idiopathic').

Factors that may Increase the Risk of a Severe Anaphylactic Reaction

Anaphylaxis and Asthma

People with asthma who are also diagnosed with anaphylaxis are more susceptible to severe breathing problems when experiencing an anaphylactic reaction. It is extremely important for asthmatic patients to keep their asthma well controlled. In cases where an anaphylactic reaction is suspected, but there is uncertainty whether or not the person is experiencing asthma attack, epinephrine should be used first. Epinephrine can be used to treat life-threatening asthma attacks as well as anaphylactic reactions. Asthmatics who are at risk of anaphylaxis should carry their asthma medications (e.g. puffers/inhalers) with their epinephrine auto-injector (e.g. EpiPen®).

Under-utilization and delay in the use of epinephrine

Epinephrine is the drug of choice to treat an anaphylactic reaction and needs to be given early in the course of a reaction. It is imperative that all patients, parents of children at risk, teachers, and caregivers know the signs and symptoms of anaphylaxis and the correct use of emergency medication (i.e. epinephrine auto-injector).

Signs and Symptoms

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

1. **Skin system:** hives, swelling, itching, warmth, redness, rash

2. **Respiratory system (breathing):** coughing, wheezing, shortness of breath, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny nose and watery eyes, sneezing), trouble swallowing.
3. **Gastrointestinal system (stomach)** nausea, pain/cramps, vomiting, diarrhea
4. **Cardiovascular system (heart)** pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
5. **Other:** anxiety, feeling of 'impending doom' headache, metallic taste
6. **Note:** it is important to note that anaphylaxis can occur without hives

NOTE: Symptoms may vary with each individual, depending upon the specific food and quantity ingested, and may be only one or any combination of the symptoms above. Time from onset of first symptoms to death can be in as little as a few minutes, if the reaction is not treated immediately. Even when symptoms have subsided after initial treatment, they can return within eight to twelve hours after the first exposure.

Medication – Epinephrine

Epinephrine – also known as adrenaline – is the drug form of a hormone that the body produces naturally. Epinephrine is the treatment or drug of choice to treat anaphylaxis and as a result is prescribed by a physician for those at risk of anaphylaxis. Treatment protocol is through the use of an epinephrine auto-injector. Epinephrine helps to reverse symptoms of an allergic reaction by opening the airways, improving blood pressure, and accelerating heart rate.

There are no contraindications to using epinephrine for a life-threatening allergic reaction. Simply put, this means that in normally healthy individuals, epinephrine will not cause harm if given unnecessarily. Possible side effects from epinephrine can include: rapid heart rate, flushing or pallor (paleness), dizziness, weakness, tremors and headache. These side effects are generally mild and subside within a few minutes.

Key Points

Epinephrine is the first line medication which should be used in the emergency management of a person having a potentially life-threatening allergic reaction.

- Antihistamines and asthma medications must not be used as first line treatment for an anaphylactic reaction.
- In studies of individuals who have died as a result of anaphylaxis, epinephrine was underused, not used at all, or administration was delayed.
- Recommended that epinephrine be given at start of any suspected anaphylactic reaction occurring in conjunction with a known or suspected allergen contact.
- Epinephrine is to be injected into the muscle on the outer side of the thigh.

Additional epinephrine (second epinephrine auto injector) must be available. A second dose may have to be administered within 10-15 minutes, or sooner, after the first dose is given IF symptoms have not improved.

Location of Epinephrine Auto Injectors (EpiPen®)

The Waterloo Catholic District School Board's choice for the epinephrine auto injectors is **EpiPen®**

Number of EpiPens®:

Students are to have access to two EpiPens®.

Location of the EpiPen®:

- One is to be in close location to the child – Grades 1 to 12 the students, where capable of doing so, are to carry their EpiPen® with them at all times. Kindergarten teachers are to have the child's EpiPen® in the classroom (e.g. teacher's desk), outside the classroom (with the supervising teacher).
- The second EpiPen® is to be located in a safe, secure (NOT locked), readily accessible location at all times. All school staff are to be informed of the location of the epinephrine auto injectors – EpiPen®.
 - Conditions for storage: protect from light; store at room temperature; protect from freezing; and do not refrigerate.

Look-A-Like Products To Peanut Butter

(e.g. SchoolSafe Soy Butter – WOWBUTTER; Sunbutter (sunflower seeds); Golden Pea Butter (peas and Omega 3 canola oil)

School Administrator is to communicate to school community to refrain from sending look-a-like products to peanut butter to school with your child.

- It is impossible to differentiate between these products and peanut butter; in fact, these products are almost identical in colour, consistency, smell and taste to peanut butter. Therefore, the Board is requesting that parents do not send their children to school with look-a-like products to peanut butter such as “WOWBUTTER”, “PEABUTTER” and “SUNBUTTER” in sandwiches until the products are available in a colour other than tan, the colour of peanut butter. If not already done so, please bring the above information to the attention of your school community via your school newsletter and/or school website.

If a student brings this product into the school, an alternative setting to eat their lunch/snack is to be provided

Identification and Emergency Treatment Plan (Form APH030-08F)

1. A.C.T.

- **Administer** the auto injector (“Blue to the sky - Orange to the thigh”)
- **Call 911**
- **Transport** to hospital by ambulance

2. Administer the epinephrine auto-injector - EpiPen

- a. Be prepared to assist or take over the administration of the auto injector, as individuals may not physically be able to self-administer epinephrine when they are suffering from a reaction. Assistance from others is crucial in these circumstances
- b. Immediately administer the epinephrine auto injector at the first sign/symptom of an anaphylactic reaction occurring in conjunction with a known or suspected allergen contact. Epinephrine is usually effective after one injection
- c. Access the students other auto-injector and have it brought to the location of the person with anaphylactic. A second dose may be administered, within 5-15 minutes or sooner, if symptoms have not improved or have worsened
- d. **Call 911**
- e. Call person is to inform the emergency operator that a student/individual is having an anaphylactic reaction. (Note: use the terminology **anaphylactic reaction**) The call person should know the address of the school, the names of the closest cross streets and the entrance location
- f. Inform the principal and/or first aid provider

3. Transfer care to paramedics

- Have individual meet ambulance at appropriate entrance and take ambulance personnel to location of the student
- Provide paramedics with a copy of the child’s Student Plan of Care
- Notify paramedics of time(s) that medication was administered

4. Transport to hospital by ambulance

- Individuals receiving emergency epinephrine must be transported to hospital immediately for evaluation/observation for an appropriate period (e.g., 4 hours) because of the possibility of a bi-phasic or prolonged reaction

- One calm/familiar person must stay with child until a parent/guardian arrives

In the event of an emergency and EMS (ambulance service) is NOT available and the child is being driven to the hospital, another adult, where possible, must accompany the driver to provide assistance to the child if necessary. The child's back up epinephrine auto injector must be taken.

Contact parents, as soon as reasonably possible, informing them of their child's medical situation and the hospital their child was taken.

How to Administer an EpiPen®

(NOTE: The EpiPen® Trainer does NOT contain a needle)

Administer the EpiPen® immediately, at the first sign of a reaction, in conjunction with the child's contact with their life threatening allergen.

Injection Procedures: ("Blue to the sky – Orange to the thigh")

1. Remove the EpiPen® from its case
2. Hold the EpiPen® along the shaft keeping thumbs and fingers away from both ends of the auto injector
3. Pull off the end safety CAP (blue cap)
4. Injection location is the MIDDLE OF THE OUTER THIGH. NO other location
5. Hold student's leg steady to prevent it from moving during injection
6. Place injecting end of the EpiPen® (orange tip) against the MID-OUTER THIGH and jab/press firmly enough to disengage the needle from the EpiPen® into the leg. (Listen for a 'click')
7. Keep the EpiPen® on the leg for 10 seconds, to allow medication to enter leg. (Count one – one thousand, two – one thousand etc.). After the 10 second count remove the EpiPen® from leg
8. Once the EpiPen® is removed from the leg check that the needle from the EpiPen® was disengaged. (In the newer EpiPens® the orange cap is extended over the needle and the window on the side of the EpiPen® indicates successful use.) If needle was not disengaged – try again – pressing more firmly
9. Massage the injection area for a 10 second count (Count one – one thousand, two – one thousand etc... to ten – one thousand)
10. If symptoms do not improve, or if symptoms reoccur, administer a second EpiPen® after approximately 5-10 minutes or sooner. "Signs that the reaction is not under control are that the person's breathing becomes more labored or there is a decreased level of consciousness"
11. Location of second injection site is 2-3 cm away from initial injection site on the same leg

Student's body position after receiving epinephrine:

- Place person on their back with their legs raised above heart level
- Do not have the student immediately sit up, stand or walk around
- Direct emergency responders to the student. Do not have student walk to emergency responders

If the student is having difficulty breathing:

- Position them in an upright sitting position.

If the student feels sick or vomiting:

- Place the person in recovery position - on their side with their head down so the airway is clear and they do not choke on vomit.

Also:

- If food or drink is suspect, rinse out the mouth.
- If inhaled reliever medication is available, give it.

Note: If you forget any of the steps read the instructions along the side of the EpiPen®.

The needle of the EpiPen® can penetrate one layer of clothing.

There are no contraindications to using epinephrine.

In normally healthy individuals, epinephrine will not cause harm if given unnecessarily. Possible side effects from epinephrine can include: rapid heart rate, paleness, dizziness, weakness, tremors and headache. These side effects are generally mild and subside within a few minutes.

Accidental Injection into caregiver/patients fingers:

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

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

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

Parent/Guardian Responsibilities with Their Child

COMMUNICATE the following information and responsibilities to your child in managing their Anaphylaxis: (review with your child when appropriate)

1. Provide age appropriate understanding of their life-threatening allergy, the allergens that trigger a reaction, how to recognize the symptoms and the necessary treatment with the Epinephrine Auto Injector – EpiPen®.
2. When age appropriate teach your child to self-administer the EpiPen®.
Resources: EpiPen® – www.EpiPen.ca
3. Comply and assist, where possible, the administration of the EpiPen® from an adult in authority.
4. Provide strategies in avoiding harmful allergens in their environment e.g. allergies to bees/latex do a check of the environment first to ensure harmful allergens are not present prior to participating in activities.
5. Teach how to communicate clearly to a responsible adult that he/she is anaphylactic student when he/she feels a reaction starting, symptoms appear or a general feeling of un-wellness.
6. The importance of carrying their EpiPen® on their person at all times.
7. The importance of wearing/carrying their Medic Alert Identification [*Parents should consider the importance and safety features of providing Medical Alert Identification, if haven't already done so*].
8. Safe food strategies:
 - a. Only eat foods approved by parent/guardian.
 - b. Not to eat if they do not have their EpiPen® with them.
 - c. Not to share snacks, lunches or drinks, food utensils, food containers.
 - d. Place a barrier (e.g. placemat) between their food and the table where they are eating.
 - e. The importance of hand washing.
 - f. Guide and encourage your child to self-management and self-advocacy.
 - g. Strategies on how to deal with and resist peer pressure to 'try' something.
 - h. Eat with friends who are informed of the food allergy and are able to help them if they have a reaction. These friends would know the location of your EpiPen® and how to access an adult in authority.
 - i. Talk to their friends about their anaphylaxis and let them know how they can help you.

- j. Inform child that when they are having an anaphylactic reaction to never remove themselves to a secluded area or go off to be by themselves (e.g. washroom). Tell a teacher or classmate when feeling a reaction or when feeling unwell.
- k. Communicate with parents/school staff if they are facing challenges related to their Anaphylaxis, including any and all teasing, bullying, threats or any other concerns they have.
- l. Consider providing a MedicAlert bracelet or necklace for your child, and discuss the importance of wearing it. The form can be obtained by calling 1-800-668 1507 or visit www.medicalert.ca

Responsibilities of Students (Elementary and Secondary)

1. Where appropriate participate in the development and review of their Plan of Care.
2. Know what triggers your anaphylaxis, how to minimize/prevent an anaphylactic reaction from occurring and the procedures for administering an epinephrine auto injector.
3. Carry out daily or routine self-management of their anaphylaxis as described in the Plan of Care.
4. Carry their epinephrine auto injector at all times.
5. Advocate for their personal safety and wellbeing.
6. Carry their epinephrine auto-injector (Epi Pen) at all times.
7. Follow safe food strategies:
 - a. NOT to eat if you do not have their epinephrine auto injector with them
 - b. Wash hands before and after eating
 - c. Eat only food items approved by parents/guardians (elementary)
 - d. Be cautious about eating food not prepared at home (e.g. school cafeteria, doughnut shop) and ask about ingredients each time food is purchased or read food labels carefully (secondary)
 - e. Not trade or share foods or drinks, utensils or food containers with others
 - f. Place a barrier (placemat) between the food and the eating surface
 - g. Eat with friend(s) who are informed about their allergy and are able to help them if they have a reaction
8. Communicate with parents/school staff if you are facing challenges related to your Anaphylaxis, including any and all teasing, bullying, threats or any other challenges you have.
9. When under the supervision of a supply/substitute teacher or adult on a field trip, let him/her know about your anaphylaxis and where your epinephrine auto injector is located.
10. When you are having anaphylactic symptoms, never remove yourself to a secluded area, or go off to be by yourself (e.g. washroom). Tell a teacher or classmate that you are having trouble breathing and need help.
11. Wear/carry their medical alert identification where parent/guardian deems appropriate.

ADOLESCENTS AND ANAPHYLAXIS:

(Anaphylaxis in Schools & Other Settings revised second printing: March 2011)

For adolescents at risk of anaphylaxis and their parents, the shift from elementary school to a much larger high school can be unsettling. Parents and teens at risk need to rethink the teen's anaphylaxis management strategies to address both a new environment and the developmental changes that take place during puberty. There are many changes during this time, but three stand out: the loss of control over the school environment, the social changes that teens face, and the way the teen's brain will be evolving during this time.

In a recent survey 'Risk Taking and Coping Strategies of Adolescents and Young Adults with Food Allergy' (174 subjects/mean age 16):

61% indicated they ALWAYS carried their epinephrine. Situations and circumstances influenced auto injector availability due to:

- Little perceived risk, inconvenience, what they were wearing (tight jeans), social pressure

This is a time when parental involvement and ongoing communication with their children is critical e.g.:

- Talking to their teens about how they will handle social situations with their allergies
- Encourage them to let their friends know and get their support
- Encourage them to share their feelings (isolation, frustration)
- Explain how to resist peer pressure and seek help if they are being teased or bullied about their food allergy

TEEN WEBSITE – www.whyriskit.ca

- Anaphylaxis Canada is providing the following website dedicated to providing resources and tools for pre-teens, teens and young adults living with severe allergies

Secondary School Environment:

Parents are encouraged to meet with school administrators, child’s teachers and coaches individually to review their child’s medical condition.

The high school student must be able to take on more responsibility for managing their allergen avoidance at school. The high school setting is much harder to control than smaller elementary school settings. Students move around the entire campus and interact with many teachers and peers. There is limited supervision at lunchtime; in some schools there is only one staff member on duty to supervise many students. Some students leave the campus for lunch. It is important to be realistic about what can be controlled by the school and school staff. Secondary students are to be directed to Student Responsibilities (Elementary –Secondary) and follow the listed Safe Food Strategies.

Teens with asthma who are at risk of anaphylaxis should be taught to err on the side of caution and use their epinephrine auto injector if they are not sure if they are having an asthma attack or an allergic reaction. Epinephrine can be used to treat a life-threatening asthma attack or an allergic reaction.

Field Trips and Students with Anaphylaxis (Day Trips, Overnight Trips, Extensive Trips, Exchange Programs)

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

Tour operator and/or activity provider

1. In charge teacher is to identify the students with anaphylaxis and their life threatening allergen.
2. Request operator to provide you with their accommodations for students with anaphylaxis.

3. Compare tour operator's plans for accommodations with school board expectations for accommodations for one of its students.
4. Adjust operator's accommodation plans accordingly to the needs of the student. Follow the plans wherever there is a higher standard.
5. If trip provider does not have a pre-existing plan for the student's medical condition develop, one of your own based on school board expectations and parent input provide the operator with a copy.
6. Based on listed accommodations for the student can the tour operator provide:
 - a. accommodations during travel to destination
 - b. safe facilities, safe programming, safe foods at the destination
 - c. ready access to a doctor, clinic or hospital at destination site
7. **An emergency action plan for seizure on the trip** must be prepared by the in charge teacher and communicated to all staff and volunteers on the trip.
8. **Student forms on the trip** – copy of the student's Anaphylaxis Individual Plan along with trip accommodations, where appropriate, are to be taken on the trip.
9. **Grouping of student(s):** student is to be assigned to a group with staff member who is knowledgeable about managing and responding to an anaphylactic emergency.
 - This supervisor must know how to administer the EpiPen®.
10. **Buddy system:** In situations where the teacher/supervisor is providing 'in the area supervision' teacher is to assign a 'buddy' to the student. The 'buddy's' responsibility is to assist the student and to access the teacher supervisors in case of an emergency.
11. **A suitable means of communication** (e.g. cell phone) to be taken on the trip and/or an easily accessible phone is available at the site. Ensure you have the correct and proper change if using pay phones.
12. **Trip supervisor is to meet students** with anaphylaxis and provide the following information:
 - a. The importance of carrying their EpiPen® on their person at all times.
 - b. Check surroundings and implement avoidance strategies of your life threatening allergens.
 - c. Strategies on how to deal with and resist peer pressure to 'try' something.
 - d. NOT to eat without their EpiPen®.
 - e. Eat only food items approved by parents/guardians.
 - f. Not to trade or share foods, utensils or food containers with others.
 - g. Place a barrier (placemat) between the food and the eating surface.
 - h. Wash hands before and after meals.
 - i. Eat with friends who are informed of the food allergy and are able to help you if you have a reaction. These friends would know the location of your EpiPen® and how to access an adult in authority.
 - j. Not to go off alone (e.g. washroom) if they are feeling unwell or distressed.
 - k. Advise an adult and/or others around them quickly if they feel they are having an allergic reaction.
 - l. Comply and assist, where possible, the administration of the EpiPen® from an adult in authority.
13. **Trip supervisor is to meet with the other students in the class** and provide the following information:

Inform the students in the class of the individual's life threatening allergy to the food product, the consequences of the child ingesting the food product, how the ingestion can occur through cross contamination and outline how they can be a PAL to the student in the class:

PAL – Protect a Life from Food Allergies:

- a. Food allergies are serious. Don't make jokes about them
- b. Help your friend avoid the food allergy e.g. avoid bringing food and snacks made from the student's food allergen
- c. Don't share food with friends who have food allergies
- d. Wash your hands after eating
- e. If a friend who has food allergies becomes ill, get help immediately
- f. An EpiPen® contains lifesaving medication and is not to be played with

Specific Conditions for Extensive Trips and Exchange Programs:

14. Background check of the country – area of the country and activities.

- Tour/trip provider
- If you are going to a place where another language is spoken, try to learn the names of your student's allergen in the country you are visiting. Have key terms and phrases translated into that language.
- Learn the emergency number for emergency medical services (911 is used for Canada and United State)
- The following web site outlines some facts about food allergy and related issues for the following countries: United States, Australia, New Zealand, The Netherlands, Germany, United Kingdom, and Italy.

15. Research is to be done by the parents/school organizers into the following resources that provide food allergy translation cards in the language of the country. Select if/where applicable.

- <https://allergytranslation.com>
- <https://www.selectwisely.com>

16. Preparation for travelling with a food allergy is to be provided to student and parents/guardians: Refer to the following resource:

www.anaphylaxis.ca/en/parents/travelling.html

If a student is to be billeted with a host family

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

17. **Information:**

Host family is willing to make themselves knowledgeable about life threatening allergy to _____ and anaphylaxis by accessing resources.

- a. Information about the allergen - how the allergen is named and used.
- b. Methods of cross contamination
- c. Prevention and management
- d. Identification of an anaphylactic reaction (signs and symptoms)
- e. Emergency care – A.C.T.

Prevention:

The key to minimizing an anaphylactic emergency is absolute avoidance of the allergen. People with allergy to _____ must not share food or eat unmarked/bulk foods or products with a 'may contain' warning. The host family must agree to:

• **Meals, snacks and refreshments:**

The student's meals, snacks and drinks must be prepared without any trace of the allergen e.g. peanuts/tree nuts. Refer to information naming the possible products to avoid.

Before foods are brought into the house they must be checked by reading the food labels for products that contain or 'may contain' the food allergen e.g. peanuts/tree nuts.

Take out foods that are brought into the house must first be checked, at the source, that it does not contain the allergen e.g. peanuts/tree nuts.

Foods consumed outside of the house (e.g. restaurants). Contents of food must first be checked by questioning a knowledgeable person at the restaurant e.g. manager and/or chef. Inform person of the food allergies e.g. "I have a person severely allergic to all nuts, fish and shell fish. Can your chef accommodate this individual?"

Emergency Action:

- **Host family must be willing to be trained in administering the EpiPen®** and feel comfortable in providing assistance and/or administering the EpiPen® to the student when needed.
 - Calling emergency medical services
 - Having student taken to the hospital by ambulance

18. Location/storage of the student's epinephrine auto injectors – EpiPens® in the home:

- Safe, secure (NOT locked) location readily accessible at all times
- All members of the family informed of the location of the EpiPens®
- EpiPens® are to be stored at room temperature, protected from light, not to be refrigerated

Procedures for Obtaining Changes to Contact Information, Medication and Medical Information from Parents

1. Changes To Contact Information (e.g., contact person and/or contact number)

Parent/guardian is requested to provide in writing, the name of the person(s) with change of contact number to the school Administrator.

2. Changes To Medication (e.g., new medication or a change in medication)

- a. School Administrator/designate to provide parent/guardian with a copy of the WCDSB [Medication Administration Consent](#) (Form APH004-01F) to be completed and returned. Form provided by the school Administrator.
- b. Provide changes to medications information to staff responsible for providing medications to the child/youth.
- c. Make changes to the Student Plan of Care, where appropriate.
- d. Note: File the copy of the most recent WCDSB [Medication Administration Consent](#) (Form APH004-01F) in the student's OSR.

3. Changes To Medical Diagnosis:

- Changes to the child/youth's medical diagnosis must be accompanied by a note/letter from the child/youth's physician indicating the change.
- Make changes to the student's Plan of Care, where appropriate.

Duty Of Care

An Act to Protect Anaphylactic Pupils, 2005 (Sabrina's Law): <https://www.ontario.ca/laws/statute/05s07>

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

Education Act:

Education Act 265 (1): Duties of Principals

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

Education Act, Regulations: Reg. 298, S20: Duties Of Teachers

g) ensure that all reasonable safety procedures are carried out in courses and activities for which the teacher is responsible

Common Law Duties Owed by Teachers:

To assist or allow a student to seek medical attention as a 'careful parent' would. The board's liability policy provides coverage for employees acting within the scope of their duties with the board. Thus, all school staff who administer first aid to a student who is suffering from anaphylactic emergency within the school or during a school activity, are covered.