

Anaphylaxis in Prince Albert & Area Schools

Common Protocols and Resources

Revised June 2015

BE ALLERGEN AWARE

FOOD ALLERGIES ARE **SERIOUS** AND CAN BE **LIFE-THREATENING**

REDUCE THE RISK



Wash hands and tables.

Don't share food or drinks.



Don't bring certain foods when asked.

Purpose

This resource was developed for principals and school staff to provide current information and education for teachers, staff, students, parents and the school community. It outlines the reasonable steps that schools should take to promote the safety of students at risk of severe allergic reactions, including emergency care when it is needed.

This resource was originally developed in 2007. It has been updated in 2008, 2010 and 2015.

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This document is available on the following web sites:

www.paphr.sk.ca

www.srsd119.ca

www.pacsd.ca

This resource was adapted from *Anaphylaxis in Schools & Other Settings*, published by the Canadian Society of Allergy and Clinical Immunology (2014). Accessed June 2014 from:

http://www.anaphylaxis.ca/en/educators/educator_resources.html

For more information, contact your school principal, public health (765-6500), or the School Nutritionist (765-6609).

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Recommendation

All Prince Albert and area school communities should take the strong initiative and commitment to become *Allergen Aware* in order to *Reduce the Risk* for students with life-threatening allergies (anaphylaxis). The following steps should be taken:

1. An individual anaphylaxis plan should be prepared annually by the school for all students who have life-threatening food allergies. It should include:
 - Roles and responsibilities
 - Avoidance strategies and prevention
 - Staff training
 - *Anaphylaxis Emergency Plan*
- *All students need to provide medical documentation from a medical practitioner to inform the individual school plan. An Inclusion and Intervention Plan (IIP) may be necessary.
2. Schools will continue to avoid providing or allowing peanut- or tree nut-containing foods.
 3. Avoidance strategies should be implemented to reduce the risk of exposure to allergen(s) for students with severe allergies. For example:
 - Encourage proper hand washing with soap and water and wiping around the face after eating.
 - Take precautions to minimize the risk of cross-contamination in food preparation.
 - Read food labels and asking food-allergic individuals about their specific needs.
 - Encourage students to not share food with friends.
 - Clean eating surfaces.
 - Request that students do not bring allergen-containing food(s) into the classroom or eating area.
 4. Anaphylaxis training must be provided once a year at minimum for all school staff who are in regular contact with students at risk of anaphylaxis. Training should include:
 - Avoidance strategies to reduce the risk of exposure
 - Recognition of signs and symptoms of anaphylaxis
 - When and how to give the epinephrine auto-injector
 - Initiation of 9-1-1 response
 - Role playing an emergency situation with EpiPen® and Allerject™ auto-injectors
 - Reviewing school procedures for students at risk of anaphylaxis. E.g. start-up forms, location of auto-injectors, etc.

Children with life-threatening allergies (anaphylaxis) live with stress that is foreign to most children. These children need to feel safe in order to learn and grow emotionally.

Following these recommendations will help to *Reduce the Risk* of exposure to allergen(s), but will not completely eliminate it. Thank you for your ongoing support to protect our students by becoming *Allergen Aware*.

Background: What is Anaphylaxis?

Anaphylaxis (pronounced *anna-fill-axis*) is a serious allergic reaction that is rapid in onset and may cause death. The allergic reaction is to a specific trigger (food, insect sting, medication, exercise, or latex), known as an allergen. The first time a person is exposed to the allergen, the body treats it as something to be rejected and not tolerated. This process is called *sensitization*. Re-exposure to the same allergen in the now-sensitized person may result in an allergic reaction which, in its most severe form, is called *anaphylaxis*.

It is estimated that 2% of the population (approximately 700,000 Canadians) may be at risk of anaphylaxis from food and insect allergies.

Although many substances have the potential to cause anaphylaxis, the most common triggers are foods and insect stings (e.g. yellow jackets, hornets, wasps, honey bees). Less common causes include medications, latex, and exercise.

In Canada, the most common food allergens that cause anaphylaxis are:

- | | |
|---|--|
| <ul style="list-style-type: none"> • Peanut • Tree nuts (almonds, Brazil nuts, cashews, hazelnuts, macadamia nuts, pecans, pine nuts, pistachios, walnuts) • Milk • Egg • Sesame • Soy • Wheat | <ul style="list-style-type: none"> • Seafood (Fish e.g. trout, salmon; Shellfish e.g. lobster, shrimp, crab, scallops, clams, oysters, mussels) • Mustard • Sulphites (a food additive) |
|---|--|

Health Canada requires these ‘priority allergens’ to always be identified on food labels by their common names. More information on each of these priority allergens can be found in the Health Canada Food Allergen- Consumer Fact sheets: <http://www.hc-sc.gc.ca/fn-an/securit/allerg/fa-aa/index-eng.php>

While fatalities are rare, anaphylaxis must always be considered a medical emergency requiring immediate treatment.

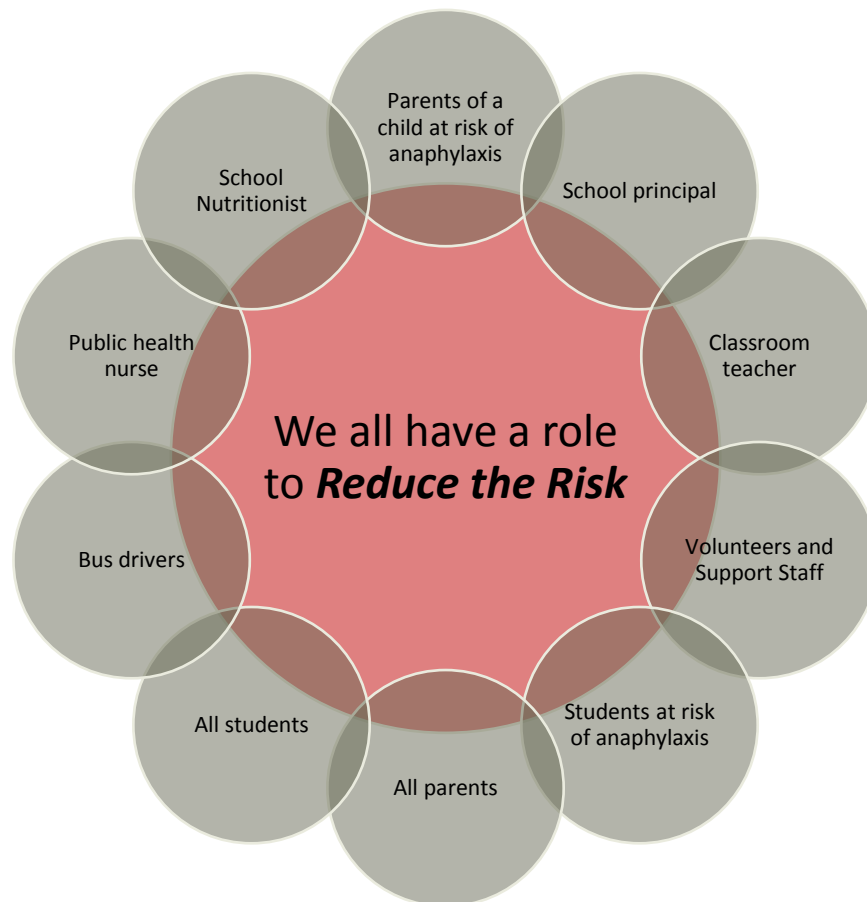
To treat anaphylaxis, epinephrine (also known as adrenaline) is the drug of choice. This life-saving drug helps to reverse the symptoms of a severe reaction by opening the airways, improving blood pressure, and increasing heart rate. It is recommended that epinephrine be given at the start of a *known or suspected* anaphylactic reaction. In normally healthy individuals, epinephrine will not cause harm if given unnecessarily.

Epinephrine is administered using an auto-injector, which is a medical device designed to deliver a single dose of epinephrine. There are currently two auto-injectors available in Canada are EpiPen® and Allerject™.

*Antihistamines and asthma medications alone should not be used for the emergency management of anaphylaxis. Epinephrine is the medication for anaphylaxis.

Roles & Responsibilities

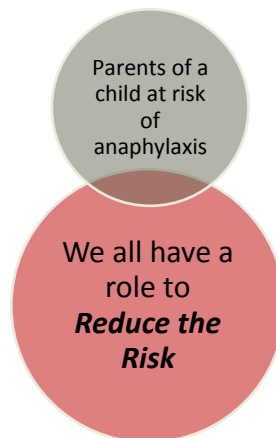
In a school setting, ensuring the safety of students affected with life-threatening allergies, or anaphylaxis, depends on the cooperation of the entire school community.



1. Responsibilities of the parents of a child at risk of anaphylaxis:

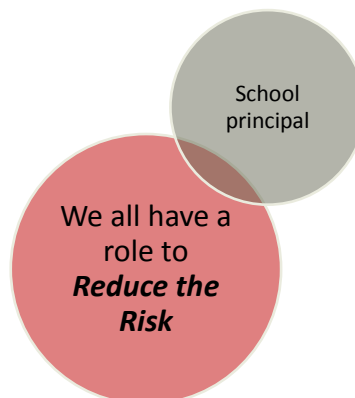
- Contact the school principal to determine a plan for management in the school setting prior to the start of school.
- Provide two epinephrine auto-injectors for your child; one for your child to carry, and another to be kept in a safe place in the school.
- Provide up-to-date medical documentation
- Maintain up-to-date emergency contacts and phone numbers
- Submit completed medical forms, including Anaphylaxis Emergency Plan forms.
- Ensure that your child has immediate access to an up-to-date auto-injector at all times.
- Provide support to school and teachers as requested.
- Provide a MedicAlert® bracelet for your child.
- Consider participating in parent advisory/support groups.
- Review the emergency protocol and procedures for reducing risk with school personnel annually.
- Consider providing prepackaged, safe snacks to be served to your child as needed.
- Teach your child to:
 - understand that the school is not allergen-free and that there is always risk present
 - know where medication is kept, and who can get it
 - recognize the first symptoms of an anaphylactic reaction
 - communicate clearly when they feel a reaction starting
 - carry their own auto-injector at school and wear a MedicAlert® bracelet
 - refrain from eating if they do not have their auto-injector
 - only eat foods which are safe or have been approved by a parent
 - inquire about foods prepared outside the home
 - use an auto-injector and teach others to assist them in an emergency
 - read food labels and avoid high-risk foods such as bulk foods
 - not share snacks, lunches, or drinks
 - wash their hands properly before and after eating
 - place their food on a napkin, rather than directly on the eating surface
 - let a parent/teacher/supervisor know if they are being teased or left out
 - take as much responsibility as possible for their own safety

Note: It is best for parents of young children (especially if there is a family history of allergy) to try new foods at home before they are introduced in a child care or other setting.



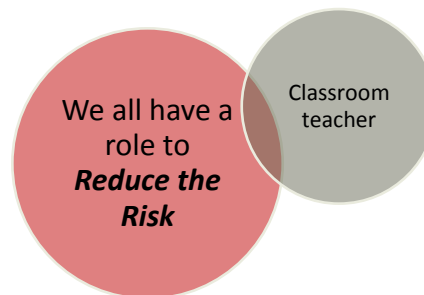
2. Responsibilities of the School Principal:

- Review *Anaphylaxis in Prince Albert & Area Schools: Common Protocols and Resources*.
- Ensure that all participants receive information regarding their *Roles & Responsibilities*. Optional: the corresponding checklist can be provided for each participant.
- Work as closely as possible with the parents of the child at risk of anaphylaxis to determine an individualized anaphylaxis plan.
 - Ensure medical documentation of the allergy is provided by a medical practitioner
 - Have parent/guardian complete:
 - Medication Form
 - Anaphylaxis Emergency Plan Forms
 - Ensure collection and proper storage of auto-injectors (parents to provide)
 - Establish a plan for preventing allergic reactions
 - Establish an emergency protocol
- With the consent of the parent, post the Emergency Anaphylaxis Plan Form in a central, but not public place in the school. Ensure all staff are aware of this location.
- Ensure all staff receive information and training on the emergency management of anaphylaxis and the proper use of an epinephrine auto-injector. This includes:
 - Classroom teacher (review classroom teacher responsibilities)
 - Support staff
 - Substitute teachers
 - Bus drivers/Supervisor (review bus driver's responsibilities)
- Keep a record of staff who have completed the training.
- Maintain up-to-date emergency contacts and phone numbers.
- Notify the school community that your school is *Allergen Aware*.
 - Ensure *Be Allergen Aware: Reduce the Risk* signage is posted throughout the school
 - Add the logo to the school newsletter to serve as a permanent reminder.
- Promote an environment of anaphylaxis awareness in your school.



3. Responsibilities of the Classroom Teacher

- Place Anaphylaxis Emergency Plan in the day-book, and tape to the teacher's desk, in consultation with the parent.
- Discuss anaphylaxis with the class, in age-appropriate terms.
- Leave information in an organized, prominent, and accessible format for substitute teachers, parent volunteers, or others who may have occasional contact with the student at risk of anaphylaxis.
- Send parent information about appropriate lunch/snack items.
- Encourage students not to share lunches or trade snacks.
- Choose nut/peanut-free foods for classroom events.
- Anytime food is requested from home reinforce the message, *Be Allergen Aware: Reduce the Risk*
- Consider introducing non-food items (e.g. stickers, pencils) in place of food for class and school celebrations.
- Establish procedures to ensure that the child at risk of anaphylaxis eats only what they bring from home.
- Establish procedures to follow if students bring unsafe foods i.e. provide a separate eating area and send a note home to the family.
- Reinforce hand washing before and after eating.
- Plan appropriately for field trips:
 - ensure that emergency response plans are considered
 - ensure that auto-injectors are taken



4. Responsibilities of the Volunteers, Support Staff and Foodservice staff who coordinate food served, sold or offered in schools.

- Familiarize yourself with food allergies and anaphylaxis by watching the following video:
<http://www.youtube.com/watch?v=FzxUd-Ey8Xo> or
<http://www.anaphylaxis.ca/en/resources/webinars.html>
- If donations are accepted, request them to be allergen free. Find out which allergens (besides peanuts and tree nuts) are to be avoided for your school.
- Know the School Anaphylaxis Plan including the location of auto-injectors for students at risk of anaphylaxis.
- If safety of foods cannot be assured, ensure that a child that experiences anaphylaxis eats only what is brought from home.
- Do not provide or allow any allergen-containing products specific to the school.
 - If allergenic foods are present, do not offer, sell or serve, EVEN to students who do not have allergies.
- Clean eating surfaces with approved cleaners (e.g. sanitizing wipes, Clorox) before and after foods are consumed. Hand sanitizers and dish soap do not effectively remove allergens.
- Practice safe food handling procedures. Thoroughly clean and disinfect work/cooking surfaces, utensils, and equipment to ensure that cross contamination cannot occur.
- Read the ingredient list of any products used in the program each time you purchase, including ready-to-eat foods that are brought into the school for special events.
- Avoid any products that do not carry a complete list of ingredients (e.g. bulk foods).
- Avoid any products that have the allergen listed in a 'May Contain' statement.
- Avoid foods with foreign language ingredient lists.
- Never assume a food is free of an allergen. If you are unsure, contact the manufacturer for more information.
- Always wash hands before preparing and handling food.
- Encourage students to not share or trade food.
- Encourage students to wash hands with soap and water before and after eating.
- Encourage fresh fruits and vegetables over baked goods for meals/snacks, as these items are healthy and less likely to be contaminated with common allergens.

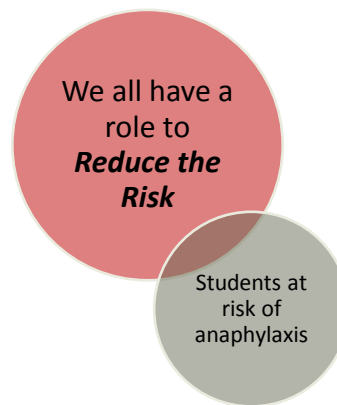
This page can be given as a handout to volunteers/support staff that coordinate food served, offered or sold in schools such as in nutrition programs, canteens, sporting or special events, parent meetings, lunch room supervisors etc.

Contact the School Nutritionist at 765-6609 for more information



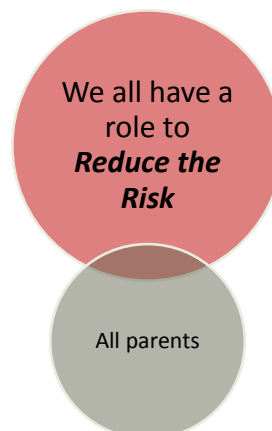
5. Responsibilities of students at risk of anaphylaxis

- Understand that the school is not allergen free and that there is always risk present.
- Take as much responsibility as possible for avoiding allergens.
- Eat only foods brought from home or approved for consumption.
- Take responsibility for checking labels and monitoring intake (as developmentally appropriate).
- Wash hands before eating.
- Learn to recognize symptoms of an anaphylactic reaction (as developmentally appropriate).
- Promptly inform an adult as soon as accidental exposure occurs or symptoms appear.
- Keep an auto-injector accessible at all times.
- Know how to use the auto-injector (as appropriate).
- Share information about your allergy with close friends so they can support you and help you in an emergency.



6. Responsibilities of all parents:

- Work cooperatively with the school to eliminate allergens from packed lunches and snacks.
- Participate in parent information sessions.
- Encourage their children to respect the school policies and children who have severe food allergies.
- Inform the teacher prior to distribution of food products to any children in the school.



7. Responsibilities of all students (as developmentally appropriate):

- Learn to recognize symptoms of an anaphylactic reaction.
- Avoid sharing lunches and trading snacks.
- Follow school rules about keeping allergens out of the classroom/school/bus/playground and washing hands.
- Wash hands and brush teeth before coming to school to avoid spreading allergens eaten at home.



8. Responsibilities of the bus driver:

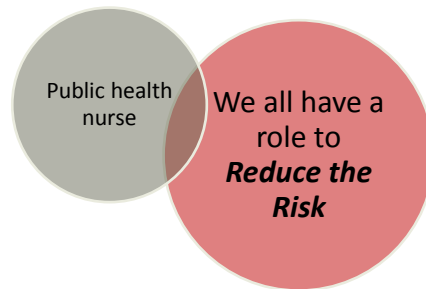
- Consult with the transportation supervisor.
- Meet with the School Principal, or designate to review the Anaphylaxis Emergency Plan.
- Attend in-service training in the use of an auto-injector.
- Place a copy of the Anaphylaxis Emergency Plan with the bus log; if you change buses remember to take the form.
- Display the *Be Allergen Aware: Reduce the Risk* poster on the bus.
- Carry out emergency action plan as necessary:
 - Recognize symptoms
 - Administer auto-injector
 - Call 911
 - Contact Bus Garage
 - Notify parents
- Do not provide or allow nut/peanut containing products on the bus (think about treats provided for special occasions).
- Familiarize yourself with food allergies and anaphylaxis by watching the following video:
 - <http://www.youtube.com/watch?v=FzxUd-Ey8Xo> or
 - <http://www.anaphylaxis.ca/en/resources/webinars.html>



9. Responsibilities of the public health nurse

- Act as a resource person to the school and the family.
- Assist when requested as liaison between, school, family and medical practitioner.
- Encourage parents of students with known anaphylaxis to speak with the school principal prior to starting school or as soon as diagnosed.

A public health nurse can be reached by contacting Public Health Services at (306) 765-6500



10. Responsibilities of the School Nutritionist

- Act as a resource person to the school divisions.
- Assist schools with developing an individualized anaphylaxis plan for students with life-threatening allergies as requested by school divisions.
- As requested, provide information and resources on allergies and anaphylaxis for:
 - School publications
 - Nutrition programming
 - Educating students

The School Nutritionist can be reached at (306) 765-6609



Common Protocols

Cleaning Surfaces

Hands

- ✘ Research shows that anti-bacterial hand sanitizers and water alone are **not** as effective at removing peanut butter residue from hands.
- ✓ Liquid hand soap and antibacterial wipes can effectively remove peanut butter residue from hands.

Eating Surfaces

- ✘ Dish soap does **not** effectively remove residue of peanut butter from surfaces.
- ✓ Common household cleaning products such as Formula 409 (Clorox), Lysol sanitizing wipes, and Target brand cleaner with bleach are effective at removing peanut allergen from surfaces. Comparable products would work equally as well.

Epinephrine Auto-Injector Storage and Administration

Storage

The child needs to have immediate access to the auto-injector at all times. A plan is developed at the school for location of the auto-injector. As reactions can occur at any time and early administration of an auto-injector can be life-saving, it is advised that the students carry the device themselves at all times.

Since a second dose of epinephrine may need to be administered to treat an allergic reaction, a second auto-injector should be kept as a precautionary measure at school. Auto-injectors should **not** be kept in locked cupboards, drawers, or rooms.

Some schools worry that allergic children or their schoolmates might play with the Auto-Injector and injure themselves. With appropriate education of the school community, this does not seem to be an issue.

Epinephrine needs to be stored at a temperature between 15-30° C. It can't be kept in a car or bus due to risk of heating or freezing. The solution should be checked regularly to ensure that there is no brown discoloration or precipitate. It is the family's responsibility to ensure that the epinephrine auto-injector has not expired and if it has, to replace it. A yearly check is recommended.

Administration

School staff should be trained in the administration of the auto-injector and undergo refresher training every year.

All students with anaphylaxis, regardless of whether or not they are capable of epinephrine self-administration, will still require the help of others because the severity of the reaction may hamper their attempts to inject themselves.

Special Considerations for High School Students

All recommendations presented in this resource, *Anaphylaxis in Prince Albert & Area School: Common Protocols and Resources* are applicable for high schools. In the high school setting, complete avoidance policies, while desirable, may be impractical.

Studies of fatal anaphylaxis indicate that many of the individuals who died from anaphylaxis were teens. The part of the brain that makes decisions is the last to mature. Teens at risk of anaphylaxis may go through a period of very poor decision making. They may engage in risky behaviour such as eating unsafe foods or neglecting to carry their medications. Along with the new environment and freedoms of high school, this put teens at significant risk.

To help protect these students, the following considerations should be given:

- It is encouraged to avoid selling or offering peanut- or tree nut-containing foods at school, paying particular attention to canteens, cafeterias and vending machines. It is strongly recommended to not sell peanuts or tree nuts in school vending machines.
- The individualized anaphylaxis plan should respect a student's need for privacy and their personal choice about how they want to educate others.
- An Anaphylaxis Emergency Plan for each student at risk of anaphylaxis should be kept in foodservice preparation areas where staff can review information discreetly.
- Allergen free classrooms may need to be instituted when appropriate.
- Education should be provided to the school body on the dangers of anaphylaxis and the importance of being *Allergen Aware*.
- Elementary schools should flag high schools about incoming students with anaphylaxis so meetings and plans can begin before school start up.
- High schools should consider keeping a spare epinephrine auto-injector in the cafeteria and office in case of emergency. (Note: high school offices are often locked at the end of the school day, however students may be at school until evening for extracurricular events.) It is the responsibility of the family to provide the auto-injector(s) to the school.
- Foodservice staff should be included in staff anaphylaxis training.

High school students should be encouraged to:

- Always be cautious about eating food from the school cafeteria and ask about ingredients each time food is purchased.
- Be familiar with safety procedures when dining out before they enter high school where freedom to independently access foods increases.
- Eat off a napkin to avoid contact with potentially contaminated surfaces.
- Not eat if they do not have their auto-injector on them.
- Teach their friends about their allergy, including how to avoid accidental exposure, and how to respond in an emergency.

Special note about asthma and anaphylaxis:

Studies show that victims of fatal anaphylaxis were often older children, teens and young adults, many of whom had a history of anaphylaxis and asthma. Teens with asthma who are at risk of anaphylaxis should be taught to 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.

*Life-threatening food allergies should always be disclosed to friends, the sooner the better. This includes awkward situations such as advising their date of a food or latex allergy. Severe allergic reactions can occur if a residual amount of a food protein is transferred orally (e.g. kissing, sharing drinks). Teens should be encouraged to resist peer pressure and seek help if they are being teased or bullied about their food allergy.

Staff Training

All individuals who are in regular contact with children at risk of anaphylaxis should participate in training sessions. In the school setting, some examples include:

- School staff
- Foodservice staff
- Bus drivers
- Coaches

Anaphylaxis training should be provided once a year at minimum, preferably around the start of the school year. Ideally, a follow-up refresher training session should be given mid-year. The principal or a delegate should keep a record of staff who have completed the training.

Auto-injector trainers are must-have teaching tools that allow for hands-on learning. They look like the real devices but do not contain a needle or medication. Studies have shown that individuals at risk of anaphylaxis, parents/guardians of allergic children, caregivers, teachers, and even healthcare professionals often cannot correctly administer the EpiPen®. Practicing with an auto-injector trainer allows people to become familiar with the administration technique.

EpiPen® trainers are available from Pfizer Canada Inc: www.epipen.com or 1-877-374-7361
Allerject™ trainers are available from Sanofi Canada: www.allerject.ca or 1-855-405-4321

Note: It is important to clearly label your auto-injector trainers. There have been cases of individuals accidentally administering epinephrine to themselves, mistaking a real epinephrine from a trainer.

Staff training should include:

- Avoidance strategies to reduce the risk of exposure
- Recognition of signs and symptoms of anaphylaxis
- When and how to give the epinephrine auto-injector
- Initiation of 9-1-1 response
- Role playing an emergency situation with EpiPen® and Allerject™ auto-injectors
- Reviewing school procedures for students at risk of anaphylaxis. E.g. start-up forms, location of auto-injectors, etc.

Training Tools & Resources:

1. Anaphylaxis 101 from Anaphylaxis Canada:
<http://www.anaphylaxis.ca/en/anaphylaxis101/index.html>
2. “10 Tips for Managing Food Allergies in Schools” 15 minutes teaching video:
<http://www.youtube.com/watch?v=FzxUd-Ey8Xo> or
<http://www.anaphylaxis.ca/en/resources/webinars.html>
3. Anaphylaxis course from Anaphylaxis Canada (educators): <http://www.allergyaware.ca/>.
4. Allergen Training for the Foodservice and Food Retail Industry (online course):
http://www.anaphylaxis.ca/en/allergen_training_for_the_foodservice_and_food_retail_industry.html

Emergency Management of Anaphylaxis

A severe allergic reaction usually occurs rapidly, within minutes of exposure to an allergen. Signs and symptoms of anaphylaxis generally include two or more of the following body systems: skin, respiratory, gastrointestinal and/or cardiovascular. However, low blood pressure alone (i.e. cardiovascular), in the absence of other symptoms can also represent anaphylaxis. Breathing difficulties (swelling of airways) and low blood pressure (indicated by dizziness, lightheadedness, feeling faint or weak, or passing out) are the most dangerous symptoms and both can lead to death if left untreated. It is important to note that anaphylaxis can occur without hives.

Signs and symptoms can vary from person to person and even from episode to episode in the same person. Because of the unpredictability of reactions, early symptoms should never be ignored, especially if the person has suffered an anaphylactic reaction in the past. Studies have shown that fatalities from anaphylaxis most often occur when individuals do not receive epinephrine in time.

Signs & Symptoms

- **Skin:** hives, swelling (face, lips, tongue), itching, warmth, redness
- **Respiratory (breathing):** coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing
- **Gastrointestinal (stomach):** nausea, pain or cramps, vomiting, diarrhea
- **Cardiovascular (heart):** paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or lightheadedness, shock
- **Other:** anxiety, sense of doom (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste



Treatment

Immediately proceed by following these emergency steps:

1. **Give epinephrine auto-injector** (e.g. Epipen or Allerject) at the first sign of a known or suspected anaphylactic reaction.
2. **Call 9-1-1 or local emergency medical services.** Tell them someone is having a life-threatening allergic reaction.
3. **Give a second dose of epinephrine** in 5 to 15 minutes **IF** the reaction continues or worsens.
4. **Go to the nearest hospital immediately** (ideally by ambulance), even if symptoms are mild or have stopped. The reaction could worsen or come back, even after proper treatment.
5. **Call emergency contact person** (e.g. parent, guardian).

Body Position During and After Treatment of Anaphylaxis

When giving epinephrine, it is recommended to have the person sit or lie down. When administering to a child, it may be helpful to support or brace their leg to reduce movement.

After giving epinephrine, caregivers should assist in lifting the person's legs and keeping the legs raised by something (e.g. a pillow) underneath to improve blood circulation. If the person is feeling nauseated or is vomiting, lay the person on his or her side to keep the airway clear and prevent choking on vomit. Individuals having breathing difficulties should be kept sitting up.



Do not make the person sit or stand immediately following a reaction (even if treated) as this could result in another drop in blood pressure, worsen their condition, and potentially result in their death. Additionally, the person should continue to lie down until emergency responders arrive. Emergency responders should be directed to the person (i.e. the person should be taken to the ambulance by stretcher, not walked out.).

No person experiencing anaphylaxis should be expected to be fully responsible for self-administration of an epinephrine auto-injector. Assistance from others, especially in the case of children, may be necessary.

Some life-threatening reactions may have a delayed onset and recur several hours after seemingly effective treatment. This is why it is imperative that people go to hospital and remain there for observation.

Anaphylaxis Emergency Plans

Current anaphylaxis emergency plans for all available auto-injectors can be found on the Anaphylaxis Canada website at: http://www.anaphylaxis.ca/en/resources/helpful_info.html.

The Anaphylaxis Emergency Plan has two pages.

1. **First page:** form with the person's photo and allergy information, signs and symptoms, brief action plan, contact information, and consent to administer medication.

Anaphylaxis Emergency Plan: _____ (name)

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

PHOTO	(Check the appropriate boxes.)
	<input type="checkbox"/> Food(s): _____ _____
	<input type="checkbox"/> Insect stings
	<input type="checkbox"/> Other: _____
	Epinephrine Auto-Injector: Expiry Date: _____ / _____
	Dosage: <input type="checkbox"/> EpiPen® Jr. 0.15 mg <input type="checkbox"/> EpiPen® 0.30 mg <input type="checkbox"/> Allerject™ 0.15 mg <input type="checkbox"/> Allerject™ 0.30 mg
Location of Auto-Injector(s): _____	
<input type="checkbox"/> Previous anaphylactic reaction: Person is at greater risk.	
<input type="checkbox"/> 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 system:** hives, swelling (face, lips, tongue), itching, warmth, redness
- **Respiratory system (breathing):** coughing, wheezing, shortness of breath, chest pain or 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 or cramps, vomiting, diarrhea
- **Cardiovascular system (heart):** paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or lightheadedness, shock
- **Other:** anxiety, sense of doom (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste

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 Allerject™) at the first sign of a known or suspected anaphylactic reaction. (See attached instruction sheet.)
2. **Call 9-1-1** or local emergency medical services. Tell them someone is having a life-threatening allergic reaction.
3. **Give a second dose of epinephrine** as early as 5 minutes after the first dose if there is no improvement in symptoms.
4. **Go to the nearest hospital immediately (ideally by ambulance)**, even if symptoms are mild or have stopped. The reaction could worsen or come back, even after proper treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4-6 hours).
5. **Call emergency contact person** (e.g. parent, guardian).

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 On file

Date



Anaphylaxis Canada



March 2015

2. **Second page:** epinephrine auto-injector instruction sheet for either the EpiPen® or Allerject™. Select the instructions which correspond to the device prescribed for the individual.

Sample Second Page: EpiPen®

How to use EpiPen® and EpiPen® Jr Auto-injectors.

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



- Hold firmly with orange tip pointing downward.
- Remove blue safety cap by pulling straight up. Do not bend or twist.



- Swing and push orange tip firmly into mid-outer thigh until you hear a 'click'.
- Hold on thigh for several seconds.



Built-in needle protection

- When the EpiPen® Auto-injector is removed, the orange needle cover automatically extends to cover the injection needle, ensuring the needle is never exposed.



After administration, patients should seek medical attention immediately or go to the emergency room. For the next 48 hours, patients must stay within close proximity to a healthcare facility or where they can call 911.

For more information visit EpiPen.ca.

EpiPen® and EpiPen® Jr Auto-Injectors are indicated for the emergency treatment of anaphylactic reactions in patients who are determined to be at increased risk for anaphylaxis, including individuals with a history of anaphylactic reactions.

This product may not be right for you. Always read and follow the product label.



© 2014 Pfizer Canada Inc., Kirkland, Quebec H9J 1M5 • Toll free: 1-877-819-9101 (1-877-314-7362)
EpiPen®, EpiPen® Jr are registered trademarks of Mylan, Inc. licensed exclusively to its wholly-owned affiliate,
Mylan Specialty, L.P., sub-licensee, Pfizer Canada Inc., Kirkland, Quebec H9J 1M5
3000646322



Trusted for over 25 years.

Sample Second Page: Allerject™

HOW TO USE ALLERJECT™

Practice With Allerject™ Trainer First

Allerject™ voice assisted auto injectors are indicated for the emergency treatment of anaphylactic reactions in patients who are determined to be at increased risk for anaphylaxis.



1 Pull Allerject™ from the outer case.
Do not go to step 2 until you are ready to use Allerject™. If you are not ready to use, put it back in the outer case.



3 Place BLACK end AGAINST the MIDDLE of the OUTER thigh (through clothing, if necessary), then press firmly and hold in place for five seconds.

Only inject into the middle of the outer thigh (upper leg). Do not inject into any other location.
NOTE: Allerject™ makes a distinct sound (click and hiss) when you press it against your leg. This is normal and indicates Allerject™ is working correctly.



2 Pull off RED safety guard.
To reduce the chance of an accidental injection, do not touch the black base of the auto-injector, which is where the needle comes out. If an accidental injection happens, get medical help immediately.
NOTE: The safety guard is meant to be tight. **Pull firmly to remove.**

4 Seek immediate medical or hospital care.
Replace the outer case and take your used Allerject™ with you to your pharmacist or physician for proper disposal and replacement.

AFTER using Allerject™ seek immediate medical attention
Please consult the Consumer Information leaflet in your product package for complete dosage and administration instructions.
With a severe, long-lasting allergic reaction, you may need to administer an additional dose of epinephrine. More than two sequential doses of epinephrine should only be administered under direct medical supervision.
It is important that you seek immediate medical assistance or go to the emergency room immediately after using Allerject™. Following treatment, the patient must stay within close proximity to a hospital or where they can call 911 for the next 48 hours. To ensure Allerject™ is right for you, always read and follow the label.



For more information go to:

www.allerject.ca

Manufactured for sanofi-aventis Canada Inc., Laval, Quebec, Canada H7V 0A3



Reading Food Labels

Priority Allergens

In August of 2012, Health Canada introduced new food allergen labeling regulations. The new regulations will help people to easily identify common allergens, gluten sources and added sulphites on the label of packaged foods sold in Canada. The new labeling rules apply to the list of "priority allergens", which have been identified as most likely to cause serious allergic reactions for Canadians.

Priority allergens include:

- Peanuts
- Tree nuts (almonds, Brazil nuts, cashews, hazelnuts, macadamia nuts, pecans, pine nuts, pistachios, walnuts)
- Milk
- Eggs
- Seafood (fish, crustaceans, shellfish)
- Soy
- Wheat
- Sesame seeds
- Mustard
- Sulphites (food additive)
- Gluten

Food manufacturers must now list these priority allergens present in their food products in simple, plain language using common words such as "milk" or "wheat". The allergen must be identified in either the list of ingredients or in a "contains" statement immediately following the ingredient list on a product label. See below for examples of each.

In the list of ingredients:

INGREDIENTS:
DURUM (WHEAT) SEMOLINA, NIACIN,
FERROUS LACTATE, THIAMINE
MONONITRATE, RIBOFLAVIN, FOLIC ACID.

In a "contains" statement

INGREDIENTS: ENRICHED FLOUR (WHEAT FLOUR, NIACIN, REDUCED IRON, THIAMINE MONONITRATE [VITAMIN B1], RIBOFLAVIN [VITAMIN B2], FOLIC ACID), SUGAR, VEGETABLE OIL (PARTIALLY HYDROGENATED PALM KERNEL AND/OR COTTONSEED OIL, SOYBEAN AND PALM OIL), COCOA, CARAMEL COLOR, CONTAINS TWO PERCENT OR LESS OF COCOA PROCESSED WITH ALKALI, INVERT SUGAR, WHEY, LEAVENING (BAKING SODA, MONOCALCIUM PHOSPHATE), CORNSTARCH, SALT, SOY LECITHIN, NATURAL AND ARTIFICIAL FLAVOR, OIL OF PEPPERMINT.

CONTAINS WHEAT, MILK AND SOY INGREDIENTS.

While these new Canadian regulations are intended to provide greater clarity in food labelling for individuals with food allergies, caution should still be used.

“May Contain” Warnings”

No, definitely avoid them! Products with a ‘may contain’ warning could be problematic for individuals with life-threatening allergies if ingested. Individuals with food allergy should not eat products which have a ‘may contain warning with respect to their allergen(s). These foods may be contaminated with the allergen.

(Note: Precautionary labels such as ‘may contain’ warnings are put on by food manufacturers at their own discretion.)

Special Precautions

There have been cases where companies or manufacturers have not followed these regulations. Confusion can also be created by unfamiliarity with food labelling regulations. Here are some specific examples which consumers need to be aware of:

- Some popular brands which are widely recognized as being safe for allergic consumers may be used in other products which may contain peanut/nuts (e.g. peanut-free chocolate in ice cream which has a ‘may contain’ warning).
- An allergen-free claim on certain products may be specific to only one size or format of the brand, not to all products using the same brand name. In some cases, the brand name has been used in new products which contain the allergen.
- Product formulations (recipes) may change and ingredients of a particular brand may not be the same in all formats or all sizes. For example, a regular size candy bar may be considered to be free of an allergen such as peanut; however, the snack size version could have a ‘may contain peanuts’ warning. This could be due to the risk of cross-contamination if the product is run on the same equipment as products which contain peanut. Products may also be produced in a different format or in a different production factory.
- Food labelling standards in other countries may not be the same as Canada’s. Imported products may pose a risk to allergic consumers. Researchers found that 62% of imported chocolate bars from Eastern Europe without a precautionary label actually contained detectable levels of peanut protein

Food-allergic consumers are encouraged to read food ingredient labels three times: once when purchasing an item, a second time when putting the product away, and a third time just before serving.

For additional information about the new regulations, visit the Health Canada website at <http://www.hc-sc.gc.ca>.

Public Health (765-6500) has an anaphylaxis kit available to schools and other educators.

Frequently Asked Questions

1. Can anaphylaxis awareness in the school system protect children?

No, we cannot guarantee to fully protect children. Our combined efforts will support children by reducing the risk of exposure within the school setting.

In September 2003, Sabrina Shannon, who had severe food allergies, suffered a fatal anaphylactic reaction after eating french fries from the school cafeteria. It is thought the fries may have been unknowingly contaminated.

The Ontario Legislative Assembly responded to this death by passing Sabrina's Law in 2005. Sabrina's Law requires that all publicly funded school boards and schools in Ontario establish education and training that will reduce the risk of exposure for students with life-threatening reaction and to have an appropriate response if an emergency happens.

While students at risk of anaphylaxis have a responsibility to take care of themselves, Sabrina's Law shows us that we all, fellow students, staff and families have a role to play in making schools safer for all students. The goal is that anaphylaxis awareness at school will save lives. School communities strive to create **allergen aware**, rather than allergen-free, environments.

2. What is causing anaphylactic reactions in the schools?

A study conducted by Anaphylaxis Canada, showed that children have had anaphylactic reactions in the school setting when:

1. Lunches have been accidentally switched.
2. Children have shared food.
3. Children have eaten something without first checking the ingredients.

Reactions have followed contact with contaminated surfaces, including playground and gym equipment. There have also been reports of allergic children being threatened or chased with foods that contained their allergens.

3. Does cleaning surfaces (e.g. hand washing and cleaning of eating surfaces) really make a difference in the school setting?

Yes. At the September 2000 annual meeting of the Canadian Society of Allergy and Clinical Immunology, Dr. Sebastian Tkachyk, a pediatrician at the Children's Health Centre in Edmonton, described two cases in which peanut allergic patients developed facial swelling and skin rash after playing basketball. In each situation, team members, who had been eating peanut butter, had inadvertently transferred some of it to the ball. One of the children experienced repeat episodes each time he played basketball. Symptoms did not recur once the ball had been washed.

These case reports highlight the need to practice safe-hand washing and cleaning of eating surfaces in the school setting. In addition, peanut butter in particular, should be kept away from shared equipment.

4. Why do we need to restrict peanuts/nuts if we don't have a child in the school with anaphylaxis?

For the past 8 years, schools have been asked to avoid peanuts and tree nuts. Our school communities are familiar with this practice. Peanut and tree nut allergies are the most common food allergies and the most likely to cause serious allergic reactions, compared to other common allergens. They can easily lead to cross contamination with their oily and sticky nature. The committee understands that the ongoing implementation of this recommendation will require continued effort on the part of school personnel. It may seem unreasonable to some if the school does not have a student, parent or staff member with a serious allergy.

However, the reality is that a school may enroll a student with such an allergy at any time and the school should be familiar with the necessary practices. Equally as important, visiting students (athletes/band) or a parent/guest who may have a serious allergy, may attend the school on any given day and they deserve to be protected.

This practice is consistent with legislation that is developing across Canada.

5. Why are we using the term "allergen aware" as opposed to "allergen free"?

From a practical and legal standpoint it is impossible to guarantee a completely allergen free environment. Allergens can be mistakenly introduced. However, it is definitely possible to increase the level of awareness in the school community and reduce a child's risk of exposure in the school setting.

Children at risk of anaphylaxis and their families need to understand that the school could still have allergens present. They need to be cautious and take all steps necessary to protect themselves.

The school community as a whole needs to *Be Allergen Aware* and know that even minute amounts of an allergen brought into the school could put a person's life at risk if they have severe food allergies.

6. Is there any risk of giving the auto-injector if we are not sure that the child is having a true anaphylactic reaction?

Epinephrine is the drug of choice to treat an anaphylactic reaction and needs to be given early in the course of a reaction. In studies of individuals who have died as a result of anaphylaxis, epinephrine was underused, not used at all, or administration was delayed.

There are no contraindications to using epinephrine for a life-threatening allergic reaction. 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, pallor (paleness), dizziness, weakness, tremors and headache. These side effects are generally mild and subside within a few minutes.

Note: Some people who are at risk of anaphylaxis also have asthma. Epinephrine can also be used to treat severe asthma attacks.

7. What about other life-threatening allergies?

Some children in the school setting may have a life threatening allergy to a number of other allergens. In all cases, the diagnosis must have been made by a physician specialized in the diagnosis and management of allergic diseases. A comprehensive written individual school plan should be prepared by the school and family that outlines roles, avoidance strategies, staff training, and emergency protocol.

8. What if a family does not provide an Auto-Injector?

It is the responsibility of the family to provide the auto-injector(s) to the school. The school will provide as much support as possible in terms of contacting support personnel to assist the family in acquiring an auto-injector(s).

Appendix A: Sample Letters

Sample letters are provided for principals and teachers to inform families of the school protocols on the management of anaphylaxis. Feel free to use and adapt these sample letters. For example, add your school logo.



Sample Letter from Principal (elementary)

Dear Parent / Guardian,

Within our school community there are several students who have a potentially life-threatening allergy (anaphylaxis) to foods, predominantly to peanuts and tree nuts (e.g. almond, cashew, hazelnut, pistachio). Our school wants to provide the safest environment possible for children with anaphylaxis.

We feel the best way to reduce the risk of accidental exposure to these students is to respectfully ask for the co-operation of the parents/guardians within this school community to avoid sending peanut butter or products with peanuts or tree nuts listed in the ingredients.

Your cooperation and understanding of this matter is appreciated.

Yours truly,

Principal

Sample Letter from Teacher (elementary)

Dear Parent / Guardian,

Two of the students in our class have a potentially life-threatening allergy (anaphylaxis) to peanuts and tree nuts (e.g. almond, cashew, hazelnut, pistachio).

All of the children will have a special presentation to learn about life-threatening allergies and ways to help their allergic friends stay safe. In order to reduce the risk of accidental exposure, I ask respectfully that families cooperate by enjoying peanut/tree nut-containing products at home (please do not send to school).

All parents are asked to advise me in advance of sending in food to celebrate a child's birthday or other special occasion. I encourage you to consider non-food items for some of these events so that all children may participate in the fun.

If you have any questions, please feel free to contact me. Your cooperation and understanding of this matter is greatly appreciated.

Yours truly,

Teacher

Appendix B: School Signage


Click on the following web links (as applicable) to print the corresponding poster.

Be Allergen Aware: Reduce the Risk. This poster should be displayed in all schools to serve as a reminder that schools are *Allergen Aware*.

BE ALLERGEN AWARE

FOOD ALLERGIES ARE SERIOUS AND CAN BE LIFE-THREATENING

REDUCE THE RISK




Wash

hands and tables.

Don't share

food or drinks.





Don't bring

certain foods
when asked.

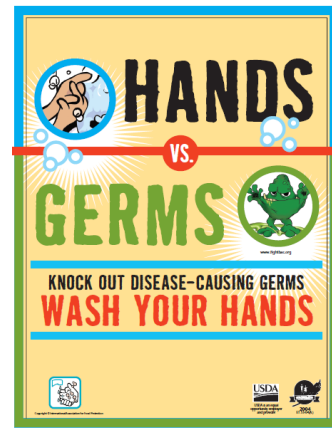


Hand washing posters available at:

<http://www.dobugsneeddrugs.org/wp-content/uploads/handwashing-sign.pdf>

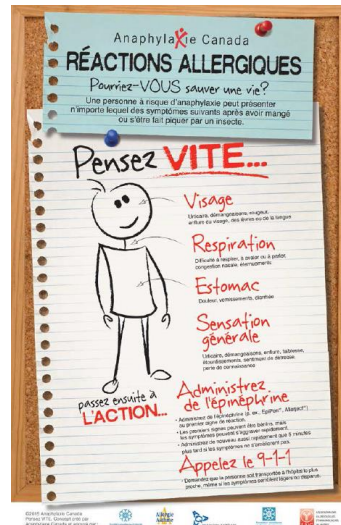
<http://nfsmi-web01.nfsmi.olemiss.edu/documentlibraryfiles/PDF/20080212032421.pdf>

<http://nfsmi-web01.nfsmi.olemiss.edu/documentlibraryfiles/PDF/20080212011404.pdf>



Anaphylaxis Canada-Think FAST awareness poster (English and French) Printable (11x17)

http://www.anaphylaxis.ca/en/resources/helpful_info.html



Auto injector Posters

Epipen® Food Allergies & Instructional Posters (8.5 x 11 and 11 x 17)

<http://www.epipen.ca/en/school-resources#classroom-posters>

Anaphylaxis:
Delaying treatment could be fatal!

Know what it is.
Anaphylaxis is a severe life-threatening allergic reaction. It can be triggered by certain types of food (like peanuts and shellfish), insect stings, medicine, latex, venom and other known causes.

The following symptoms of anaphylaxis can occur within minutes or several hours after exposure to an allergy trigger:
 Nausea, itching, swelling of the lips and/or tongue
 Dizziness, fainting, weakness, swelling
 Hives (itchy, raised bumps, welts)
 Difficulty breathing, coughing, wheezing
 Swelling of the face, throat, tongue
 Stomach pain, vomiting, diarrhea
 Rapid heartbeat, dizziness, lightheadedness
 Low blood pressure, fainting, loss of consciousness

Know what to do.
EpiPen, the medicine in the EpiPen Auto-Injector, is the treatment of choice for severe allergic reactions. For all symptoms listed above, use the EpiPen Auto-Injector immediately.

Blue to the sky. Orange to the thigh.
How to use EpiPen and EpiPen Jr Auto-Injectors:

- Hold firmly with orange tip pointing downward.
- Remove blue safety cap by pulling straight up. Do not bend or twist.
- Swing and push orange tip firmly into mid-outer thigh until you hear a 'click'.
- Hold on thigh for several seconds.
- Build-in needle protection
- When the EpiPen Auto-Injector is removed, the orange needle cover automatically extends to cover the injection needle, ensuring the needle is never exposed.

After administration, patients should seek medical attention immediately or go to the emergency room. For the next 48 hours, patients must stay within close proximity to a healthcare facility or where they can call 911.

For more information visit epipen.ca.

EPiPEN
Trusted for over 25 years.

How to use EpiPen® and EpiPen Jr Auto-injectors.

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

- Hold firmly with orange tip pointing downward.
Remove blue safety cap by pulling straight up. Do not bend or twist.
- Swing and push orange tip firmly into mid-outer thigh until you hear a 'click'.
Hold on thigh for several seconds.

Build-in needle protection
When the EpiPen Auto-Injector is removed, the orange needle cover automatically extends to cover the injection needle, ensuring the needle is never exposed.

After administration, patients should seek medical attention immediately or go to the emergency room. For the next 48 hours, patients must stay within close proximity to a healthcare facility or where they can call 911.

For more information visit epipen.ca.

EPiPEN
Trusted for over 25 years.

Allerject® Anaphylaxis Symptoms, Treatment and how to use Allerject Posters (8.5 x 11 and 11 x 17)

<http://www.allerject.ca/en/documents>

ANAPHYLAXIS
Symptoms and Treatment

What is Anaphylaxis?
Anaphylaxis is the most severe form of allergic reaction that some people have to foods (like peanuts and shellfish), medications, insect stings, medicine, latex, or other allergens.

Symptoms.
Typical symptoms of anaphylaxis include:

- Swelling of the throat, face, tongue, or the area around the eyes
- Difficulty breathing
- Dizziness or fainting
- Loss of consciousness
- Swelling, hives, itching, or rash
- Swelling of the face, throat, tongue
- Swelling of the lips
- Swelling of the hands, feet, or other body parts
- Swelling of the stomach
- Swelling of the intestines
- Swelling of the bladder
- Swelling of the uterus
- Swelling of the vagina
- Swelling of the penis
- Swelling of the testicles
- Swelling of the scrotum
- Swelling of the prostate
- Swelling of the bladder
- Swelling of the uterus
- Swelling of the vagina
- Swelling of the penis
- Swelling of the testicles
- Swelling of the scrotum
- Swelling of the prostate

HOW TO USE ALLERJECT®
Protein 900, Allerject® Junior 100

- Push Allerject® from the outer CASE.**
Do not pull on the top or bottom. Push back in the outer case.
- Place BLACK and ALLERJECT® the BOTTLE of the OUTER SHEATH through the outer case and back in the case for five seconds.**
- Push all RED safety caps.**
To break the plastic of an outer case, push the red safety cap of the outer case back on the outer case. Push the red safety cap of the outer case back on the outer case. Push the red safety cap of the outer case back on the outer case. Push the red safety cap of the outer case back on the outer case.
- Seek immediate medical attention.**
Push the outer case and take your child Allerject® with you to the nearest hospital or pharmacy for proper disposal.

EPiPEN being Administered
EPiPEN being Administered

www.allerject.ca

Classroom Food/Allergen Posters (Stop Sign “No ___ Please”)

(If your classroom is restricting a specific allergen, make a similar poster to serve as a reminder to students, staff and parents of the specific allergen-containing food that are not allowed.)



Appendix C: School Newsletter Articles

This section provides sample school newsletter articles.



Allergen Aware: Reduce the Risk Lunch Ideas

Schools are working hard to protect children with life threatening allergies. This means students are asked to not bring lunch items containing nuts or peanuts. If your child's favourite sandwich is peanut butter and jelly, what other choices are there?

- Meat sandwiches made with roast beef, chicken, turkey, pork, ham, tuna, salmon, egg or sardines.
- Vegetarian sandwiches made with avocado, cream cheese, cucumbers, tomato, cheese and/or lettuce. Keep it interesting by using wraps, pitas and buns instead of bread.
- Bagels and low fat cream cheese and fruit.
- Soup – ideally tomato or broth-based soups with vegetables, lentils, split peas and/or beans. Send to school in a thermos or reheat in the microwave.
- Pizza bagels, buns or English muffins.
- Quesadillas, soft tacos or burritos – flour tortilla topped with cheese, meat or beans and vegetables. Serve with salsa and low-fat sour cream or plain yogurt. Send to school cold or reheat in the microwave.
- Cheese and crackers.
- Chili and a bun.
- Pasta and sauce.
- Cereal (dry or with milk).

Read labels carefully to make sure the product has not been in contact with peanuts or peanut oil.

Note: Children with peanut or nut allergies should never take food from another child, even if they think the food is peanut or nut-free. **Read labels regularly because manufacturers often change the ingredients in their products. Foods with chocolate may not be peanut-free.**

WRITTEN BY THE PUBLIC HEALTH NUTRITIONISTS OF SASKATCHEWAN

Allergen Aware: Reduce the Risk School Lunches

The amount of life threatening allergies to nuts and peanuts has risen dramatically among children. For this reason, our schools have adopted an **Allergen Aware: Reduce the Risk** strategy. We ask that no nuts, peanuts, or products that contain nuts or peanuts, be sent to school. When sending packaged products, parents are asked to read the labels to be sure that none of these foods are among the ingredients listed.

There are many healthy alternatives to nut and peanut products that children enjoy. Below are a few examples:

- Sandwich fillings can include lean meat, poultry or fish, egg salad, beans or cheese. Use whole grain tortilla wraps, pita bread or bagels for variety.
- Try a spread of low fat cream cheese with grated carrots and chopped pineapple on a tortilla. Roll and cut into pinwheel shapes. Burritos made with bean and vegetable mixtures are also popular.
- Combine cut-up vegetables with whole grain pasta or rice for a main course salad. One of the protein sources mentioned above and a small amount of salad dressing.

For non-allergic children, nuts and peanuts, and products containing nuts and peanuts, are nutritious foods that can be enjoyed at home. When children have eaten nut or peanut products prior to coming to school, they should be sure to wash their hands and brush their teeth.

Following the allergy strategy carefully is critical. It helps to create a safe environment for all students. Your co-operation is appreciated.

Distributed by the School Nutritionist,
Food for Thought Project
765-6609



Peanut Butter-Less Lunches and Snacks



Are you finding it a challenge to make lunches and snacks for your children without the famous peanut butter sandwich? Say goodbye to the old stand-by and hello to easy-to-make peanut-less lunches and snacks.

The lunch meal should contain at least one food from each of the four food groups in *Canada's Food Guide*. Mix and match to plan a balanced lunch:

Vegetables & Fruit	Grain Products	Milk & Alternatives	Meat & Alternatives
<ul style="list-style-type: none"> • Fresh fruit • Canned fruit in its own juice • Fruit juice • Vegetable sticks (with dip) • Vegetable juice 	<ul style="list-style-type: none"> • Bread – whole wheat, rye, cracked wheat, oatmeal, pumpernickel • English muffin • Leftover pasta – like macaroni & cheese or spaghetti • Muffins • Pita bread • Crackers • Bagels, rolls, buns • Tortillas (wraps) 	<ul style="list-style-type: none"> • 2%, 1% or skim milk • Chocolate milk • Yogurt • Cheese • Cottage cheese • Milk-based custard or pudding • Milk-based soups • Cheese slices • Cheese spread 	<ul style="list-style-type: none"> • Hard boiled egg • Chick peas • Refried beans • Leftover chicken leg • Cold meatloaf • Cold cuts • Hot chili con carne • Hot vegetarian chili • Hot beef stew • Leftover pizza • Hot baked beans • Hot lentil soup

Peanut Butter-less Snacks

- | | | |
|---|--|--|
| <ul style="list-style-type: none"> ✓ yogurt mixed with fruit ✓ milk pudding ✓ fruit cups (canned in juice) ✓ any fresh fruit ✓ celery sticks stuffed with soft cheese ✓ cheese & crackers | <ul style="list-style-type: none"> ✓ whole grain muffin ✓ half bagel with cheese ✓ whole grain bread ✓ juice boxes – vegetable or fruit ✓ popcorn (for older kids) ✓ vegetables with dip | <ul style="list-style-type: none"> ✓ sliced meat wrapped around cheese sticks ✓ hard boiled egg ✓ mini pitas stuffed with cheese – try cream, Swiss, gouda ✓ mini bagels with cream cheese and cucumber slices |
|---|--|--|

Read the ingredient list of all packaged foods very carefully to ensure they do not contain nuts or peanuts.

Adapted from the Middlesex London Health Unit.

Allergen Aware: Reduce the Risk Foods to Avoid

Allergic reactions to nuts and peanuts can be fatal.

To protect individuals with life-threatening allergies to nuts or peanuts, one of the first things you need to know is which FOODS TO AVOID.

When Grocery Shopping:

- Never assume a food is free of nuts or peanuts.
- Read ingredient labels every time you shop to see if any of the foods to avoid are listed. Ingredients often change without warning.
- Do not buy foods without a complete ingredient list. For example, bulk foods, bakery items and imported candy and chocolate with a foreign language ingredient list.

FOODS/INGREDIENTS TO AVOID

In the past, some products have used other names for peanuts on their labels. These are not allowed based on new labelling requirements for food allergens. However, if you have a peanut allergy and see one of the following in the list of ingredients on a product you should not eat it.

- | | |
|----------------------------|------------------------|
| ➤ Arachis oil | ➤ Kernels |
| ➤ Beer nuts | ➤ Mandelonas, Nu-Nuts™ |
| ➤ Mandelonas | ➤ Nut meats |
| ➤ Goober nuts, goober peas | ➤ Valencias |
| ➤ Ground nuts | |

Check food labels - they can change at any time!



At the Grocery Store

- Look for the allergen in the ingredient list (allergen may be in brackets) or look for a statement after the ingredient list, like "CONTAINS: PEANUTS."
- You might find the disclaimer "MAY CONTAIN PEANUTS" on food labels. The manufacturer does not guarantee the product is nut or peanut free.
- Labels must list commonly understood names for the allergen ingredients.
- Allergens cannot be hidden in ingredients like seasoning or natural flavour.
- If you have a question about a product, contact the manufacturer and ask whether the product contains any of the allergen ingredients.

Allergy-Safe Food Preparation

- Always wash your hands before preparing and handling food.
- Thoroughly clean and sanitize work/cooking surfaces, utensils and any equipment that touches food.
- Cross-contamination is a common cause of anaphylactic reactions. Wiping utensils after use is not an adequate method of cleaning. Food residue can trigger anaphylaxis. Food can also become contaminated through contact with allergens. For example, the peanut butter knife contaminating the jam jar.
- Check the ingredient list for each product being used in a recipe.
- If in doubt, DO NOT use a suspected food product.

Nut or Not a Nut?

Peanuts are actually "legumes" and are not nuts at all. However, during food production and processing, peanuts and nuts such as almonds, walnuts, etc. often come into contact with one another (for instance the same equipment may be used for chopping peanuts and walnuts in a factory). People who are allergic to peanuts should also avoid the following foods:

- | | | |
|---|---|--|
| <input type="checkbox"/> almonds | <input type="checkbox"/> hazelnuts or filberts | <input type="checkbox"/> marzipan or almond paste |
| <input type="checkbox"/> cashews | <input type="checkbox"/> chestnut | <input type="checkbox"/> chocolate-nut spreads (eg. "Nutella") |
| <input type="checkbox"/> pecans | <input type="checkbox"/> macadamia nuts | <input type="checkbox"/> pure almond extract |
| <input type="checkbox"/> walnuts | <input type="checkbox"/> pine nuts/pinyon nuts* | <u>*note:</u> 'pesto' sauce contains pine nuts |
| <input type="checkbox"/> beech nuts | <input type="checkbox"/> nut butters (eg. cashew butters) | |
| <input type="checkbox"/> hickory nuts | <input type="checkbox"/> nougat | |
| <input type="checkbox"/> brazil nuts | | |
| <input type="checkbox"/> pistachio nuts | | |

Coconut, water chestnuts, nutmeg, and mace are often mistaken for nuts, but they are not. They do not need to be avoided due to a nut allergy, unless the product label states otherwise.

Allergen Aware: Reduce the Risk

Snack & Lunch Ideas

No more peanut butter in school? Don't despair, there are a lot of other tasty and easy protein choices. Good protein sources are in the Meat & Alternatives and Milk & Alternatives food groups. Smaller amounts of protein are found in Grain Products and Vegetable & Fruit groups.

The following foods have approximately the same amount of protein as 2 Tbsp. (30mL) of peanut butter:

- 1 oz. (30g) meat
- 3/4 cup (175 g) yogurt
- 1 cup (250mL) milk
- 1 oz. (30g) cheese
- 1 cup (250mL) lentil or pea soup
- 1 bagel

Snacks are best when they contain at least one food from at least two food groups from *Canada's Food Guide*. Mix and match from each column to plan a healthy snack.

Grain Products	Vegetables & Fruits	Milk Product	Meat & Alternatives
<ul style="list-style-type: none"> • breads - whole wheat, rye, cracked wheat • spaghetti • bagels • pita bread • muffins • crackers • bread sticks • pasta or rice • soups with rice or pasta • oatmeal cookies 	<ul style="list-style-type: none"> • fresh fruit • canned fruit in juice • 100% fruit/vegetable juice • vegetable sticks • vegetable soup • vegetable/fruit salads 	<ul style="list-style-type: none"> • milk - skim, 1%, 2% • cheese • low fat cottage cheese • cream soups • low fat yogurt • hot chocolate • custard, puddings • string cheese • cheese slices 	<ul style="list-style-type: none"> • hard boiled eggs • cold meats • cold pizza • refried beans • lentil soup • split pea soup • cold meatloaf • chili con carne • vegetarian chili • baked beans • tuna/salmon in water

When buying pre-packaged, prepared foods, read the labels carefully every time you shop. Ingredients may change without warning – a product that was safe last week may not be this week!

**For more nutrition information, call your School Nutritionist
(306) 765-6609**



Allergen Aware: Reduce the Risk

We have students in our school with a severe life-threatening allergy (anaphylaxis) to nuts, peanuts and products containing nuts or peanuts. Exposure to even a tiny amount, such as peanut butter on a door knob, computer, or water fountain could be enough to cause a severe reaction for a student who is allergic. Without immediate emergency medical assistance, this reaction could result in loss of consciousness and death.

The school has established an emergency plan. Part of this plan is to establish a safe environment for all students. Therefore, we request that our school be *Allergen Aware*. Parents and teachers should avoid including nuts, peanuts and products containing nuts or peanuts in lunches or snacks at school. There are a number of alternatives to peanut butter sandwiches included in this newsletter.

Thank you for your assistance with this important matter.



How Can Your School Reduce the Risk of Exposure to Nuts and Peanuts?

Risk	Strategy	Who?
Sharing lunches	<ul style="list-style-type: none"> • discuss the importance of eating your own food and not sharing • provide a specified area with supervision for children to eat lunch in • encourage parent of child to be involved on special days that involve food 	Class Teacher Principal, Class Teacher Principal or nominated teacher
Food in the canteen (e.g. peanut butter)	<ul style="list-style-type: none"> • inform all canteen staff (paid and volunteer) of students with an allergy and foods to avoid • post a copy of the emergency response plan on the wall of the canteen • identify foods that contain or are likely to contain trigger substances and replace with other nutritious foods 	Canteen manager Principal Canteen manager
Class parties	<ul style="list-style-type: none"> • advise parent of the student at risk of allergies ahead of time • food for allergic student should only be approved of or provided by the student's parent • inform other class members' parents of trigger substances and request that these foods be avoided • consider non-food rewards • A replacement food item can be stored in an identifiable container (labeled with child's details) 	Class teacher Child's parent Class teacher Class teacher Class teacher

(Adapted from Anaphylaxis: Guidelines for Schools, NSW Department of Health and the Department of Education and Training).

Short Clips for Newsletters

Allergen Aware: Reduce the Risk

There is a child (or several children) in our school with a severe life threatening food allergy (anaphylaxis) to nuts and peanuts. This is a medical condition that can result in death within minutes. Although this may or may not affect your child's class directly, we ask that any foods you send to school with your child be free from nut or peanut products. More information about anaphylaxis is available at the school. Please contact us. Thank you for your understanding and cooperation.

Allergen Aware: Reduce the Risk

Life-threatening, severe allergic reactions (anaphylaxis) to foods, insect bites and other triggers are on the rise in Canada. One of the most common food products that cause a reaction is peanuts and tree nuts. As a result, our school has adopted a nut-alert strategy. This means that no nuts or peanuts, or products with these ingredients are to be sent to school. Parents are asked to read the labels to be sure that none of these foods are among the ingredients listed.

Allergen Aware: Reduce the Risk

Approximately 1 -2 % of Canadians live with life-threatening allergies. Most of us know someone who does. Food is the most common cause. Strict avoidance of specific foods is necessary. Ask your child to be a PAL: Protect a Life from Food Allergies.

Do not share food

Wash hands after eating

Avoid taking food to school that others may be allergic to.

HELP MAKE SCHOOL A SAFE PLACE FOR EVERYONE!



Allergen Aware: Reduce the Risk

The best way to prevent a life-threatening allergic reaction is to avoid the offending foods.

When sending foods to school *Be Allergen Aware: Reduce the Risk!*

- Never assume that a food is free of allergenic ingredients
- Read the ingredient label carefully every time you shop. Companies can change ingredients.
- If it is not listed; get the ingredient information from food companies. Contact information should be on the product label.
- Avoid products that do not carry a complete list of ingredients. For example bulk foods or foods that are not pre-packaged.
- If the product has a disclaimer “may contain trace amounts of peanuts or nuts” on the label; it is not safe.

(Adapted from Peanut Free Lunches and Snacks: Thunder Bay District Health,)

Allergen Aware: Reduce the Risk

We have a number of students with severe nut or peanut allergies in our school; your support is necessary and appreciated as we become an *Allergen Aware: Reduce the Risk* school. For non-allergic children, peanuts and nut products are nutritious foods that can be enjoyed at home. When children have eaten peanut or nut products before they come to school, they should be sure to wash their hands and brush their teeth.

HELP MAKE SCHOOL A SAFE PLACE FOR ALL OUR STUDENTS!

(Adapted from PHNWG: September 2006)

Holidays

Allergen Aware: Reduce the Risk

Halloween can be a challenging holiday for children and youth with food allergies. The delicious candies and treats that will fill the sacks of ghosts and goblins are potentially life threatening for children who are allergic to common ingredients such as nuts or peanuts. Nuts and peanuts can appear in the candies that you least expect. Never assume that a 'mini' version of a candy, which may not have an ingredient label, contains the same ingredients as its full-sized counterpart. Some do not. Read all labels; and please do not send treats to school that contain nuts or peanuts or that do not list the ingredients.

Allergen Aware: Reduce the Risk

Holidays can be a busy time. Don't forget about allergies in the hustle and bustle of a holiday. This is a reminder that our school is **Allergen Aware: Reduce the Risk**

When planning activities, parties or gift exchanges, be creative. Consider non-food items or check with your child's teacher before sending treats to school. Trade in the traditional nut tray for a fruit tray instead.

Allergen Aware: Reduce the Risk

Students and teachers at our school will enjoy some special valentine activities and fun in their classroom! Chocolate treats and cookies are common valentine's treats but many contain nuts or peanuts. Before sending any food treats to the classroom please check with your child's teacher. Do not send treats that contain nuts.

(Adapted from West Central Newsletter, Valentine's Day).

Allergen Aware: Reduce the Risk

Easter is a fun time for kids. It can also be a time when foods with known allergens are available. We aim to practice Allergen Aware: Reduce the Risk at our school. Products that contain nuts or peanuts are a risk.

We understand that parents want to do something special in your child's class for the holidays, but food treats can pose a potential risk for some students. We ask that you do not send food treats containing nuts for the classroom. As a school community, we want to protect all our students!

(Adapted from St. Patrick School Newsletter, December 2005).

Allergen Aware: Reduce the Risk

Do you wish to bring something special for your child's birthday? Please first call the teacher to discuss the options... stickers, pencils, erasers, fancy shoelaces, and pens that light up and other non-edible treats are welcomed by the students. Please don't hesitate to call for advice!

(Adapted from St. Patrick School Newsletter, December 2005)



Allergen Aware: Reduce the Risk Recipe

Homemade Soft Granola Bars

Ingredients:

3 cups rolled oats	1/2 cup margarine
1/4 cup brown sugar	1/4 cup honey
1/4 cup wheat germ	1/2 cup raisins

Directions:

In a large bowl, combine oats, sugar and wheat germ. Cut in margarine until mixture is crumbly. Stir in honey. Mix well until combined. Stir in raisins. Press into greased square pan. Bake at 350 degrees F for 20 to 25 minutes or until golden. Let cool for 10 minutes, and then cut into bars.

Note:

Do not use ingredients purchased from bulk-food bins due to the risk of cross-contamination with nuts or peanuts.

Check all ingredient lists thoroughly.



Appendix D: For More Information

Allergy & Asthma Organizations

Anaphylaxis Canada

www.anaphylaxis.ca

www.safe4kids.ca

www.whyriskit.ca

<http://www.allergyaware.ca/>

Allergy/Asthma Information Association

www.aaia.ca

Allergy, Asthma and Immunology Society of Ontario

<http://allergyasthma.on.ca/>

Association québécoise des allergies alimentaires

www.allergiesquebec.org

Asthma Society of Canada

www.asthma.ca

Canadian Society of Allergy and Clinical Immunology

www.csaci.ca

European Academy of Allergy and Clinical Immunology

www.eaaci.net

The Food Allergy & Anaphylaxis Alliance

www.foodallergyalliance.org

The Food Allergy Research & Education - FARE

www.foodallergy.org

Epinephrine Auto-Injectors

EpiPen®

www.epipen.ca

Allerject™

www.allerject.ca

Government

Canadian Food Inspection Agency

www.inspection.gc.ca

Health Canada

www.healthcanada.gc.ca/foodallergies

Health Canada – Allergy Alerts Archive

http://hc-sc.gc.ca/fn-an/securit/allerg/allerg_alert-eng.php

Ontario Ministry of Education

www.eworkshop.on.ca/allergies

Other Resources

Allergic Living Magazine

www.allergicliving.com

Canadian MedicAlert Foundation

www.medicalert.ca

Canadian School Boards Association

www.cdnsba.org