

ANAPHYLAXIS IN PRINCE ALBERT & AREA SCHOOLS



COMMON PROTOCOLS & RESOURCES



Developed June 2007 - Revised August, 2010

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This document is available on the following web sites:

www.paphr.sk.ca
www.srsd119.ca
www.pacsd6.sk.ca

April 2008 Revisions

- Changes to auto injector instructions and products see school start up forms section – Anaphylaxis Emergency Plan – the forms are now specific to each product
- Changes to Lesson Plans to use generic term “auto injector”

August 2010 Updates

- Auto-injector products change often. Each product has a website with current video clips showing how to administer their specific auto-injector.
- Ensure you are using auto-injectors, videos and information that match the auto-injectors your students are using.
- EpiPen® is in the process of changing auto-injectors. Both products will be around until August, 2011 when all of the original devices will have expired. The school start up forms section has added a new page 25 A, B and C to reflect these changes.

Recommendation

The committee recommends that all Prince Albert and Area School communities work to "*reduce the risk*" for students with life-threatening allergies (anaphylaxis) by taking the strong initiative and commitment to become *Nut Alert*.

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

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Wes Ens, Nut Alert Poster development

Nicole Barbondy, Formatting and Clerical Assistance

Nova Warriner, Formatting and Clerical Assistance

Please feel free to use and adapt this resource. For example add your logo to the Nut Alert posters or letters. Acknowledge The Anaphylaxis in Prince Albert and Area Schools Committee, 2007.

For more information, contact your school principal or public health nurse.

Introduction

Anaphylaxis (Anna-fill-axis) is a life threatening allergic reaction to a specific trigger (food, insect sting, medication, exercise, or latex) in a person who has become sensitized.

A conservative estimate is that 2% of the population (approximately 600,000 Canadians) may be affected by potentially life-threatening allergies. The incidence may be higher in children and it has increased dramatically in the last decade.

Signs and symptoms can include:

Skin: swelling of eyes, face, lips, tongue, itching, warmth, redness, rash, hives

Breathing: wheezing, shortness of breath, throat tightness, cough, hoarse voice, trouble swallowing, runny itchy watery eyes/nose

Stomach: nausea, pain, cramps, vomiting, diarrhea

Heart: pale, blue color, dizziness, lightheaded, faint, weak pulse, headache

Most serious reactions occur rapidly and respond quickly to epinephrine. Epinephrine is given with an auto-injector, the two most common products being EpiPen and Twinject. 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.

The most common allergens include food (peanut, tree nuts, fish and seafood in adults, and milk, eggs, peanut, soy, tree nuts, fish and seafood in children), medication (penicillin), insect venom, latex and exercise. After investigation, a few reactions will still be labeled as 'cause unknown'.

Children with anaphylaxis live with stress that is foreign to most children. These children need to feel safe in order to learn and grow emotionally. All children deserve a safe school environment.

ANAPHYLAXIS



FREQUENTLY ASKED QUESTIONS

Anaphylaxis — Frequently Asked Questions

Question 1:

What is anaphylaxis?

Anaphylaxis is a life threatening allergic reaction to a specific trigger (food, insect sting, medication, exercise or latex) in a person who has become sensitized. Most serious reactions occur rapidly and respond quickly to epinephrine. Epinephrine is given with an auto-injector, the two most common products being EpiPen and Twinject.

Question 2:

What are the signs that a child is experiencing anaphylaxis?

Any one of these symptoms could alert you to a problem.

Is the child having the reaction in a **B.I.N.D.**?

B = breathing is difficult, throat or chest is tight, hoarse

I = itchy lips, hives, swelling

N = nausea, vomiting

D = dizzy, unsteady, confused

Question 3:

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 french 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.

Question 4:

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.

Question 5:

Does hand washing 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 that food in the school setting, and peanut butter in particular, should be kept away from shared equipment.

Question 6:

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

The committee fully understands that the ongoing implementation of the recommendation will require significant 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 anytime 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.

Question 7:

What about high school students?

In the higher school grades and high school settings complete avoidance policies while desirable, may be impractical. If there are common eating areas, no peanut foods (nuts) should be allowed if there are peanut (nut) allergic children. Allergy free classrooms may need to be instituted when appropriate. Public education of the dangers of peanut (nut) allergy and requests for cooperation restricting peanut (nut) use at school are important.

Canadian Society of Allergy and Clinical Immunology, Ontario Allergy Society, and Allergy Asthma Information Association <http://www.oma.org/phealth/allergy.htm>

Question 8:

Why are we using the term “Nut Alert” as opposed to “Nut Free”?

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

Anaphylactic children and their families need to understand that the school could still have allergen present. They need to be on alert and take all steps necessary to protect themselves.

The school community as a whole needs to be on alert and know that even minute amounts of nuts brought into the school could put an anaphylactic child’s life at risk.

Question 9:

Can we use products at school that say, “May contain nuts”?

No, definitely avoid them! Companies are allowed to use "may contain nuts" if they cannot guarantee that a food they are producing is free of nuts. They may be using the same machines for other foods. It might be that the company has difficulty cleaning the machines in between making the different foods. Therefore it is quite likely that when a food with nuts is put through the machine, traces of nuts remain on the machine. The first batches of foods made without nuts that go through the same machine will likely contain trace of nuts. Batches of foods done much later are less likely to contain traces of nuts but you cannot be sure which batch of food you are eating. Therefore they should be avoided. This cross-contamination is most likely to occur with cookies, candies, cereals, chocolate, ice cream, dried soups and nut butters.

Reference: <http://www.calgaryallergy.ca/Articles/English/treenuthp.htm>

Question 10:

What is an Auto-Injector?

An auto injector (or auto-injector) is a medical device designed to deliver a single dose of a particular (typically life-saving) drug. In this case it is adrenaline.

Two examples, EpiPen and Twinject, are often prescribed to people who are at risk for anaphylaxis.

Question 11:

Where should we store the Auto-Injector?

The child needs to have immediate access to the auto-injector at all times. When children are in kindergarten, their teacher can easily carry the Auto-Injector because they are with the child most of the time.

Most children are capable of carrying their own Auto-Injector by the time they enter Grade One. This does not imply that they would be expected to administer a dose themselves, although they should know how to do so.

As reactions can occur at any time and early administration of an Auto-Injector can be life saving, it makes sense that the student would carry the device themselves. A fanny-pack works well.

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 is light sensitive and needs to be stored at a temperature between 15-30° C. It should not be refrigerated and it can't be left in a car/bus due to risk of heating or freezing. The solution should be checked regularly to ensure that there is no brown discoloration or precipitate. Keep an eye on the expiry date. The shelf life for the epinephrine auto-injector is somewhere from 18-24 months.

Question 12:

Who should give the Auto-Injector?

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.

Question 13:

Is there any risk of giving the Auto-Injector, if we are not sure that the child is having a true anaphylactic reaction?

No, epinephrine (the drug used in auto-injectors) is a safe drug in childhood. The risks of not giving epinephrine when there is a possible reaction are much greater.

The side effects of epinephrine are transient and can include palpitation (pounding heartbeat), pallor (paleness), dizziness, weakness, tremor (trembling), headache, throbbing, restlessness, anxiety and fear.

Question 14:

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.

The approach to these children is similar to that outlined for peanut (nut) and stinging insect allergy. Care of these children should be individualized based on discussion between the parent, the allergy specialist and the school.

Canadian Society of Allergy and Clinical Immunology, Ontario Allergy Society, and Allergy Asthma Information Association <http://www.oma.org/phealth/allergy.htm>

Question 15:

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).

Question 16:

Where can we go for more information?

Allergy/Asthma Information Association
<http://www.aaia.ca/>

Anaphylaxis Canada
www.anaphylaxis.org

Safe4kids (lesson plans)
www.safe4kids.ca

Canadian Society of Allergy and Clinical Immunology, Ontario Allergy Society, and Allergy Asthma Information Association
<http://www.oma.org/phealth/allergy.htm>

Twinject information and training
<http://www.twinject.ca>

EpiPen® information and training
<http://www.epipen.ca/>

Public Health 765-6500 has an Anaphylaxis kit available to schools and other educators.

ANAPHYLAXIS



ROLES AND RESPONSIBILITIES TO ENSURE THE SAFETY OF STUDENTS WITH ANAPHYLAXIS

Anaphylaxis in the School Setting

DIVISION OF RESPONSIBILITIES: (adapted from "Anaphylaxis: a Handbook for School Boards", the Canadian School Boards Association, 2002.)

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. To minimize risk of exposure and to ensure rapid emergency response, parents, students, and school personnel must all understand and fulfill their responsibilities. The following is a quick checklist for responsibilities of the following participants:

1. parents of the anaphylactic child
2. school principal
3. classroom teacher
4. bus drivers
5. school staff who coordinate foods served, offered or sold in schools
6. parent volunteers who coordinate foods served, offered or sold for special events
7. public health/school nurse
8. public health/school nutritionist
9. anaphylactic student
10. all parents
11. all students, as developmentally appropriate

Division of Responsibilities

1. Responsibilities of the parents of an anaphylactic child:

- Arrange a meeting with the classroom teacher, prior to the start of school. The principal may attend, and invite other staff to participate.
- Provide a Medic Alert® bracelet for their child.
- Submit completed medical forms, including Anaphylaxis Emergency Plan forms (see page 25A & 25B).
- Ensure that the child has immediate access to an up-to-date auto-injector at all times.
- Provide support to school and teachers as requested.
- Consider participating in parent advisory/support groups.
- Review the emergency protocol and procedures for reducing risk with school personnel annually.
- Identify school events where food may be served and work with staff to approve choices and provide safe alternatives.
- Parents are encouraged to provide prepackaged, safe snacks to be served to their child as needed.
- Teach their child:
 - to understand that the school is not allergen-free and that there is always risk present
 - to recognize the first symptoms of an anaphylactic reaction
 - to know where medication is kept, and who can get it
 - to communicate clearly when he or she feels a reaction starting
 - to carry his/her own auto-injector in a fanny-pack
 - not to share snacks, lunches, or drinks
 - the importance of hand-washing
 - to let a parent/teacher/supervisor know when they are being teased and left out
 - to take as much responsibility as possible for his/her own safety

2. Responsibilities of the School Principal:

- Work as closely as possible with the parents of the anaphylactic child
 - Have parent/guardians complete:
 - Prescribed Medication Form
 - Anaphylaxis Emergency Plan Forms (see page 25A & 25B)
 - Meet with parents and the classroom teacher to review the student's life-threatening allergy
 - Establish an emergency protocol
 - Review "Anaphylaxis in the School Setting", highlighting parent and student responsibilities
 - Ensure collection and proper storage of auto-injectors (parents to provide)
- With the consent of the parent:
 - Post the Emergency Anaphylaxis Plan Form in a central, but not public place in the school (see page 24). Ensure ALL staff are aware of this location
- Notify the school community of the Nut Alert – Reduce the Risk! (see School Start-Up section and school newsletter articles for resources)
 - Maintain a permanent reminder as part of the school newsletter, using the Nut-Alert – Reduce the Risk logo



- Educate the school community on anaphylaxis
- Ensure all staff have received information on this anaphylaxis document and that those with responsibility for the child receive training in the use of an auto-injector
 - Classroom Teacher
 - Review Classroom Teacher Responsibilities
 - Education Support Staff
 - Lunch Supervisors
 - Substitute teachers
 - Bus drivers / Supervisor
 - Review Bus Driver's Responsibilities
 - Parents of other students on the bus
 - Community School Coordinator, Nutrition Coordinator,
- Ensure allergy alert signage is posted throughout the school
- Maintain up-to-date emergency contacts and phone numbers

3. Responsibilities of the Classroom Teacher

- Take the lead role in the development and implementation of the individual plan for children in the classroom with life-threatening allergies
- 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 (see lesson plans and resources available, page 36)
- Leave information in an organized, prominent, and accessible format for substitute teachers, parent volunteers, or others who may have occasional contact
- 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, Nut Alert: Reduce the Risk!
- Establish procedures to ensure that the anaphylactic child eats only what he/she brings 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 Bus Driver:

- Meet with the School Principal, or designate to review:
 - 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 Nut-Alert – Reduce the Risk poster on the bus



- Carry out emergency action plan as necessary
 - Recognize symptoms
 - Administer Auto-injector
 - Contact Bus Garage by radio
 - Call 911
 - Notify parents
- Ensure that the child carries an auto-injector in an identified location while on the school bus (know where it is)
- Do not subject the auto-injector to freezing or extreme heat
- Do not provide or allow nut/peanut containing products on the bus (think about treats provided for special occasions)

5. Responsibilities of school staff who coordinate food served, offered or sold in schools.

(E.g. nutrition program, canteen, sporting or special events, parent meetings, lunch room supervisors etc)

Get informed about the issue.

- Meet with the school principal, or designate to review:
 - Anaphylaxis Emergency Plan Form(s)
- Attend in-service training in the use of an auto-injector

Have information about students at risk readily available.

- Place Anaphylaxis Emergency Plan in the day-book or inside a cupboard in the nutrition room or servery to ensure others are aware of students at risk.

Inform others.

- Display standard Nut-Alert – Reduce the Risk signage in the nutrition room or servery to remind workers of risk.
- Discuss anaphylaxis with anyone who volunteers regularly with your program (see resources available)
- Leave information in an organized, prominent, and accessible format for substitute nutrition coordinators or occasional volunteers
- Anytime food is requested from home send clear directives each time food is requested from parents, i.e. "Do not send products that contain peanuts or nuts" to school.

Care for students.

- Encourage students not to share or trade food
- If safety can not be assured ensure that a child that experiences anaphylaxis eats only what is brought from home.

Keep the food safe for everyone.

- Do not provide or allow any nut or peanut containing products in planned food activities at school
- Never assume a food is free from nuts or peanuts.
- 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.
- Contact the School Nutritionist for food/ingredient lists to avoid.
- Avoid any products that do not carry a complete list of ingredients (e.g. bulk foods). Avoid foods with foreign language ingredient lists.
- Always wash hands before preparing and handling food.
- Practice safe food handling procedures, thoroughly clean and disinfect work/cooking surfaces, utensils, and equipment to ensure that cross contamination cannot occur.
- Carry a pad and pen when you shop. If you have a question about a product, record the produce name and the manufacturers phone number or address. Contact the manufacturer for more information.

Call these phone numbers if you have questions about the ingredients or the safety of a food product they manufacture:

- Cadbury Adams Chocolate Canada: 1-800-565-6317 Nabisco brands: 1-800-668-2253 (Kraft)
- General Mills Canada: 1-800-248-7310 Pillsbury: 1-800-775-4777
- Kellogg's: 1-888-876-3750 Quaker Oats Canada: 1-800-267-6287
- Kraft General Foods Canada: 1-800-567-5723 (main) or 1-800-268-1775
- Nestle Canada: 1-800-387-4636

6. Responsibilities of parent volunteers who coordinate foods served, offered or sold in Schools for special events

(e.g. nutrition program, canteen, track meets, parent meetings, lunch room supervisors etc)

Get informed about the issue.

- Meet with the School Principal, or designate to review:
 - Nut-Alert: Reduce the Risk Practices
- Refer to anaphylaxis information that is made available in the school. Discuss with other volunteers that are recruited (see resource binder)

Inform others.

- Display standard, Nut Alert: Reduce the Risk! signage in the nutrition room or servery to remind workers of the risks.
- Discuss anaphylaxis with anyone who volunteers regularly with your program (see resources available)
- Anytime food is requested from home send clear directives each time food is requested from parents, i.e. "Do not send products that contain peanuts or nuts" to school.

Care for students.

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- Nabisco brands: 1-800-668-2253 (Kraft)
- Nestle Canada: 1-800-387-4636
- Pillsbury: 1-800-775-4777
- Quaker Oats Canada: 1-800-267-6287

7. Responsibilities of public health/school nurse

- Act as a resource person to the school and the family, e.g. staff in-services and auto- injector training
- Inform school principal of known cases
- Encourage known parents of preschoolers with anaphylaxis to speak with the school principal prior to starting school

8. Responsibilities of the public health/school nutritionist

- Provide information for school publications, and school nutrition programming when requested
 - foods to avoid
 - alternate snack/meal suggestions
 - product information

9. Responsibilities of anaphylactic students

- 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)

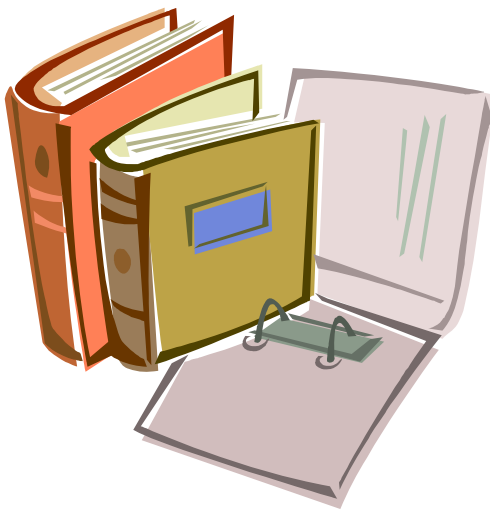
10. Responsibilities of all parents:

- Work cooperatively with the school to eliminate allergens from packed lunches and snacks
- Participate in parent information sessions
- Encourage children to respect the anaphylactic child and school policies
- Inform the teacher prior to distribution of food products to any children in the school

11. 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

ANAPHYLAXIS



SCHOOL START-UP FORMS

This section includes:

- Anaphylaxis Emergency Plans – EpiPen and Twinject
- Dear Parents: Re: Life threatening allergy in our school (used when there is a child in the school with an allergy)
- Dear Parents: Visitors to our school with life threatening allergies (used when you do not have a child with allergies in your school)
- Nut Alert: Reduce the Risk! Reminder (used when an item containing nuts was sent to school)
- Dear Parents: Re: Life threatening allergies reminder (reminder and thank you for not sending nuts to school)

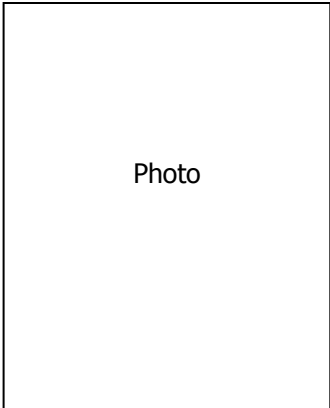
Anaphylaxis Emergency Plan – EpiPen Grey/Black

Date: _____ Name: _____ Grade: _____

School: _____ Birth Date: _____

Health Number: _____ Address: _____

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



Epinephrine Auto-Injector EpiPen® Jr. 0.15 mg EpiPen ® 0.30mg
 Twinject™ Twinject™ 0.30mg

Expiry Date: _____

Location of Auto-Injector (s): _____

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

Act Quickly.

Follow these steps at the first sign of a reaction occurring in conjunction with a known or suspected contact with an allergen. The first signs of a reaction can be mild, but symptoms can get worse very quickly.

1. **Give epinephrine auto-injector** (e.g. EpiPen® or Twinject™) Record the time given.
2. **Call 911 for an ambulance.** State someone is having a life-threatening allergic reaction.
3. **Ensure they go to the hospital,** even if symptoms are mild or have stopped. The reaction could come back. Have the parent/guardian or a school staff member accompany student to the hospital
4. **Call contact person.**
5. **If the ambulance has not arrived in 10-15 minutes,** and breathing difficulties are present give a second dose of epinephrine. Record the time.

How to give an EpiPen



1. Pull off grey cap.



2. Jab black tip into outer thigh until unit activates.
 3. Hold EpiPen in place several seconds. Then discard unit.

See back of page

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

- **Skin:** hives, swelling, itching, warmth, redness, rash
- **Breathing:** wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing
- **Stomach:** nausea, pain/cramps, vomiting, diarrhea
- **Heart:** pale/blue color, weak pulse, passing out, dizzy/lightheaded, shock
- **Feelings:** anxiety, feeling of impending doom, distress, headache

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

Emergency Contact Information				
Name	Relationship	Home Phone	Work Phone	Cell Phone

Request and Authorization

- I hereby request and authorize the administration of _____ for _____ by non-medically trained staff at _____ School.
- I understand that the school may need to discuss the implications of my child's medical condition so that the school can support him or her. I hereby give my permission for the school to contact my child's medical practitioner to obtain necessary information.

Date: _____ Parents Signature: _____

Date: _____ Physician's Signature: _____

Physician's Name: _____

Physician's Phone #: _____

This form should be located in the following locations:

Staff room bus log teacher's daybook nutrition room/canteen teacher's desk
with auto injector
Other _____

(please remember to update)

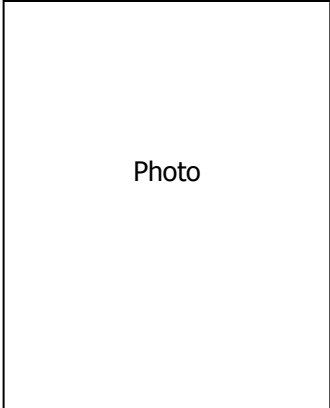
Anaphylaxis Emergency Plan – EpiPen Blue/Orange

Date: _____ Name: _____ Grade: _____

School: _____ Birth Date: _____

Health Number: _____ Address: _____

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



Epinephrine Auto-Injector EpiPen® Jr. 0.15 mg EpiPen ® 0.30mg
 Twinject™ Twinject™ 0.30mg

Expiry Date: _____

Location of Auto-Injector (s): _____

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

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1. **Give epinephrine auto-injector** (e.g. EpiPen® or Twinject™) Record the time given.
2. **Call 911 for an ambulance.** State someone is having a life-threatening allergic reaction.
3. **Ensure they go to the hospital,** even if symptoms are mild or have stopped. The reaction could come back. Have the parent/guardian or a school staff member accompany student to the hospital
4. **Call contact person.**
5. **If the ambulance has not arrived in 10-15 minutes,** and breathing difficulties are present give a second dose of epinephrine. Record the time.

How to give an EpiPen



1. Remove EpiPen® Auto-injector from carrier tube.
2. Hold firmly with orange tip pointing downward.
Remove blue safety release.



3. **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 Epi-Pen® Auto-injector is removed, the orange needle cover automatically extends to cover the injection needle.

See back of page

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

- **Skin:** hives, swelling, itching, warmth, redness, rash
- **Breathing:** wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing
- **Stomach:** nausea, pain/cramps, vomiting, diarrhea
- **Heart:** pale/blue color, weak pulse, passing out, dizzy/lightheaded, shock
- **Feelings:** anxiety, feeling of impending doom, distress, headache

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

Emergency Contact Information				
Name	Relationship	Home Phone	Work Phone	Cell Phone

Request and Authorization

- I hereby request and authorize the administration of _____ for _____ by non-medically trained staff at _____ School.
- I understand that the school may need to discuss the implications of my child's medical condition so that the school can support him or her. I hereby give my permission for the school to contact my child's medical practitioner to obtain necessary information.

Date: _____ Parents Signature: _____

Date: _____ Physician's Signature: _____

Physician's Name: _____

Physician's Phone #: _____

This form should be located in the following locations:

Staff room bus log teacher's daybook nutrition room/canteen teacher's desk
 with auto injector
 Other _____

(please remember to update)

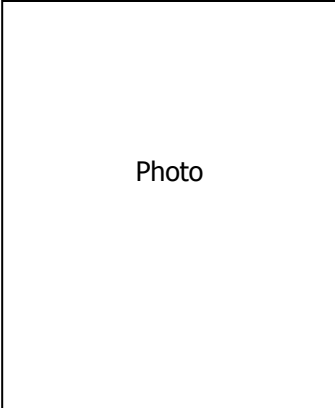
Anaphylaxis Emergency Plan – Twinject

Date: _____ Name: _____ Grade: _____

School: _____ Birth Date: _____

Health Number: _____ Address: _____

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



Epinephrine Auto-Injector EpiPen® Jr. 0.15 mg EpiPen® 0.30mg
 Twinject™ Twinject™ 0.30mg

Expiry Date: _____

Location of Auto-Injector (s): _____

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

Act Quickly.

Follow these steps at the first sign of a reaction occurring in conjunction with a known or suspected contact with an allergen. The first signs of a reaction can be mild, but symptoms can get worse very quickly.

1. Give epinephrine auto-injector (e.g. EpiPen® or Twinject™) Record the time given.
2. Call 911 for an ambulance. State someone is having a life-threatening allergic reaction.
3. Ensure they go to the hospital, even if symptoms are mild or have stopped. The reaction could come back. Have the parent/guardian or a school staff member accompany student to the hospital
4. Call contact person.
5. If the ambulance has not arrived in 10-15 minutes, and breathing difficulties are present give a second dose of epinephrine. Record the time.

TWINJECT-FIRST DOSE

1. PULL off GREEN end cap marked [1] to see a RED cap. Never put thumb, finger, or hand over the RED cap.
2. PULL off GREEN end cap marked [2].



3. Place RED cap against mid-thigh (can go through clothes).
4. Press down firmly until auto-injector activates-hold while slowly counting to ten.
5. Remove auto-injector and check the RED cap; if needle is exposed, you received the dose. If not, repeat #3 and #4 above.



SECOND DOSE (Given 10-15 minutes after First Dose if breathing is difficult)

1. Unscrew and remove RED cap. Beware of exposed needle.
2. Holding BLUE hub at needle base, remove syringe from barrel.



3. Slide YELLOW (Twinject 0.3 mg) or ORANGE (Twinject 0.15 mg) collar off plunger.



4. Inject second dose
 - Insert needle into mid-thigh.
 - Push plunger down completely.



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

- **Skin:** hives, swelling, itching, warmth, redness, rash
- **Breathing:** wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing
- **Stomach:** nausea, pain/cramps, vomiting, diarrhea
- **Heart:** pale/blue color, weak pulse, passing out, dizzy/lightheaded, shock
- **Feelings:** anxiety, feeling of impending doom, distress, headache

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

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Name	Relationship	Home Phone	Work Phone	Cell Phone

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- I understand that the school may need to discuss the implications of my child's medical condition so that the school can support him or her. I hereby give my permission for the school to contact my child's medical practitioner to obtain necessary information.

Date: _____ Parents Signature: _____

Date: _____ Physician's Signature: _____

Physician's Name: _____

Physician's Phone #: _____

This form should be located in the following locations:

Staff room bus log teacher's daybook nutrition room/canteen teacher's desk
with auto injector

Other _____

(please remember to update)



Dear Parents:

Re: Life Threatening Allergy in Our School

One of our students has a life threatening allergy to all nuts. Our School wants to provide the safest environment possible for children with anaphylaxis (life threatening allergies). In order to reduce the risk of a life threatening exposure we need everyone's co-operation. **Do not send products containing nuts or peanuts to school.**

Please check the ingredients of all foods your children bring to school. Ensure that you do not send foods with peanuts or any other types of nuts. Also avoid sending items which say, "May contain traces of nuts", as these could pose a serious risk. If your child eats a peanut containing product before school, please have them wash their hands and brush their teeth before coming to school.

In a school setting, cross-contamination is the greatest risk from this type of allergy. Cross-contamination is when a few crumbs from one child's lunch or snack are dropped and then picked up by an allergic child. *Even a small amount can kill.*

We realize this request poses an inconvenience for you when packing your child's snack and lunch however, we wish to express sincere appreciation for your support and understanding of this potentially life threatening allergy. Please contact the school if you have further questions or concerns.

Sincerely,

Principal

Adapted from Anaphylaxis: A Handbook for School Boards, the Canadian School Boards Assoc., 2002



Dear Parents:

Visitors to our School with Life-Threatening Allergies

Our School wants to provide the safest environment possible for children with anaphylaxis (life threatening allergies) who may be visiting our School for sports or other special events. In order to reduce the risk of a life threatening exposure we need everyone's co-operation. **Do not send products containing nuts to school.**

Please check the ingredients of all foods your children bring to school. Ensure that you do not send foods with peanuts or any other types of nuts. Also avoid sending items which say, "May contain traces of nuts", as these could pose a serious risk. If your child eats a peanut/nut containing product before school, please have them wash their hands and brush their teeth before coming to school.

In a school setting, cross-contamination is the greatest risk from this type of allergy. Cross-contamination is when a few crumbs from one child's lunch or snack are dropped and then picked up by an allergic child. *Even a small amount can kill.*

We realize this request poses an inconvenience for you when packing your child's snack and lunch however, we wish to express sincere appreciation for your support and understanding of this potentially life threatening allergy. Please contact the school if you have further questions or concerns.

Sincerely,

Principal



Nut Alert: Reduce the Risk! Reminder

Dear Parent or Guardian of _____,

Today at lunch or snack, we noticed that your child brought an item containing nuts. This note is just a reminder that we are a "Nut Alert" School. This means that students are not to bring any nut containing food items to the School. We are taking this step to ensure a safe environment for students with life threatening allergies to peanuts and other nut products.

Please feel free to contact the school if you have questions or concerns.

Thank you for your co-operation,

Sincerely

Principal



Dear Parents:

RE: Life Threatening Allergies – Reminder

The children in our school with severe peanut and nut allergies, and their families would like to join me in thanking you for your understanding and cooperation as a result of the request to avoid sending peanut and nut products to school. There has been a reduction in the number of peanut and nut products brought to school in snacks and lunches, and we would like to thank you for continuing not to send these products to school with your child.

Since even a small amount of the allergic substance can cause a life-threatening reaction, keeping it out of the school is our best method of preventing a serious reaction at school.

If your child accidentally brings a food to school containing peanut or nut products, please ask the child to let the teacher know.

Thank you again for your cooperation in this important issue.

Sincerely,

Principal

ANAPHYLAXIS



SCHOOL SIGNAGE

Hand washing posters available at:

http://healthymeals.nal.usda.gov/nal_display/index.php?info_center=14&tax_level=3&tax_subject=231&to_pic_id=1198&level3_id=5075

http://www.publichealth.va.gov/infectiondntpassiton/detail_hand.htm

http://www.nfsmi.org/Information/handwashing/int_symbol070804.pdf



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Wash Your HANDS!



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USDA is an equal
opportunity employer
and provider



2004
ET 5304(A)

NUT ALERT



Reduce the Risk

ANAPHYLAXIS



LESSON PLANS

Source:
Anaphylaxis Canada
www.safe4kids.ca

LESSON PLANS
Kindergarten – Grade 2

Source:

Anaphylaxis Canada
www.safe4kids.ca

Kids School Programs:

Lesson Plan: Kindergarten to Gr. 2

Let's talk about serious allergies and what we can do to keep each other safe:

- € Does any one know what an allergy is?
- € An allergy is what happens when our bodies don't like something. We might get itchy or sneeze when we see a cat or smell flowers.
- € These are not serious allergies.
- € There are some children in our school who have serious allergies.
- € Their allergies are so serious that they could get very sick if they eat the wrong kind of food or get stung by a bee.
- € You might be surprised that some of the foods that you love to eat can make other children very, very sick. So sick that they might need to go to hospital.

Who loves milk?

Who loves eggs?

Who loves peanut butter?

- € It is hard to imagine that something that you enjoy as much as milk, eggs or peanut butter could make one of your friends so very sick.
- € That doesn't mean that those foods aren't good for you ... they are.
- € People who have allergies are no different from anyone else.
- € You can't tell if a person has serious allergies just by looking at them.
- € They are the same as you are.
- € It's just that some things that are good for you are not so good for them.

Let's play a game:

Stand up (or hands up) if you have blue eyes

Stand up if you have brown eyes

Stand up if you are a girl

Stand up if you are a boy

Stand up if you are human

Stand up if you think that something poisonous could make you sick

People are the same in lots of ways and different in lots of ways. But in some ways we are all the same.

Q. *Can you name a few ways that we are all the same?*

A. *Examples might include:*

We all need to eat.

We are all human.

Poisons make all of us sick.

Q. Can you name a few ways that we are different?

A. Some of us have allergies ... while poisons make all of us sick, some things make only some of us sick.

Q. Do you worry about eating poison by accident? Why not? How do you stay away from poisons?

A. *Examples of responses might include:*

- € Label ... skull and cross bones (teacher could show something that looks like a food ... liquid paraffin, for example, looks like water ... but the children would recognize it as poisonous because of the skull and cross bones)
- € Are they kept in the cupboard beside the spaghetti? No, we keep them away from our food.
- € Some may have special tops that make it hard for you to open them.
- € What does your mommy or daddy do after they have touched them? They wash their hands.

Q. If you accidentally ate a poison, what would your mommy or daddy do?

A. Your mommy or daddy would take you to the hospital and you might need to take some medicine.

Q. That's what food allergies can be like for your friends. Things that are fine for you may be poisonous for them. Now that you know that some things are poisonous for your allergic friends you also know what to do to keep them safe. It's the same as what your mommy or daddy does for you. What are some of the things that you can do to help keep your friends safe?

A.

- € Look at food labels ... teacher could show examples of labels
- € Not bring things to school that could make your friend sick
- € Wash your hands before and after eating
- € Not share your food with food allergic friends
- € Not share your straw, fork, knife or spoon.

Q. If you think that a friend is not well you should:

A. Get an adult to help.

There is something else that you should know.

- € People with allergies have special medicine. They may carry it with them in a

fanny pack. This medicine can save their lives and it is not something to play with. It is a needle and a person who carries this needle is brave in a special kind of way. Most of us are given needles by the doctor, but as allergic people get older, they must learn to give a needle to themselves! Their needle is called an epinephrine auto-injector. Do you know that it was designed so that astronauts could give it to themselves in outer space?

So ... what do we all want?

- € We all want to be safe
- € We all want friends who care about our needs

Q. What are the things that we need to remember?

- € Don't bring things to school that could make your allergic friend sick
- € Wash hands before and after eating
- € Don't share food with a food allergic friend
- € Don't share straws, forks, knives or spoons
- € If you think that your friend is feeling sick, get an adult to help

Q. What is the emergency number?

A. 911

LESSON PLANS

Grades 1 – 3

Source:

Anaphylaxis Canada

www.safe4kids.ca

ANAPHYLAXIS
Resource Information and
Lesson Plan
Grades 1-3

Anaphylaxis Canada

Anaphylaxis Canada is dedicated to enabling its members to live safely with life-threatening allergies by sharing information, providing support and advocating for the needs of individuals and families living with anaphylaxis.

Our objective in providing this lesson plan is twofold:

1. To **raise awareness** in classrooms and among friends about anaphylaxis.
2. To impart the concept that students can participate in making their school **SAFE** – and **Support Allergic Friends Everywhere**

What follows is some background information on anaphylaxis followed by a lesson plan for your grade 1 – 3 classroom.

What is Anaphylaxis?

The term “anaphylaxis” (anna-fillaxis) is used to describe a life threatening, generalized (involving multiple systems) allergic reaction. Allergic reactions happen when the immune system overreacts to normally harmless protein substances such as pollen, dust

mites, food, insect stings, latex, and drugs.

The immune system produces antibodies in response to foreign substances in an effort to protect the body from harm. In individuals with a tendency to develop allergic immune responses, an abnormal antibody response produces specific IgE that recognizes specific protein antigen. Specific IgE is the lock; protein antigen is the key. The result is allergy.

In an allergic reaction, one out of five possible organ systems – skin, airways, heart and blood vessels, central nervous system, or gastrointestinal – is involved.

In an anaphylactic reaction, more than one target organ system is involved. Without appropriate treatment (the administration of epinephrine) anaphylaxis can lead rapidly to unconsciousness and death.

What are some of the symptoms of an anaphylactic reaction?

People with anaphylaxis are exquisitely sensitive and generally react immediately to an *allergen*. Two or more symptoms often occur at the same time. Symptoms are often severe.

When exposed to an allergen, a person may experience any of the following symptoms:

- Tingling, itchiness or metallic taste in mouth
- Watering of eyes and nose, sneezing
- Hives, redness, generalized flushing, rash, itching
- Swelling – eyes, ears, lips, tongue, face and skin
- Itchiness or tightness in throat, choking, tightness in chest
- Wheezing, hoarseness, hacking cough
- Nausea, vomiting, stomach pain and/or diarrhea
- Dizziness, unsteadiness, drowsiness, feeling of impending doom
- Fall in blood pressure
- Loss of consciousness
- Coma and death

What foods are most likely to cause an anaphylactic reaction?

Although a person could be allergic to any food, 90 percent of all food related anaphylactic reactions are caused by: peanuts, tree nuts, milk, eggs, soy, fish and shellfish. In addition, insect stings, latex, medication and exercise can cause an anaphylactic reaction.

Is there a cure for food allergy?

Anaphylaxis is generally a lifelong condition for people with peanut, tree nut, fish, and shellfish allergies. Milk and egg allergies can be outgrown and should be reassessed. Insect stings can be treated by desensitization.

Is there medicine that can control a reaction?

Yes. Epinephrine (adrenaline) is recognized as the drug of choice and all efforts should be directed toward its immediate use. After injection, the student should be transported to the hospital, even if symptoms have disappeared. As the reaction can return, you are advised to remain at the hospital under observation for 4 to 6 hours. Asthmatics with anaphylaxis are higher risk.

*Information adapted from
Anaphylaxis
Resource Manual, Copyright
Anaphylaxis
Network of Canada, 1999. Toronto*

**Anaphylaxis
Lesson Plan
Grades 1 – 3**

Objectives:

- Understand that some allergies can make people very, very sick.
- Recognize foods that can cause an anaphylactic reaction.
- Identify some of the symptoms of a life-threatening allergic reaction.
- Recognize some of the rules an allergic person must follow to avoid an allergic reaction.
- Show how we can help a friend who has allergies.
- Tell what to do if a friend is having an allergic reaction.

Materials:

Pictures of epinephrine auto-injectors. (*attached*)

Examples of food for a camping trip (*Use real examples or pictures. Include examples of packaged foods that **contain** or **may contain** peanuts/nuts or other allergens. Include examples of snacks/treats that are safe and others that are not safe for allergic people.*)

Picnic basket.

Procedure:

Ask students if any have allergies. What are you allergic to? *Explain*

*that some people sneeze and wheeze or get itchy from their allergies. **Others have allergies that can make them much sicker.***

1) Building Awareness:

Talk to students about anaphylaxis highlighting the following points:

Today we are going to learn about anaphylaxis (anna-phil-axis), the kind of allergy that can make people very, very sick. Have students repeat "anna-phil-axis."

Some foods like peanuts, nuts, milk and eggs, fish and shellfish, and soy can cause a serious allergic reaction. Also some insect stings and latex can make people very sick. Most balloons are made of latex.

We are going to talk about **food** "anaphylaxis." People who eat a food they are "anaphylactic" or highly allergic to begin to feel funny. They only have to eat a tiny bit of the food to have a severe reaction. They may get covered in itchy hives (bumps on the skin), or begin to wheeze (demonstrate the sound of wheezing), their eyes may begin to swell shut, they may get sick to their stomach, they may not be able to breathe. **They need help.**

Luckily there is medicine that can help. (*Show picture of epinephrine auto-injectors*)

The person needs medicine called

"epinephrine." The medicine is given with a needle in the outer thigh. (*Show location*) The needle hurts a bit, but it prevents the allergic person from getting very, very sick. Then the person must go straight to the hospital to see a doctor to make sure he or she is all right.

People who are "anaphylactic" (have a severe allergy) must carry an epinephrine auto-injector all the time so they are prepared if they have an allergic reaction.

2) Recognizing the need for Avoidance

The only way to avoid a severe allergic reaction is to not eat the foods to which you are allergic. This can be a challenge.

Activity 1: Imagine you are "anaphylactic" (severely allergic) to peanuts (*or milk, eggs, - whatever is applicable to your class*) and that if you ate a peanut or peanut butter you would become very sick and have to go to the hospital.

Pretend you are going camping with your family or friends. Make a list of the foods that are safe for you take on the trip.

Using real food or pictures of food, ask children to decide what foods they can pack for the trip. Read the ingredient labels where applicable to help decide what is

safe. Place the food that is safe in the picnic basket.

Ask: What food is safe for you to take on the trip? Why?

Answer should include the following points:

- Food allergic people eat only food brought from home*
- Food allergic people must read labels on everything they eat*
- Products containing the "allergen" must not be eaten*
- Products with "may contain" warnings on the label must not be eaten*

Ask: Are there lots of foods you can take on the trip?

Answer: There are still lots of foods allergic people can eat. They just have to be careful.

Ask: How would you feel if peanut butter were taken on the trip?

Answer could include: Nervous because peanut butter is sticky and oily and can easily get into the butter dish or on plates and cutlery or other camping equipment. Afraid that you might accidentally eat peanut butter and get really sick and have to go to the hospital.

Ask: What else must you take with you on the camping trip to be prepared if you eat something by mistake?

Answer: Epinephrine Auto-injector

Pretend you will do lots of cool stuff on the trip.

Ask: What kinds of things do you like to play and do when you go camping?

Ask: Are there any of these things you cannot do because of your allergy?

Answer: No, people with "anaphylaxis" are just like everybody else. They just have to be very, very careful about what they eat.

3) How can we help our allergic friends avoid the foods to which they are allergic?

Ask: How do you think you can help your allergic friends avoid the foods to which they are allergic? Do you have a **SAFE** school? Do you **Support Allergic Friends Everywhere?**

Answers should include:
-Never tempt a food allergic classmate to "try a bite." Don't share your food with an allergic person. The allergic person must eat only food brought from home.
-Know the foods to which your friend is allergic
-Never share straws or drinks
-Be careful not to spill or splash your food near someone with food allergies
-Avoid bringing peanut butter/peanuts/nuts to school
-Wash your hands after you eat

-Remind the allergic person to wash hands
-Never tease someone with food allergies. They didn't choose to be allergic.
-Know the symptoms of an allergic reaction, and what you can do to help if someone is having a reaction.

Ask: What should you do if you notice a few kids are teasing your allergic friend about her allergy?

*Answer could include telling the kids to stop and explaining that food allergies are serious, or telling an adult.**

4) Know what to do in an Emergency

Ask: What should you do if you see that a friend is not feeling well because she has eaten something she should not have eaten? Perhaps she is sick to her stomach, is getting hives, and/or is starting to have trouble breathing. (*Refer to list of symptoms*)

(Answer should include: Get help. Find a teacher or other adult right away. Tell them your friend is allergic to food and is sick. Ask them to come right away.

The adult emergency response must be to administer an Epinephrine auto-injector and call 911)

5) Extending and Reinforcing Learning

Activity 1: Draw a picture showing how you can be a good friend to someone with a food allergy. Show how you can help your friends avoid her allergen.*

Activity 2: Make a poster for your classroom to show how the classroom can be kept safe for your allergic friends.

Activity 3: Draw a picture to show how to help someone who is getting very sick because she has accidentally eaten a food to which she is allergic.

Information and some activities adapted from:

Anaphylaxis Resource Manual,
Copyright Anaphylaxis Network of
Canada, 1999. Toronto

*Class Discussion Guide, Friends
Helping Friends: Make It Your Goal!
Funded by an educational grant from
the
Jaffe Family Foundation. Available
from The Food Allergy & Anaphylaxis
Network, Fairfax, VA.

Twinject



Epipen



LESSON PLANS

Grades 4-6

Source:

Anaphylaxis Canada

www.safe4kids.ca

ANAPHYLAXIS

Resource Information and Lesson Plan Grades 4-6

Anaphylaxis Canada

Anaphylaxis Canada is dedicated to enabling its members to live safely with life-threatening allergies by sharing information, providing support and advocating for the needs of individuals and families living with anaphylaxis.

Our objective in providing this lesson plan is twofold:

1. To raise awareness in classrooms and among friends about anaphylaxis.
2. To impart the concept that students can participate in making their school **SAFE** – when they **Support Allergic Friends Everywhere**

What follows is some background information on anaphylaxis followed by a lesson plan for your grade 4 – 6 classroom.

What is Anaphylaxis?

The term “anaphylaxis” (anna-fill-axis) is used to describe a life threatening, generalized (involving multiple systems) allergic reaction.

Allergic reactions happen when the immune system overreacts to normally harmless protein substances such as pollen, dust mites, food, insect stings, latex, and drugs.

The immune system produces antibodies in response to foreign substances in an effort to protect the body from harm. In individuals with a tendency to develop allergic immune responses, an abnormal antibody response produces specific IgE that recognizes specific protein antigen. Specific IgE is the lock; protein antigen is the key. The result is allergy.

In an allergic reaction, one out of five possible organ systems – skin, airways, heart and blood vessels, central nervous system, or gastrointestinal – is involved.

In an anaphylactic reaction, more than one target organ system is involved. Without appropriate treatment (the administration of epinephrine) anaphylaxis can lead rapidly to unconsciousness and death. What are some of the symptoms of an anaphylactic reaction?

People with anaphylaxis are exquisitely sensitive and generally

react immediately to an *allergen*. Two or more symptoms often occur at the same time. Symptoms are often severe. When exposed to an allergen, a person may experience any of the following symptoms:

- Tingling, itchiness or metallic taste in mouth
- Watering of eyes and nose, sneezing
- Hives, redness, generalized flushing, rash, itching
- Swelling – eyes, ears, lips, tongue, face and skin
- Itchiness or tightness in throat, choking, tightness in chest
- Wheezing, hoarseness, hacking cough
- Nausea, vomiting, stomach pain and/or diarrhea
- Dizziness, unsteadiness, drowsiness, feeling of impending doom
- Fall in blood pressure
- Loss of consciousness
- Coma and death

What foods are most likely to cause an anaphylactic reaction?

Although a person could be allergic to any food, 90 percent of all food related anaphylactic reactions are caused by: peanuts, tree nuts, milk, eggs, soy, fish and shellfish. In addition, insect stings, latex, medication and exercise can cause an anaphylactic reaction.

Is there a cure for food allergy?

Anaphylaxis is generally a lifelong condition for people with peanut, tree nut, fish, and shellfish allergies. Milk and egg allergies can be outgrown and should be reassessed. Insect stings can be treated by desensitization.

Is there medicine that can control a reaction?

Yes. Epinephrine (adrenaline) is recognized as the drug of choice and all efforts should be directed toward its immediate use. After injection, the student should be transported to the hospital, even if symptoms have disappeared. As the reaction can return, a person who has experienced a reaction is advised to remain at the hospital under observation for at least 4 to 6 hours. Asthmatics with anaphylaxis are higher risk.

*Information adapted from
Anaphylaxis Resource Manual,
Copyright Anaphylaxis Network of
Canada, 1999. Toronto*

Anaphylaxis Lessons Plan Grades 4 – 6

Objectives:

- Understand that some allergies are **life threatening** (anaphylaxis).
- Identify symptoms of a life-threatening allergic reaction.
- Identify causes of anaphylaxis
- Recognize an epinephrine auto-injector and understand why and how to use one.
- Recognize the need for avoidance and some of the rules an allergic person must follow to avoid an allergic reaction.
- Show how we can help keep our allergic friends **SAFE** (and **Support Allergic Friends Everywhere**)
- Explain what to do if a friend is having an allergic reaction.

Materials:

Attachment 1: Pictures of epinephrine auto-injectors (EpiPen and Twinject)
Attachment 2: Lists of Ingredients to Avoid

Procedure:

Explain that today we are going to learn about a very severe form of allergy called **Anaphylaxis** (Anna-phil-axis). Ask students to repeat the word "anaphylaxis" out loud.

But first, I want to ask: (*list*

responses to the following questions on the board.)

Do any of you suffer from allergies?

What are you allergic to? (*Some responses may be foods, grass, weeds, dust, insects, mold*)

What happens to you when you have an allergic reaction? (*Some responses may be sneezing, runny nose, stuffed-up nose, itchy hives, itchy eyes*)

1) Building Awareness:

Review the following information with students to build a base of understanding about Anaphylaxis.

A) What is an allergy?

You have just listed a number of things people are allergic to and a number of different kinds of allergic reactions.

These reactions occur when the body's immune system mistakenly attacks harmless proteins. For example, when the **food** allergic person eats something to which they are allergic, antibodies alert cells in the body to pour out chemicals, such as histamines. These chemicals cause the

sneezing, swelling, itching, and other symptoms of an allergic reaction.

B) Here are some symptoms of food allergy

- Hives
- Tingling in the mouth
- Swelling of the tongue and throat
- Difficulty breathing
- Asthma
- Abdominal cramps
- Vomiting
- Diarrhea
- And eczema (an itchy skin rash)

C) What is Anaphylaxis (anaphil-axis)?

Anaphylaxis is a **sudden, severe allergic reaction** that involves several of the symptoms already listed, but may also include:

- Difficulty breathing
- Drop in blood pressure
- Loss of consciousness
- In some cases a person can die in a matter of minutes.

D) When do symptoms occur?

Typically, symptoms begin to occur within minutes after the allergic person has eaten the food to which he or she is allergic. However, sometimes symptoms occur up to two hours later.

E) Causes of Anaphylaxis:

The most common causes of anaphylaxis are the following:

Foods: Any food can cause a reaction, but, 90% of all food allergic reactions are caused by eight foods: Peanuts, tree nuts,

milk, eggs, wheat, soy, fish, shellfish.

Drugs: The most common drugs to cause an anaphylactic reaction are antibiotics, penicillin, and A.S.A.

Insect Stings: The most common bugs to cause an anaphylactic reaction are Yellow Jackets, fire ants, and hornets and bumble bees.

Latex: Latex can cause an anaphylactic reaction. Most balloons are made from latex. The surgical gloves used by your dentist or doctor may be made from latex.

F. How much of the allergen does it take to cause a reaction?

It takes only a tiny amount of the allergen to cause an **anaphylactic** reaction.

For example, people who eat a food to which they are "anaphylactic" or highly allergic to begin to feel funny. They only have to eat a tiny bit of the food to have a severe reaction. They may get covered in itchy hives (bumps on the skin), or begin to wheeze (demonstrate the sound of wheezing), their eyes may begin to swell shut, they may get sick to their stomach, they may not be able to breathe. They need help. If they don't get help they may die.

G. Is there medicine to help?

Show pictures of epinephrine Auto-injectors

Luckily there is medicine that can help. If a friend is having an anaphylactic reaction they need medicine, called “**epinephrine**”, right away.

The medicine is given with a needle in the outer thigh. (Show location) The needle hurts a bit, but it prevents the allergic person from getting dangerously sick.

It is important to call 911 for an ambulance to take the person to the hospital right away. A doctor needs to make sure the person is all right.

People who are “anaphylactic” (have a life-threatening allergy) must carry an epinephrine auto-injector all the time.

2) Recognizing the need for Avoidance

The only way to avoid a severe allergic reaction is to **not** eat the foods to which you are allergic. This can be a challenge.

A) Discuss the following situations as a large group or break into smaller groups and have students report back.

i)* A person can have an anaphylactic reaction if a knife

used to spread peanut butter is not cleaned before it is dipped into the jam jar. The peanut butter protein is left in the jam and that small amount of protein is enough to cause an anaphylactic (life-threatening) reaction. This is called cross-contamination.

Make a list of other ways cross-contamination could occur.

(A knife used to cut an egg sandwich could cross-contaminate a meat sandwich; a cake pan used for chocolate nut brownies could cross-contaminate a plain white cake baked in the same pan; an ice cream scoop could cross contaminate a vanilla ice cream cone if the same scoop is used to serve ice cream containing nuts.)

ii) The following list of ingredients appears on a cookie package. You are anaphylactic to eggs? Would you eat these cookies? Why?

Icing sugar, enriched wheat flour, vegetable oil shortening, artificial flavor and color, soya lecithin, salt, sodium bicarbonate, may contain peanuts, tree nuts, eggs, dairy and/or soy.

(No, even though these cookies do not contain eggs, the ingredients may have come in contact with eggs. Just a trace of egg protein could cause an anaphylactic reaction.)

iii) You are allergic to peanuts and nuts. You are at a birthday party and you are offered a piece of bakery-made birthday cake. Lots of candies have been used to decorate the cake. Should you eat the cake? Why?

(No, the pans that the cake was baked in may contain traces of nuts. You do not know the ingredients in the cake. You do not know the ingredients in the candies or if the packaging had a "may contain" warning on it.)

iv)* You are anaphylactic to fish. You are out with your family at a restaurant for dinner. You learn that the French fries are cooked in the same oil used to cook fish. Should you eat the French fries? Why?

(No, because the protein from the fish could contaminate the French fries and could cause an anaphylactic reaction. People with food allergies must always enquire about how food is prepared and what ingredients are used.)

B) People with food allergies must be careful about what they eat.

Ask: Can you think of some rules people with food allergies must follow to avoid an anaphylactic reaction?

Answers should include:

*-Food allergic people eat only food brought from home
-Food allergic people must read labels on everything they eat
-Products containing the "allergen" must not be eaten
-Products with "may contain" warnings on the label must not be eaten)
-Always carry an epinephrine auto-injector.*

3) How to be a helpful friend.

There are some things we can do to help our food-allergic friends avoid the foods to which they are allergic.

A) Discuss the following situation:

Jill is a new student in your class and she tells you she is allergic to peanuts. Think of ways you and your friends can help Jill avoid peanuts. How can you create a **SAFE** classroom? (and **Support Allergic Friends Everywhere**)

Answers should include:

*-Never tempt a food allergic classmate to "try a bite." Don't share your food with an allergic person. The allergic person must eat only food brought from home.
-Never share straws or drinks
-Be careful not to spill or splash your food near someone with food allergies
-Avoid bringing peanut butter/peanuts/nuts to school*

-Wash your hands after you eat
-Remind the allergic person to wash hands
-Never tease someone with food allergies. They didn't choose to be allergic.
-Know the symptoms of an allergic reaction, and what you can do to help if someone is having a reaction.

A) People with “anaphylaxis” are just like everybody else except that they have to carefully avoid their allergen.

*Ask: What should you do if you notice a few kids teasing your food allergic friend about her food allergy?

(Answers should include: telling the kids to stop, explaining that food allergies are serious and dangerous, or telling an adult)

4) Know what to do in an Emergency

Ask: What should you do if you see that a friend is not feeling well because she has eaten something to which she is allergic? Perhaps she is sick to her stomach, is getting hives, and/or is starting to have trouble breathing. (*Refer to list of symptoms*)

(Answer should include: Get help. Find a teacher or other adult right away or call 911. Tell them your friend is allergic to food and may be having an allergic reaction.

Ask them to come right away.)

(The adult emergency response must be to administer an epinephrine auto-injector and call 911 and stay with the person until the ambulance arrives.)

5) Extending and Reinforcing Learning

***Activity 1:** Make a poster listing the symptoms of an anaphylactic reaction. Include what to do if someone is having a reaction.

***Activity 2:** Make a poster for your classroom showing how to help keep your allergic friends safe.

***Activity 3:** Pretend you have a food allergy for a day. You must read the label for every food you eat. If someone else has prepared food you will have to ask about the ingredients used. Choose peanuts, tree nuts, egg, milk, and soybean.

At the end of the day think about whether you were able to avoid all foods containing your allergen. Were you surprised about some of the foods you were unable to eat. What was the hardest part? Share your experience with your class. Check the attachment 2 for lists of some of the ingredients you must avoid. **These are only partial lists for each allergen.** Complete lists can be obtained from Anaphylaxis Canada.

Information and some activities
adapted from:

Anaphylaxis Resource Manual,
Copyright Anaphylaxis Network of
Canada, 1999. Toronto

*Class Discussion Guide, Friends
Helping Friends: Make It Your Goal!
Funded by an educational grant from
the Jaffe Family Foundation.
Available from The Food Allergy &
Anaphylaxis Network, Fairfax, VA.

Attachment 2
Partial Lists of Ingredients to
Avoid

Peanut Allergen

Avoid foods containing peanuts and the following:

Ground nuts
Peanut flour
Cold pressed peanut oil
Mandelonas
Mixed nuts
Peanut butter
Nu-nuts (peanuts that been de-flavoured and re-flavoured with other nuts like pecan or walnut)
Sweet lupine flour
Hydrolyzed plant protein

Egg Allergen

Avoid all foods containing egg and derivatives such as:

Dried egg
Eggnog
Egg solids
Egg white
Egg mayonnaise
Meringues
Soufflés

Tree Nut Allergen

Avoid foods containing nuts to which you are allergic. Here is a list of nuts:

Almonds
Brazil nuts
Cashews
Chestnuts
Filberts/hazelnuts

Hickory nuts
Macadamia nuts
Pecans
Pine nuts, pinon, pignolias
Pistachios
Shea nuts
Walnuts

Also avoid: mixed nuts, nut butters, nut oils, nut paste, chocolate nut spreads, mandelonas, marzipan, nu-nuts, nut meats any of these ingredients:

Milk Allergen

Avoid all foods containing milk and milk derivatives such as:

Butter
Butter fat
Butter oil
Buttermilk
Caseinates, (ammonium, calcium, magnesium, potassium, sodium)
Cheese
Cheese curds
Condensed milk
Cottage cheese
Cream
Cream cheese
Creamed soups
Dairy based infant formula
Dry milk
Hydrolyzed casein
Ice cream
Malted milk
Milk custards and puddings
Milk protein
Skim milk
Sour cream
Whey protein
Whole milk
Yogurt

Soybean Allergen

Avoid all foods containing soy and soy derivatives such as:

Shoyu sauce

Soy(a) loaf

Soy analog

Soy flour

Soy grits

Soymilk

Soy nuts

Soy sauce

Soy spreads

Soy sprouts

Soy based infant formula

Twinject



EpiPen



LESSON PLANS

Grades 7 - 9

Source:

Anaphylaxis Canada

www.safe4kids.ca

ANAPHYLAXIS

Resource Information and Lesson Plan Grades 7-9

Anaphylaxis Canada

Anaphylaxis Canada is dedicated to enabling its members to live safely with life-threatening allergies by sharing information, providing support and advocating for the needs of individuals and families living with anaphylaxis.

Our objective in providing this lesson plan is twofold:

1. To raise awareness in classrooms and among friends about anaphylaxis.
2. To impart the concept that students can participate in making their school **SAFE** – Safe for **Allergic Friends Everywhere**

What follows is some background information on anaphylaxis followed by a lesson plan for your grade 4 – 6 classroom.

What is Anaphylaxis?

The term “anaphylaxis” (anna-fill-axis) is used to describe a life threatening, generalized (involving multiple systems) allergic reaction.

Allergic reactions happen when the immune system overreacts to

normally harmless protein substances such as pollen, dust mites, food, insect stings, latex, and drugs.

The immune system produces antibodies in response to foreign substances in an effort to protect the body from harm. In individuals with a tendency to develop allergic immune responses, an abnormal antibody response produces specific IgE that recognizes specific protein antigen. Specific IgE is the lock; protein antigen is the key. The result is allergy.

In an allergic reaction, one out of five possible organ systems – skin, airways, heart and blood vessels, central nervous system, or gastrointestinal – is involved.

In an anaphylactic reaction, more than one target organ system is involved. Without appropriate treatment (the administration of epinephrine) anaphylaxis can lead rapidly to unconsciousness and death. What are some of the symptoms of an anaphylactic reaction?

People with anaphylaxis are exquisitely sensitive and generally react immediately to an *allergen*. Two or more symptoms often

occur at the same time. Symptoms are often severe. When exposed to an allergen, a person may experience any of the following symptoms:

- Tingling, itchiness or metallic taste in mouth
- Watering of eyes and nose, sneezing
- Hives, redness, generalized flushing, rash, itching
- Swelling – eyes, ears, lips, tongue, face and skin
- Itchiness or tightness in throat, choking, tightness in chest
- Wheezing, hoarseness, hacking cough
- Nausea, vomiting, stomach pain and/or diarrhea
- Dizziness, unsteadiness, drowsiness, feeling of impending doom
- Fall in blood pressure
- Loss of consciousness
- Coma and death

What foods are most likely to cause an anaphylactic reaction?

Although a person could be allergic to any food, 90 percent of all food related anaphylactic reactions are caused by: peanuts, tree nuts, milk, eggs, soy, fish and shellfish. In addition, insect stings, latex, medication and exercise can cause an anaphylactic reaction.

Is there a cure for food allergy?

Anaphylaxis is generally a lifelong condition to those with peanut, tree nut, fish, and shellfish allergies. Milk and egg allergies can be outgrown and should be reassessed. Insect stings can be treated by desensitization.

Is there medicine that can control a reaction?

Yes. Epinephrine (adrenaline) is recognized as the drug of choice and all efforts should be directed toward its immediate use. After injection, the student should be transported to the hospital, even if symptoms have disappeared. As the reaction can return, you are advised to remain at the hospital under observation for 4 to 6 hours. Asthmatics with anaphylaxis are higher risk.

*Information adapted from
Anaphylaxis Resource
Manual, Copyright Anaphylaxis
Network of
Canada, 1999. Toronto*

Anaphylaxis Lessons Plan Grades 7 – 9

Objectives:

- Understand that some allergies are **life threatening** (anaphylaxis).
- Identify symptoms of a life-threatening allergic reaction.
- Identify causes of anaphylaxis
- Recognize an Epinephrine auto-injector and understand why and how to use one.
- Recognize the need for avoidance and some of the rules an allergic person must follow to avoid an allergic reaction.
- Show how we can help keep our allergic friends **SAFE (Safe for Allergic Friends Everywhere)**
- Explain what to do if a friend is having an allergic reaction.

Materials:

Attachment 1: Picture of epinephrine auto-injector
Attachment 2: Lists of Ingredients to Avoid

Procedure:

Explain that today we are going to learn about a very severe form of allergy called **Anaphylaxis** (Anaphil-axis). Ask students to repeat the word “anaphylaxis” out loud.

But first, I want to ask: (*list responses to the following questions on the board.*)

Do any of you suffer from allergies?

What are you allergic to? (*Some responses may be foods, grass, weeds, dust, insects, mold*)

What happens to you when you have an allergic reaction? (*Some responses may be sneezing, runny nose, stuffed-up nose, itchy hives, itchy eyes*)

1) Building Awareness:

Review the following information with students to build a base of understanding about Anaphylaxis.

A) What is an allergy?

You have just listed a number of things people are allergic to and a number of different kinds of allergic reactions.

These reactions occur when the body’s immune system mistakenly attacks harmless proteins. For example, when the **food** allergic person eats something to which they are allergic, antibodies alert cells in the body to pour out chemicals, such as histamines. These chemicals cause the sneezing, swelling, itching, and other symptoms of an allergic reaction.

B) Here are some symptoms of food allergy

- Hives
- Tingling in the mouth
- Swelling of the tongue and throat
- Difficulty breathing
- Asthma
- Abdominal cramps
- Vomiting
- Diarrhea
- And eczema (an itchy skin rash)

C) What is Anaphylaxis (anna-phil-axis)?

Anaphylaxis is a **sudden, severe allergic reaction** that involves several of the symptoms already listed, but may also include:

- Difficulty breathing
- Drop in blood pressure
- Loss of consciousness
- In some cases a person can die in a matter of minutes.

D) When do symptoms occur?

Typically, symptoms begin to occur within minutes after the allergic person has eaten the food to which she is allergic. However, sometimes symptoms occur up to two hours later.

E) Causes of Anaphylaxis:

The most common causes of anaphylaxis are the following:

Foods: Any food can cause a reaction, but, 90% of all food allergic reactions are caused by

eight foods: Peanuts, tree nuts, milk, eggs, wheat, soy, fish, shellfish.

Drugs: The most common drugs to cause an anaphylactic reaction are antibiotics, penicillin, and A.S.A.

Insect Stings: The most common bugs to cause an anaphylactic reaction are Yellow Jackets, fire ants, and hornets and bumble bees.

Latex: Latex can cause an anaphylactic reaction. Most balloons are made from latex. The surgical gloves used by your dentist or doctor may be made from latex.

F. How much of the allergen does it take to cause a reaction?

It takes only a tiny amount of the allergen to cause an **anaphylactic** reaction. People who are anaphylactic are exquisitely sensitive to their allergen. A trace of peanut butter in a butter dish is enough to cause an anaphylactic reaction. Upon ingestion the allergic person may almost immediately begin to get covered in itchy hives (bumps on the skin), or begin to wheeze (demonstrate the sound of wheezing), her eyes may begin to swell shut, she may get sick to her stomach, and she may not be able to breathe.

A person having an anaphylactic reaction needs help. Without help they may die.

G. Is there medicine to help?

Show picture of epinephrine auto-injector

Luckily there is medicine that can help. If a friend is having an anaphylactic reaction they need medicine called “**epinephrine**” right away.

The medicine is given with a needle in the outer thigh using an epinephrine auto-injector. (Show location) The needle hurts a bit, but it prevents the allergic person from getting dangerously sick.

It is important to call 911 for an ambulance to take the person to the hospital right away. A doctor needs to make sure the person is all right. People who are “anaphylactic” (have a life-threatening allergy) must carry an Epinephrine auto-injector all the time.

2) Recognizing the need for Avoidance

The only way to avoid a severe food induced allergic reaction is **not** to eat the foods to which you are allergic. This can be a challenge.

A) Discuss the following situations as a large group or break into smaller groups and have students report back.

i)* A person can have an anaphylactic reaction if a knife

used to spread peanut butter is not cleaned before it is dipped into the jam jar. The peanut butter protein is left in the jam and that small amount of protein is enough to cause an anaphylactic (life-threatening) reaction. This is called cross-contamination.

Make a list of other ways cross-contamination could occur.

(A knife used to cut an egg sandwich could cross-contaminate a meat sandwich; a cake pan used for chocolate nut brownies could cross-contaminate a plain white cake baked in the same pan; an ice cream scoop could cross contaminate a vanilla ice cream cone if the same scoop is used to serve ice cream containing nuts.)

ii) The following list of ingredients appears on a cookie package. You are anaphylactic to eggs? Would you eat these cookies? Why?

Icing sugar, enriched wheat flour, vegetable oil shortening, artificial flavor and color, soya lecithin, salt, sodium bicarbonate, may contain peanuts, tree nuts, eggs, dairy and/or soy.

(No, even though these cookies do not contain eggs, the ingredients may have come in contact with eggs. Just a trace of egg protein could cause an anaphylactic reaction.)

iii) You are allergic to peanuts and nuts. You are at a birthday party and you are offered a piece of bakery-made birthday cake. Lots of candies have been used to decorate the cake. Should you eat the cake? Why?

(No, the pans that the cake was baked in may contain traces of nuts. You do not know the ingredients in the cake. You do not know the ingredients in the candies or if the packaging had a "may contain" warning on it.)

iv)* You are anaphylactic to fish. You are out with your family at a restaurant for dinner. You learn that the French fries are cooked in the same oil used to cook fish. Should you eat the French fries? Why?

(No, because the protein from the fish could contaminate the French fries and could cause an anaphylactic reaction. People with food allergies must always enquire about how food is prepared and what ingredients are used.)

B) People with food allergies must be careful about what they eat.

Ask: Can you think of some rules people with **food** allergies must follow to avoid an anaphylactic reaction?

Answers should include:

*-Food allergic people eat only food brought from home
-Food allergic people must read labels on everything they eat
-Products containing the "allergen" must not be eaten
-Products with "may contain" warnings on the label must not be eaten)
-Always carry an Epinephrine auto-injector*

3) How to be a helpful friend.

There are some things we can do to help our food-allergic friends avoid the foods to which they are allergic.

A) Discuss the following situations:

i)* Jill is a new student in your class and she tells you she is allergic to peanuts. Think of ways you and your friends can help Jill avoid peanuts. How can you create a SAFE classroom? (**Safe for Allergic Friends Everywhere**)

Answers should include:

*-Never tempt a food allergic classmate to "try a bite." Don't share your food with an allergic person. The allergic person must eat only food brought from home.
-Never share straws or drinks
-Be careful not to spill or splash your food near someone with food allergies
-Avoid bringing peanut butter/peanuts/nuts to school*

*-Wash your hands after you eat
-Remind the allergic person to wash hands
-Never tease someone with food allergies. They didn't choose to be allergic.
-Know the symptoms of an allergic reaction, and what you can do to help if someone is having a reaction.*

ii) You are planning your birthday party. Your best friend is anaphylactic to eggs and milk. What could you do to help your friend avoid her allergen at the party?

Answers could include: Talk to your friend about her allergy so that you know what is safe. Ask about the foods that are safe/unsafe. Maybe ask your friend to help plan the food for the party. Advise your friend about what will be served so that she can decide if she needs to bring her own food. Remind your friend to bring her epinephrine auto-injector. Know what to do if your friend has a reaction.

iii) One of your friends is anaphylactic to peanuts and nuts. You have planned to go to the mall for lunch and shopping. How can you help your friend avoid her allergen and stay safe?

Answers could include: Ask your friend which restaurants are safe and then choose a place to eat. Decide to eat at home before you go to the mall. Avoid eating chocolate bars/ ice cream etc.

containing peanuts or nuts while you are with your friend on your outing. Wash your hands before and after eating. Remind your friend to take her Epinephrine auto-injector. Know what to do if your friend has a reaction.

B) People with "anaphylaxis" are just like everybody else except that they have to carefully avoid their allergen.

Ask: What should you do if you notice a few kids teasing your food allergic friend about her food allergy?

*(Answers should include: telling the kids to stop, explaining that food allergies are serious and dangerous, or telling an adult)**

4) Know what to do in an Emergency

Ask: What should you do if you see that a friend is not feeling well and has eaten something to which she is allergic? Perhaps she is sick to her stomach, is getting hives, and/or is starting to have trouble breathing. (*Refer to list of symptoms*)

(Answer should include: Get help. Find a teacher or other adult right away or call 911. Tell them your friend is allergic to food and may be having an allergic reaction. Ask them to come right away.)

(The adult emergency response must be to administer an epinephrine auto-injector and call 911 and stay with the person until the ambulance arrives.)

5) Extending and Reinforcing Learning

Activity 1*: Pretend you have a food allergy for a day. You must read the label for every food you eat. If someone else has prepared food you will have to ask about the ingredients used. Choose peanuts, tree nuts, egg, milk, or soybean.

At the end of the day think about whether you were able to avoid all foods containing your allergen. Were you surprised about some of the foods you were unable to eat. What was the hardest part? Write about it and/or share your experience with your class.

Check Attachment 2 for lists of some of the ingredients you must avoid. **These are only partial lists for each allergen.** Complete lists can be obtained from Anaphylaxis Canada.

Activity 2: Choose peanut, tree nut, milk, egg, or soybean allergy. Using the ingredient lists attached check foods at home in your cupboards and fridge. Make a list of foods you are unable to eat. List those you are able to eat.

(Note: People with food anaphylaxis should always call

food manufacturers directly to verify labeling and manufacturing procedures.)

Activity 3: Complete the attached Anaphylaxis Review (Attachment 3).

Activity 4*: Make a poster listing the symptoms of an anaphylactic reaction. Include what to do if someone is having a reaction.

Activity 5*: Make a poster for your classroom showing how to help keep an allergic friend safe.

Information and some activities adapted from:

Anaphylaxis Resource Manual, Copyright Anaphylaxis Network of Canada, 1999. Toronto

**Class Discussion Guide, Friends Helping Friends: Make It Your Goal! Funded by an educational grant from the Jaffe Family Foundation. Available from The Food Allergy & Anaphylaxis Network, Fairfax, VA.*

Attachment 2
Partial Lists of Ingredients to Avoid

Peanut Allergen

Avoid foods containing peanuts and the following:

Ground nuts
Peanut flour
Cold pressed peanut oil
Mandelonas
Mixed nuts
Peanut butter
Nu-nuts (peanuts that been deflavoured and re flavoured with other nuts like pecan or walnut)
Sweet lupine flour
Hydrolyzed plant protein

Egg Allergen

Avoid all foods containing egg and derivatives such as:

Dried egg
Eggnog
Egg solids
Egg white
Egg mayonnaise
Meringues
Soufflés

Tree Nut Allergen

Avoid foods containing nuts to which you are allergic. Here is a list of nuts.

Almonds
Brazil nuts
Cashews
Chestnuts
Filberts/hazelnuts

Hickory nuts
Macadamia nuts
Pecans
Pine nuts, pinon, pignolias
Pistachios
Shea nuts
Walnuts
Also avoid: mixed nuts, nut butters, nut oils, nut paste, chocolate nut spreads, mandelonas, marzipan, nu-nuts, nut meats any of these ingredients:

Milk Allergen

Avoid all foods containing milk and milk derivatives such as:

Butter
Butter fat
Butter oil
Buttermilk
Caseinates, (ammonium, calcium, magnesium, potassium, sodium)
Cheese
Cheese curds
Condensed milk
Cottage cheese
Cream
Cream cheese
Creamed soups
Dairy based infant formula
Dry milk
Hydrolyzed casein
Ice cream
Malted milk
Milk custards and puddings
Milk protein
Skim milk
Sour cream
Whey protein
Whole milk
Yogurt.

Soybean Allergen

Avoid all foods containing soy and soy derivatives such as:

Shoyu sauce

Soy(a) loaf

Soy analog

Soy flour

Soy grits

Soymilk

Soy nuts

Soy sauce

Soy spreads

Soy sprouts

Soy based infant formula

*Adapted from Suggestions for Eating Safely, Anaphylaxis Network of Canada,
2000, Toronto*

ANAPHYLAXIS REVIEW

1. List the symptoms of an anaphylactic reaction?
2. How is anaphylaxis different from other allergies?
3. List the most common causes of an anaphylactic reaction?
4. What should you do if you think someone is having an anaphylactic reaction?
5. List 4 ways you can help a friend avoid the foods to which they are allergic.
6. Imagine you are anaphylactic to peanuts and nuts. List 4 rules you must follow to avoid your allergen and keep safe.

LESSON PLANS
Grades 10 - 12

Source:

Anaphylaxis Canada
www.safe4kids.ca

Anaphylaxis Lesson Day #1

For: Unit #3 – Nutrition, Health & Well Being, Activity #4
Lifestyle & Health Issues – follow-up to group presentations on health issues which require dietary modifications.

Grade: HFN10 – Food & Nutrition

Expectation for Ministry:

- 1) Identify different types of dietary regimens and the reasons behind these dietary choices.
- 2) Demonstrate creative meal planning that meets the specific needs of a particular individual and family.

Lesson Plan – Day 1

Preparation

- 1) Assign various allergens to the students: e.g. peanuts, other nuts, milk, soy, etc.
- 2) Have students read the labels of all foods they eat within a 24-hour period.
- 3) They will have to research alternate names for their allergen, as not all labels are in plain language. These can be found at www.gosafe.ca.
- 4) Have them list the foods that they would have to forgo if they had the assigned allergy.
- 5) Book computer time for the class to use and be sure your system is set-up to play *QuickTime* movies.

Day of Lesson

- 1) Have students share the results of their observations.
 - a) Could they find the ingredients for all foods?
 - b) How many of the labels said the name of the ingredient in plain language?

- c) What foods would they not be able to eat?
 - d) What are some of the ways in which anaphylaxis might change their lives?
- 2) Assign students to work in partners. They will be visiting one website:
www.gosafe.ca
 - 3) Students will complete the 'Anaphylaxis Work Sheet #1'.

Anaphylaxis Work Sheet Day #1

Date: _____

Names: _____

- 1) What is anaphylaxis?
- 2) How is anaphylaxis different from other forms of allergy?
- 3) Describe what happens during an anaphylactic reaction.
 - a) What happens at a cellular level?
 - b) List a minimum of six signs and symptoms of anaphylaxis.
 - c) How do the cellular and chemical events explain the signs and symptoms of anaphylaxis?
- 4) How would you recognize an anaphylactic reaction?
- 5) What would you do if you thought someone was having an anaphylactic reaction?
- 6) Can anaphylaxis be prevented? Explain your answer.
- 7) If your close friend had serious allergies, what could you do to help them deal with their allergy?
- 8) What can your school do to help make sure that students and staff who are at risk for anaphylaxis are safe?

Anaphylaxis Lesson Day #2

For: Unit #3 – Nutrition, Health & Well Being, Activity #4
Lifestyle & Health Issues – follow-up to group presentations on health issues which require dietary modifications.

Grade: HFN10 – Food & Nutrition

Expectation for Ministry:

- 1) Identify different types of dietary regimens, and the reasons behind these dietary choices.
- 2) Demonstrate creativity in planning a meal that meets the specially defined needs of a particular individual and family.

Lesson Plan – Day 2

- 1) Discuss with students situations that pose a threat to people living with anaphylaxis.

Examples:

- a) Nut-free cookies are placed on the same serving platter as cookies with nuts.
 - b) A person who has peanut butter on their hands touches a desk, computer, basketball, volleyball or other equipment and leaves trace amounts of peanut protein.
 - c) A knife that has been used to cut a peanut butter sandwich is not cleaned properly and used to cut a cheese sandwich.
 - d) Children share recess snacks.
 - e) Bulk foods
 - f) Halloween
 - g) Lunchrooms at school
 - h) Bake sales
- 2) Discuss the following with the class:
 - a) Do “peanut free” schools ensure complete safety for students who are allergic to peanuts?
 - b) Should schools be “peanut free”?

- c) Should students with food allergies be allowed to take food courses in school?
 - d) What emotional and social challenges might a child/adolescent with allergies encounter? How are these similar or different from other health issues (diabetes, heart disease, anemia)?
- 3) Give assignment for Day 2.

Anaphylaxis Work Sheet Day #2

Date: _____

Names: _____

Plan a day's meals for a family with a teenager living with anaphylaxis. Begin by developing a case study to describe the structure and lifestyle of the family.

The meals should be planned according to Canada's Food Guide for Healthy Living.

To ensure the safety of the family member with life threatening allergies make a grocery list for the day's meals and read the labels of all food that will be used. Look carefully to ensure there are no peanuts, peanut products or peanut traces. Make a revised grocery list. Investigate the coping strategies that a person who is at risk for anaphylaxis should employ.

ANAPHYLAXIS



SCHOOL NEWSLETTER ARTICLES

Nut Alert: Reduce the Risk!



Lunch Ideas

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

- 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 just bread.
- Bagels and low fat cream cheese or cheese spread and fruit.
- Soup – ideally tomato or broth-based soups with vegetables, lentils, split peas and/or beans. Check the label to ensure the soup does not contain peanut oil. 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. Read labels carefully to make sure the crackers have not been in contact with peanuts or peanut oil.
- Hamburger and potato salad.
- Chili and a bun.
- Pasta and sauce.
- Cereal (dry or with milk). Read labels carefully to make sure the cereal 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.**

Nut Alert: Reduce the Risk

School Lunches

The incidence of life threatening allergies to nuts and peanuts has risen dramatically among children. As a result, our schools have adopted a *Nut-Alert: Reduce the Risk* strategy. For this reason we ask no nuts or peanuts, nut or peanut butters or products that contain peanuts or nuts 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 protein sources such as 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.
- For a main course salad, combine cut up vegetables with whole grain pasta or rice, 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 allergy strategies 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? Well, say goodbye to the old stand-by and hello to easy-to-make peanut-less lunches and snacks.

School Lunch Ideas – Easy, Nutritious and Peanut Butter-Less!

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

Grain Products	Vegetables & Fruit	Milk Products	Meat & Alternatives
<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"> Fresh fruit Canned fruit in its own juice Fruit juice Vegetable sticks (with dip) Vegetable juice 	<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

Sample Peanut Butter-Less Menus

Monday	Tuesday	Wednesday	Thursday	Friday
<ul style="list-style-type: none"> Sliced meat, cheese & lettuce in a pita Carrot sticks Kiwi Milk 	<ul style="list-style-type: none"> Cold hard boiled egg Celery stuffed with soft cheese Oatmeal muffin Milk pudding Fruit juice 	<ul style="list-style-type: none"> Crackers with cheese cubes (or slices) & cold cuts Cucumber slices Canned fruit in juice Milk 	<ul style="list-style-type: none"> Leftover pizza slice Green pepper rings Yogurt Fruit juice 	<ul style="list-style-type: none"> Leftover spaghetti with meat sauce Vegetables & dip Fresh fruit Milk

PLUS...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 label of all purchased foods (i.e. crackers, cereal) very carefully to ensure that they do not contain peanuts.

Adapted from the Middlesex London Health Unit.

For more information call the School Nutritionist 306 765-6609



NUT ALERT: REDUCE THE RISK! LUNCHES & SNACKS

Are you finding it a challenge to make lunches and snacks for your children without the famous peanut butter sandwich? Well, say goodbye to the old stand-by and hello to easy-to-make Nut Alert: Reduce the Risk! snacks.

Allergic reactions to nuts and peanuts can be fatal.

One of the first things you need to know is what "FOODS TO AVOID" to protect individuals with life-threatening reactions to nuts or peanuts.

When Grocery Shopping:

- ❖ Never assume that a food is free of nuts or peanuts as an ingredient.
- ❖ Read ingredient labels everytime 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, goods from the bakery and imported candy and chocolate with a foreign language ingredient list.

FOODS/INGREDIENTS TO AVOID FOR PEANUT ALLERGIES

These products either contain peanuts, are ingredients made from peanuts or foods which have been known to contain peanuts or peanut ingredients.

- peanuts
- peanut butter
- mandelona nuts*
- peanut sauce
- satay sauce
- arachis oil
- crackers
- potato chips
- peanut protein
- peanut flour
- peanut meal
- mixed nuts
- beer nuts
- candy/chocolate
- cereals
- frozen desserts
- hydrolyzed peanut protein
- peanut oil
- ground nuts
- goober nuts or goober peas
- vegetable/almond paste
- baked goods/desserts
- Chinese or Thai food
- soups, gravies, chili, stew, hamburgers
- vegetable protein, plant protein, hydrolyzed vegetable protein could contain peanut (unless another source, such as corn, is identified).
- vegetable oil, hydrogenated vegetable oil, vegetable oil shortening

*mandelona nuts are peanuts which have been deflavored, reflavored, pressed and sold as almonds, walnuts or other nuts. (Brand name - "Nu-Nuts")

- ❖ You might find the disclaimer "may contain trace amounts of peanuts or nuts" on some processed foods. This means that the manufacturer is not 100% sure that the product is NUT OR PEANUT-FREE.
- ❖ Canadian regulations require manufacturers to list peanut oil if it is part of the vegetable oil or product. To be cautious, avoid peanut oil.
- ❖ Have a pad and pen with you when you shop. If you have a question about a product, record the product name and the manufacturers' phone number or address. Contact the manufacturer when you get home and ask whether the product contains any of the nut or peanut containing ingredients.

For Allergy-Safe Food Preparation:

- ❖ Always wash 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 a utensil after use is not an adequate method of cleaning. Food residue on a utensil can be all it takes to trigger a reaction. "Safe" foods become "unsafe" through contact with nut or peanuts or products containing nut or peanut products. For example, be sure that the jam container is not contaminated by the peanut butter knife.
- ❖ For any nutrition program prepared foods, check the ingredient list for each product being used in 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). For this reason, 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 | | |

The following are often mistaken for nuts, but are not. These DO NOT need to be avoided by those allergic to peanuts:

- fresh coconut (read the label on packaged coconut)
- water chestnuts
- nutmeg and mace

Snack and Lunch Ideas - Easy, Nutritious and Nut Alert

So ... no more peanut butter in school snacks! Don't despair, there are lots of other tasty and easy choices for your students. If you are concerned about protein, don't be. There are lots of other good protein sources in the Meat & Alternatives and Milk Products groups. Smaller amounts are found in Grain Products as well as Vegetable & Fruits.

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
- small piece cheese pizza
- 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 of Canada's Food Guide to Healthy Eating. 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 • macaroni & cheese • pasta or rice salad • soups with rice or pasta • oatmeal cookies • bread sticks 	<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

Call these phone numbers when you have question about the ingredients or the safety of a food product they produce:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Cadbury Adams Chocolate Canada: 1-800-565-6317 • General Mills Canada: 1-800-248-7310 • Kellogg's: 1-888-876-3750 • Kraft General Foods Canada: 1-800-567-5723 (main) or 1-800-268-1775 | <ul style="list-style-type: none"> Nabisco brands: 1-800-668-2253 (Kraft) • Nestle Canada: 1-800-387-4636 • Pillsbury: 1-800-775-4777 • Quaker Oats Canada: 1-800-267-6287 • Trebor/Allan: 1-800-523-8233 |
|--|--|

Note: Check food labels - they can change at any time!

NUT ALERT: REDUCE THE RISK!

SOFT GRANOLA BARS

3 cups rolled oats	1/2 cup margarine
1/2 cup brown sugar	1/2 cup corn syrup or honey
1/4 cup wheat germ	1/2 cup chocolate chips or raisins

In a large bowl, combine oats, sugar and wheat germ. Cut in margarine until mixture is crumbly. Stir in corn syrup or honey. Mix well until combined. Stir in chocolate chips or 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: avoid ingredients purchased from bulk-food bins due to the risk of cross-contamination with nuts or peanuts. Be very careful with chocolate chips. Check ingredient list.

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



Nut Alert: Reduce the Risk!



Grocery Shopping

When Grocery Shopping:

- ❖ Never assume that a food is free of nuts or peanuts as an ingredient.
- ❖ Read ingredient labels everytime 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, goods from the bakery and imported candy and chocolate with a foreign language ingredient list.
- ❖ You might find the disclaimer "may contain trace amounts of peanuts or nuts" on some processed foods. This means that the manufacturer is not 100% sure that the product is NUT OR PEANUT-FREE. It will NOT be safe to take to school.

FOODS/INGREDIENTS TO AVOID FOR PEANUT ALLERGIES

These products either contain peanuts, are ingredients made from peanuts or foods which have been known to contain peanuts or peanut ingredients.

- peanuts
- peanut butter
- mandelona nuts*
- peanut sauce
- satay sauce
- arachis oil
- crackers
- potato chips
- peanut protein
- peanut flour
- peanut meal
- mixed nuts
- beer nuts
- candy/chocolate
- cereals
- frozen desserts
- hydrolyzed peanut protein
- peanut oil
- ground nuts
- goober nuts or goober peas
- vegetable/almond paste
- Chinese or Thai food
- vegetable protein, plant protein, hydrolyzed vegetable protein could contain peanut (unless another source, such as corn, is identified).
- vegetable oil, hydrogenated vegetable oil, vegetable oil shortening

*mandelona nuts are peanuts which have been deflavored, reflavored, pressed and sold as almonds, walnuts or other nuts. (Brand name - "Nu-Nuts")

Note: Check food labels - **they can change at any time!**

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). For this reason, people who are allergic to peanuts or nuts should 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* | <input type="checkbox"/> <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 | | |

The following are often mistaken for nuts, but are not. These DO NOT need to be avoided by those allergic to peanuts:

- fresh coconut (read the label on packaged coconut)
- water chestnuts
- nutmeg and mace

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.

When in doubt, always contact the manufacturer...a "1-800" number is often listed on a package...

To make it easier find the toll-free numbers of some common companies listed below. Representatives will be able to answer question about the ingredients or the safety of a food product they produce.

Cadbury Adams Chocolate Canada: 1-800-565-6317

General Mills Canada: 1-800-248-7310

Kellogg's: 1-888-876-3750

Kraft General Foods Canada: 1-800-567-5723 (main) or 1-800-268-1775

Nabisco brands: 1-800-668-2253 (Kraft)

Nestle Canada: 1-800-387-4636

Pillsbury: 1-800-775-4777

Quaker Oats Canada: 1-800-267-6287

Trebor/Allan: 1-800-523-8233

Thank you for your understanding and cooperation as we strive to be ...

Nut Alert: Reduce the Risk!

NUT ALERT: 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 the hands of a student or teacher who then touches a door knob, computer, water faucet, water fountain or other article that is then touched by a student severely allergic to peanuts could be enough to cause a severe reaction. Without immediate emergency medical assistance this reaction could result in loss of consciousness and death.

The school has established emergency plans for the students. Part of this plan is to establish a safe environment for all students. Therefore, we are requesting that our school be Nut Alert: Reduce the Risk! Parents and teachers should avoid including nuts, peanuts and products containing nuts or peanuts in lunches or snacks or to the school. There are a number of alternatives to peanut butter sandwiches included in this newsletter.

NUT ALERT: REDUCE THE RISK! GOAL:

We hope to establish and maintain, but cannot guarantee:

- a school, school environment, and buses free of peanuts and peanut products

Thank you for your assistance with this important matter.

(Adapted from West Royalty Elementary School Newsletter, PEI)



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 	<p>Class Teacher</p> <p>Principal, Class Teacher</p> <p>Principal or nominated teacher</p>
Trigger food in the canteen (e.g. peanut butter)	<ul style="list-style-type: none"> • inform all canteen staff (paid and volunteer) of students with allergy and foods to which they are allergic • 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 	<p>Canteen manager</p> <p>Principal</p> <p>Canteen manager and school nutritionist</p>
Class parties	<ul style="list-style-type: none"> • advise parent of the student at risk of food allergies ahead of time so they can provide suitable food • food for allergic student should only be approved and provided by the student's parent • inform other class members' parents of trigger substances and request that these foods are avoided • consider non-food rewards • cupcakes, as replacement for a piece of birthday cake, can be stored in identifiable container (labeled with child's details) in a freezer 	<p>Class teacher</p> <p>Child's parent</p> <p>Class teacher</p> <p>Class teacher</p> <p>Class teacher</p>

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



NUT ALERT: REDUCE THE RISK!

SCHOOL LUNCHES

The incidence of life threatening allergies to nuts and peanuts has risen dramatically among children. As a result, our schools have adopted a Nut-Alert: Reduce the Risk strategy. For this reason we ask no nuts or peanuts, nut or peanut butters or products that contain peanuts or nuts 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 protein sources such as 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.
- For a main course salad, combine cut up vegetables with whole grain pasta or rice, 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 allergy strategies carefully is critical. It helps to create a safe environment for all students. Your co-operation is appreciated.

WRITTEN BY THE PUBLIC HEALTH NUTRITIONISTS OF SASKATCHEWAN

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



Together we are better:

SCHOOL – COMMUNITY – HEALTH PROMOTION

ALLERGIES

Spring is coming and with it often comes an increase in allergy symptoms. An allergy is an abnormal immune system response to a substance that is typically harmless to most people. Your immune system believes that the substance is harmful to you and in an attempt to protect you; it releases histamines into the bloodstream.

Histamines cause the allergic reaction to occur. The reaction may be mild to severe. Reactions such as a runny nose, watery eyes, and sneezing can be very irritating but severe reactions which lead to swelling of the lips, eyes, face, tongue, difficulty in breathing and anaphylactic shock can be fatal if not treated in time. Individuals who have an anaphylactic (life threatening) reaction to an allergen need to carry an auto-injector with them at all times.

The Epipen or Twinject contains adrenalin which can treat their symptoms until they can receive medical attention. Students with anaphylactic reactions need to have a plan in place for treatment if they are exposed to their allergen while they are at school.

The most common allergens include food (peanut, tree nuts, fish and seafood in adults, and milk, eggs, peanut, soy, tree nuts, fish and seafood in children), medication (penicillin), insect venom, latex and exercise. After investigation, a few reactions will still be labeled as 'cause unknown'.

To respond to the large number of students with life-threatening reactions to nuts and peanuts in our schools, a committee made up of representatives from Prince Albert Parkland Health Region, Sask. Rivers School Division, Prince Albert Roman Catholic Separate School Division and parents have recently developed the resource, ANAPHYLAXIS IN PRINCE ALBERT & AREA SCHOOLS: COMMON PROTOCOLS & RESOURCES FOR PROTECTION OF CHILDREN WITH ANAPHYLAXIS. The intention of the resource is to assist all schools in dealing with life-threatening allergies in school.

For more information on allergies please visit the following websites:

Allergy/Asthma Information Association – www.aaa.ca

Anaphylaxis Canada – www.anaphylaxis.ca

Epipen – www.epipen.ca; Twinject- www.twinject.ca

Safe4Kids - Kids Living with Anaphylaxis – www.safe4kids.ca

FOOD ALLERGIES – FACT AND FICTION

You have just finished eating. You start to feel ill. Your face starts to swell. You are having trouble breathing and feel nauseous. This could be a food allergy reaction. Reaction can occur immediately, in a few minutes or several hours after a food is eaten. A true food allergy happens when your body gets a signal that some unwanted allergen, usually a protein, has entered your body and your body needs to clear it out. Reactions can be itching and burning of the mouth, swelling of the face or throat, difficulty breathing, skin irritation and sometimes, nausea and vomiting. The extreme reaction is anaphylactic shock, also brought on by bee stings in some people, which can be fatal.

Almost 80% of food allergies are caused by eight foods: milk/dairy products, eggs, wheat, peanuts, soy, nuts and fish or seafood. These are the most common but there are other not so common allergens for some people like tomato, sesame seed, sulphites and ginger. True food allergies are not as common as you would think with only 1% to 3% of adults and up to 7.5% of children suffering from them. People with true food allergies need to always be cautious with foods they eat. For them, reading food labels as well as asking about ingredients in restaurant meals or out as a guest is vital. Being sensitive to peanuts, nuts, fish and shellfish is usually a life long concern. However in children, nearly half can outgrow food allergies to dairy and eggs, especially if the allergy started before age 3.

Don't mistake food intolerance for a food allergy. Usually intolerance is the inability of digestion to break down or absorb certain foods or their parts. Food intolerance may include stomach pain and bloating as well as diarrhea and flatulence. Usually the offending food is quite common and is eaten often. One of the most common intolerances is to dairy products because of a lack of the enzyme lactase, which digests the milk sugar called lactose.

The best way to prevent allergic reactions is to avoid the offending foods. There are many ways you can protect yourself:

- Know the different product names for your allergen. For example sodium caseinate has milk products.
- Read all food labels carefully and regularly. Companies can change ingredients.
- Check food labels for hidden allergens. Get ingredient information from food companies. Get the address or phone number from the label.
- Friends, relatives and restaurant staff need to know about the allergy. A knife with traces of peanut butter also used for jam or butter may have enough protein to cause a reaction.
- Exclusively breastfeed your baby for the first 6 months.

If you suspect a food allergy, speak to your family doctor. You may need to see an allergist who will take a history of the reaction and usually do skin tests.

WRITTEN BY THE PUBLIC HEALTH NUTRITIONISTS OF SASKATCHEWAN

LONGER GENERIC NEWSLETTER ARTICLES

Nut Alert Lunch Ideas

When one or more students in a school have an allergy to nuts or peanuts, the whole school may need to become Nut Alert: Reduce the Risk! This means other students will be asked to not bring lunch items containing nuts or peanuts.

If your child's favourite sandwich is peanut butter and jelly, what other choices do you have?

- 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 just bread.
- Bagels and low fat cream cheese or cheese spread and fruit.
- Soup – ideally tomato or broth-based soups with vegetables, lentils, split peas and/or beans. Check the label to ensure the soup does not contain peanut oil. 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 yoghurt. Send to school cold or reheat in the microwave.
- Cheese and crackers. Read labels carefully to make sure the crackers have not been in contact with peanuts or peanut oil.
- Hamburger and potato salad.
- Chili and a bun.
- Pasta and sauce.
- Cereal (dry or with milk). Read labels carefully to make sure the cereal has not been in contact with peanuts or peanut oil.

Note: Children with peanut allergies should never take food from another child, even if they think the food does not contain nuts or peanuts.

Read labels regularly because manufacturers often change the ingredients in their products.

WRITTEN BY THE PUBLIC HEALTH NUTRITIONISTS OF SASKATCHEWAN

Quick clips for school newsletters

September or reminders to go out during the year:

Nut Alert: 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.

(Adapted from *Anaphylaxis: A Handbook for Schools*, 2001)

Nut Alert: 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, many schools have 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.

(Adapted from PHNWG: September 2006)

Nut Alert: 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!

(Adapted from Stan&Fran Health Hints; www.interiorhealth.ca)

Nut Alert: 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 Nut Alert: Reduce the Risk!

- Never assume that a food is free of allergic 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.)

Nut Alert: 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 a Nut-Alert: 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)

Nut-Alert: Reduce the Risk!

We have a number of students with severe nut allergies in our school; we are asking students and their families for their support as we become a Nut-Alert: Reduce the Risk! school. Boxes of chocolates or other fund-raising food items that contain peanuts or nuts should be left at home.

(Adapted from WJ Berezowsky School Newsletter 2006)

HALLOWEEN

Nut-Alert: 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 don't list the ingredients or contain nuts or peanuts.

THANK YOU FOR HELPING TO MAKE SCHOOL SAFER FOR ALL OUR STUDENTS!

(Adapted from Safe Treats, No Tricks, For Allergy-Free Halloween Fun, Food and Allergy Network).

DECEMBER HOLIDAY

Nut-Alert: Reduce the Risk!

Do the holidays make people busy and make people forget things? The answer is, "yes!" Even close friends and relatives may completely forget about allergies in the hustle and bustle of holiday. This is a reminder that our school is **Nut-Alert: 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 any food treats to school. Trade in the traditional nut tray for a fruit tray instead.

VALENTINE'S DAY

Nut-Alert: 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 sent treats that contain nuts.

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

EASTER

Nut-Alert: 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 Nut-Alert: Reduce the Risk at our school! Products that contain nuts or peanuts or even a residue of nuts or peanuts on a desk are a risk.

We understand that parents want to do something special in your child's class for 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).

BIRTHDAYS

Nut-Alert: Reduce the Risk!

Want to bring something special for your child's birthday, please call the teacher to discuss options... stickers, pencils, tattoos, fancy shoelaces, and pens that light up and other non-edible treats would still be welcomed by the children. Please don't hesitate to call for advice.

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

Nut Alert Lunch Ideas

Our school is Nut Alert: Reduce the Risk! 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 do you have?

- 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 just bread.
- Bagels and low fat cream cheese or cheese spread and fruit.
- Soup – ideally tomato or broth-based soups with vegetables, lentils, split peas and/or beans. Check the label to ensure the soup does not contain peanut oil. 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 yoghurt. Send to school cold or reheat in the microwave.
- Cheese and crackers. Read labels carefully to make sure the crackers have not been in contact with peanuts or peanut oil.
- Hamburger and potato salad.
- Chili and a bun.
- Pasta and sauce.
- Cereal (dry or with milk). Read labels carefully to make sure the cereal has not been in contact with peanuts or peanut oil.

Note: Children with peanut allergies should never take food from another child, even if they think the food does not contain nuts or peanuts.

Read labels regularly because manufacturers often change the ingredients in their products. Foods with chocolate may contain nuts or peanuts.

WRITTEN BY THE PUBLIC HEALTH NUTRITIONISTS OF SASKATCHEWAN

NUT ALERT



Reduce the Risk