



Tri-County Regional School Board  
Nova Scotia, Canada  
**Students First**

**Draft**

**BOARD TRI-COUNTY REGIONAL SCHOOL  
POLICY and PROCEDURES**

| <b>Title</b>                                  | <b>Effective Date</b> | <b>Revision Date</b> | <b>No. of Pages</b> |
|---|-----------------------|----------------------|---------------------|
| <b>No. 743<br/>Life Threatening Allergies</b> | <b>May 14, 1996</b>   | <b>Feb. 22, 2000</b> | <b>1 of 18</b>      |

**It is the policy of the Tri-County Regional School Board that the Procedural Handbook for Managing Life Threatening Allergies, attached hereto, be used throughout the Region.**

**PROCEDURE Under Policy No.743**

**Procedural Handbook**  
**for Managing**  
**Life Threatening Allergies**

## **1. INTRODUCTION**

***(Previously second paragraph)*** Anaphylactic shock is an allergic reaction in all the major body-organ systems. Immediate medical intervention is necessary as the victim may suffer a drop in blood pressure, loss of consciousness, and death. This can occur at any time up to four hours following exposure to the triggering substance. Even a small amount of the allergen can be fatal.

***(Previously first paragraph)*** As many as one percent of Canadians suffer from an extreme life-threatening allergy to certain foods, medications, or insect stings. For these people, exposure to even a minute amount of the substance to which they are allergic (allergen) can trigger anaphylactic shock.

Although peanuts and peanut products are the most common foods that cause anaphylactic shock, shellfish, fish, eggs, sulphite, milk, other foods, drugs, insect bites, or environmental conditions can cause this dangerous reaction. Each subsequent exposure to the allergen can increase the severity of the reaction.

The emergency response to this condition is the administration of adrenaline (epinephrine) by syringe, usually with an Epi-Pen. The adrenaline (epinephrine) can be safely administered with this device by non-medical personnel with minimal training.

The information and direction provided in the Handbook is intended to provide guidelines to school personnel for the management of students who are at risk of anaphylactic shock.

## **2. DEFINITION OF ANAPHYLACTIC SHOCK**

Anaphylactic shock is an allergic reaction which may be fatal, and it occurs when an allergic individual is exposed to a particular material such as peanut products, nuts, eggs, fish, insect stings such as a bee, hornet or wasp, or is given medication such as penicillin or aspirin.

## **3. SYMPTOMS OF ANAPHYLACTIC SHOCK**

In the case of a student who has known allergies and who is exposed to a particular material, the occurrence of any of the following symptoms may indicate anaphylactic shock:

- i. The child will give verbal indication;
- ii. Itchiness and hives over the entire body;
- iii. Nausea, vomiting, diarrhea;
- iv. Fainting and collapse;
- v. Swelling of the tongue, lips or face;
- vi. Difficulty breathing;
- vii. Rapid heartbeat;
- viii. Seizures.

Immediate administration of the Epi-Pen is required in these instances.

## **4. PREVENTION AND MANAGEMENT PROCEDURES**

When a child who is subject to extreme allergic reactions is identified, the principal will convene, as soon as possible, a meeting of the parent/guardian and appropriate school staff to develop a procedure to enhance the safety of the child. The following elements will be addressed in the plan.

### **4-A. Prevention**

A prevention plan to minimize the student's exposure to the triggering material should be developed. The prevention plan should be appropriate to the maturity and reliability of the student and the severity of the problem. Prevention measures may include the following:

- i. Self-supervision;
- ii. Education programs for classmates, schoolmates, parents/guardians;
- iii. Request to parents/guardians of students in classroom to assist in management of exposure to the allergen; and
- iv. Minimizing the presence of triggering material in school and school-related activities

In some jurisdictions, school personnel have attempted to ban food products which cause anaphylactic shock. However, it is impossible to guarantee the implementation of a complete ban. In fact, the adoption of this policy could lead to the assumption that a school is free of a particular allergen and create a false sense of security. The most practical options are to minimize exposure to the particular food products, and plan for the management and care of the allergic student. By way of prevention, the school should arrange the most practical approach to ensuring the least possible chance of exposure. This may involve the consideration of options such as having the allergic child eat in an allergen-free area or having the parent/guardian present at lunch time. In addition, the principal could take steps to seek cooperation from parents/guardians in order to reduce the presence of particular foods within the school.

### **4-B. Epi-Pen**

Epi-Pens supplied by parents/guardians must be available, and all staff that may be required to administer medication must be trained to do so. A mechanism by which all staff can identify the students at risk should be available. Provision should be made for informing substitute teachers and other temporary staff about the student and their potential responsibilities.

The number of locations at which Epi-Pens are kept should be determined, based upon the severity of the problem as mutually determined by the parent/guardian, principal, and identified resource person (such as Public Health nurse, Lung Association representative, or allergy clinic personnel, etc.) Instructions for managing an emergency, and a recent photo of the student, should also be posted where each Epi-Pen is located. The preferred approach would be for the student to carry the Epi-Pen at all times, with a minimum of two spare Epi-Pens available in school locations. For students at risk of anaphylactic shock, there must be at the school an Epi-Pen or auto-injector for administration at the time of anaphylactic shock, as well as a minimum

of three auto-injectors to assure re-administration every ten or fifteen minutes while waiting for an ambulance and en route to the hospital.

The regular Epi-Pen is used for persons who weigh over thirty-three (33) pounds. In situations where it is uncertain anaphylactic shock is occurring, it is advisable to administer the Epi-Pen, given that the medication can be safely administered in these circumstances.

#### **4-C. Emergency Action**

As in the case of any potential crisis, advance planning will be helpful in successfully managing the event. In dealing with cases of anaphylactic shock, the emergency action is as follows:

- i. **Get Epi-Pen, remove other students from area, and lay student patient down, remain calm;**
- ii. **Administer Epi-Pen immediately;**
- iii. **Have someone call 911 – you may be directed to take the individual to the local Emergency Care Centre if the estimated time of arrival of the ambulance is longer than ten (10) minutes (a minimum of two (2) adults must accompany the casualty);**
- iv. **Call the parent/guardian;**
- v. **Cover and reassure student, make them as comfortable as possible;**
- vi. **If the ambulance has not arrived in 10-15 minutes, and breathing difficulties are present, call 911 again – you may be asked to administer a second Epi-Pen;**
- vii. **Even if symptoms subside, take student to hospital immediately following administration of Epi-Pen.**
- viii. **Provide ambulance and/or hospital personnel with a copy of the Extreme Allergy Management and Prevention Plan for the student and the time at which the Epi-Pen (epinephrine) was administered**

Additionally, there will be a need to develop plans to deal with such an emergency if the student is involved in school activities outside the school.

### **5. RESPONSIBILITIES**

The management of students who have severe allergies requires a clear understanding of the roles of the parent/guardian and school and health personnel. These responsibilities are described in the following sections.

#### **5-A. Parents/Guardians**

Parents/guardians are required to assume a number of responsibilities. It is important that parents/guardians provide certain information to the principal and the public health nurse at the time that the student is registered to attend school. Necessary forms and authorizations should be completed. In addition, parents/guardians may be called upon to provide support, for example, on field trips.

Parents/guardians have specific responsibilities for providing:

- i. the school principal with information about the student's allergy;
- ii. indicators of child's reaction to allergen;
- iii. a completed copy of the Student Allergy Survey;
- iv. assistance to the principal in preparing the Extreme Allergy Management and Prevention Plan, and authorization and consent to carry out emergency procedures;
- v. a recent photo of the student;
- vi. the student with a Medic Alert bracelet;
- vii. the student with an Epi-Pen and a carrying pouch for the transport of an Epi-Pen.

### **5-B. Public Health Nurse**

Proper planning for the management of students with severe allergies requires support from health care workers.

The specific responsibilities of the public health nurse are to:

- i. become aware of students who have severe allergies;
- ii. develop education programs in conjunction with appropriate partners;
- iii. be a resource for the training of school staff who may be required to administer the Epi-Pen (epinephrine);
- iv. act as a resource to the school principal and the parent/guardian with the development of the Extreme Allergy Management and Prevention Plan for each identified student.

### **5-C. Principal**

The school principal shall ensure the Student Allergy Survey is completed when students register to attend school or transfer from one school to another. The school principal is responsible for planning and co-ordination with regard to the management of students who have severe allergies. Upon being informed that a student has a serious allergy, the principal shall:

- i. develop, in consultation with the identified resource person and the student's parent/guardian, a plan for management of the student through the completion of the Extreme Allergy Management and Prevention Plan;
- ii. ensure that staff are trained and available to provide emergency procedures and provide them with a copy of the Extreme Allergy Management and Prevention Plan and a copy of the Emergency Allergy Alert Form, and a record is kept of dates of staff training;
- iii. notify the school staff, cafeteria staff, bus drivers, janitors and substitute personnel about the student and the student's allergies;
- iv. post in the staff room, classroom, school office, or other appropriate location, a copy of the Emergency Allergy Alert Form, along with a recent photo of the student, and locate an Epi-Pen with the form;
- v. arrange for the identified resource person to conduct information and training sessions for the appropriate school staff including the bus driver;
- vi. consult, as appropriate, with the school council and parents/guardians concerning education and prevention plans for the school;

- vii. ensure the Extreme Allergy Management Plan is reviewed annually and appropriate changes are made to the Plan and to the Emergency Allergy Alert Form;
- viii. obtain two (2) Epi-Pens from the student's caregiver; check for expiry date and obtain replacement Epi-Pens, when required, from the student's caregiver.

## **6. STUDENT ALLERGY SURVEY**

All parents/guardians should be required to complete the Student Allergy Survey at the time a student is registered to attend a school, or transfers to another school, and then annually thereafter. Also, the Student Allergy Survey may be used for periodic surveys of an entire school population.

In instances where students are identified to have a severe allergy, the Extreme Allergy Management and Prevention Plan should be completed. A copy of the Student Allergy Survey is included in **Appendix I**.

## **7. EXTREME ALLERGY MANAGEMENT AND PREVENTION PLAN**

The Extreme Allergy Management and Prevention Plan is to be completed for each student who is at risk of anaphylactic shock. The Plan requires the provision of information from the parent/guardian. It also provides for the documentation of commitments by the school and parent/guardian. Finally, the Plan requires the parent/guardian to give authorization for the school staff to administer medication and obtain medical assistance. A completed copy of the Plan should be provided to the student's teacher, bus driver and other appropriate staff. A copy of the Extreme Allergy Management and Prevention Plan is included in **Appendix II**.

## **8. EMERGENCY ALLERGY ALERT FORM**

The Emergency Allergy Alert Form is to be completed by the parent/guardian and the principal. The Form includes sections for recording information about the student's allergy. The Form also contains a description of the symptoms of anaphylactic shock and the action which is appropriate in an emergency. A photo of the student should be attached to the Form. A completed copy of the Emergency Allergy Alert Form should be posted in the staff room, school office, classroom and other appropriate locations within the school. At least one Epi-Pen should be located in the school office. A copy of the Emergency Allergy Alert Form should be provided to the student's teacher, bus driver and other appropriate staff. A copy of the Emergency Allergy Alert Form is included in **Appendix III**.

## **9. SCHOOL LUNCH IDEAS**

School Lunch Ideas contains suggestions for school lunches which do not include peanut butter. It will be necessary to develop a different list of ideas in cases where a student is allergic to any of the foods included in the list. In these instances, consultation with a nutritionist is desirable. This information could be provided to parents/guardians through school newsletters, at parent meetings, or attached to correspondence to parents/guardians concerning the presence of a child who is at risk of anaphylactic shock. See **Appendix IV**.

## **10. CONSULTATION WITH PARENTS/GUARDIANS**

The creation of classroom spaces which are free from the substance which could place an allergic student at risk of anaphylactic shock is more likely to be achieved through the use of a consultative process. Efforts should be made to provide parents/guardians with information about the risks. A sample letter to parents/guardians is included in **Appendix V**. This letter is designed to inform parents/guardians about the presence of a student who is at risk of anaphylactic shock following exposure to peanuts and peanut products. The letter can be modified for cases where students are at risk of anaphylactic shock following exposure to other substances. An invitation to a school meeting is included in the sample letter. Of course, the letter should be adapted to meet the particular circumstances.



**TO PARENTS/GUARDIANS:** This survey is designed to obtain information concerning life-threatening allergies. Please return the completed survey to your student's school.

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Student's Name (print)

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Parent's/Guardian's Name (print)

1. Does your child have a life-threatening allergy? YES\_\_\_ NO\_\_\_
  
2. Does your child have any allergies which produce any of the following symptoms following exposure to a particular material?
  - a) Difficulty breathing or swallowing. YES\_\_\_ NO\_\_\_
  - b) Fainting or collapse. YES\_\_\_ NO\_\_\_
  - c) Swelling of the tongue, lips or face. YES\_\_\_ NO\_\_\_
  - d) Other (specify). YES\_\_\_ NO\_\_\_ \_\_\_\_\_

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3. Have any of the symptoms referred to in Question 2 above occurred after:
  - a) Eating a particular food? YES\_\_\_ NO\_\_\_
  - b) Receiving an insect bite? YES\_\_\_ NO\_\_\_
  - c) Receiving a sting? YES\_\_\_ NO\_\_\_

***IF YOU RESPONDED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE CONTINUE.***

4. Has your child been seen by a medical doctor for treatment of an allergic reaction?  
YES\_\_\_NO\_\_\_
  
5. Has your child been tested for allergies? YES\_\_\_NO\_\_\_  
If yes, indicate types of tests and results:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
6. Have you been told by your medical doctor that your child requires the availability of an emergency medical kit in the school? YES\_\_\_NO\_\_\_
  
7. What foods or materials must your child avoid? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
8. Name and telephone number of family doctor:  
\_\_\_\_\_

Name

Phone

I agree this information will be shared, as necessary, with the staff of the school and health care systems.

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

\_\_\_\_\_  
Date

**ATTENTION PRINCIPAL: If a YES response is given to any question, please forward the Survey to the Public Health Nurse.**

**STUDENT INFORMATION** (TO BE COMPLETED BY PARENT/GUARDIAN.)

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medic Alert I.D.: \_\_\_\_\_

Health Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Parent(s)/Guardian(s) name(s) and address(es): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Emergency: \_\_\_\_\_

Name of family physician: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**ALLERGY INFORMATION** (TO BE COMPLETED BY PARENT/GUARDIAN.)

Nature of allergy: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Symptoms or reaction: \_\_\_\_\_

\_\_\_\_\_

Recommended response to a reaction: \_\_\_\_\_

\_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Additional instructions or information: \_\_\_\_\_

\_\_\_\_\_

**SCHOOL/PARENT COMMITMENTS**

**Completion of the following section is to be coordinated by the Principal.**

School Commitments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Parent Commitments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**PARENT AGREEMENT**

I, \_\_\_\_\_, acknowledge and understand my participation in the development of the preceding Extreme Allergy Management and Prevention Plan and the Emergency Allergy Alert Form, and I agree to execute reliably the parent commitments. I hereby request and give my consent for staff or personnel of \_\_\_\_\_ School and the public health nurse to execute the commitments as outlined within the plan.

In the event of an emergency, I authorize the school staff to administer the designated medication and obtain suitable medical assistance. I agree to assume responsibility for all costs associated with medical treatment, and I release the school board, its employees, agents, volunteers, and public health nurses, from any liability for loss, damage or injury, howsoever caused, to my child's person or property arising out of the administration of the procedure provided herein.

I agree that this information will be shared, as necessary, with the staff of the school and health care systems.

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Signature of Parent/Guardian

---

Date

***NB: THE EXTREME ALLERGY MANAGEMENT AND PREVENTION PLAN IS TO BE REVIEWED ANNUALLY AND REVISED, WHERE APPROPRIATE.***

COPY:      Parent  
              Principal  
              School Secretary  
              Teacher(s) (including specialists)  
              Substitutes  
              Bus Driver  
              Custodian  
              Other Appropriate Persons

**TO BE COMPLETED BY PARENT/GUARDIAN:**

Student's Name: \_\_\_\_\_

**1. ALLERGY/DESCRIPTION**

This student has a **DANGEROUS**, life threatening allergy to the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

and all foods containing them in any form or amount, including the following kinds of items:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**2. AVOIDANCE**

The key to preventing an emergency is **ABSOLUTE AVOIDANCE** of these foods at all times. **WITHOUT EPI-PEN THIS STUDENT MUST NOT BE ALLOWED TO EAT ANYTHING.**

**3. EATING RULES** (List any eating rules for student, if any.)

\_\_\_\_\_  
\_\_\_\_\_

**4. POSSIBLE SYMPTOMS FOLLOWING EXPOSURE TO A PARTICULAR MATERIAL**

**Please check any/all that apply:**

- Itchiness and/or hives over whole body
- Nausea, vomiting, or diarrhea
- Fainting or collapse
- Swelling of the tongue, lips, or face
- Difficulty breathing
- Rapid heartbeat
- Seizures

**5. EMERGENCY ACTION**

- a) **Get Epi-Pen, remove other students from area, and lay student patient down, remain calm;**
- b) **Administer Epi-Pen immediately;**
- c) **CALL 911 – you may be directed to take the individual to the local Emergency Care Centre if the estimated time of arrival of the ambulance is longer than ten (10) minutes (a minimum of two (2) adults must accompany the casualty);**

- d) Call the parent/guardian;
- e) Cover and reassure student, make them as comfortable as possible;
- f) If the ambulance has not arrived in 10-15 minutes, and breathing difficulties are present, call 911 again – you may be asked to administer a second Epi-Pen;
- g) Even if symptoms subside, take student to hospital immediately following administration of Epi-Pen.
- h) Provide ambulance and/or hospital personnel with a copy of the Extreme Allergy Management and Prevention Plan for the student and the time at which the Epi-Pen (epinephrine) was administered

I agree that this information will be shared, as necessary, with the staff of the school and health care systems.

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

\_\_\_\_\_  
Date

**TO BE COMPLETED BY PRINCIPAL:**

The **EMERGENCY ALLERGY ALERT FORM** is posted at the following locations within the school:\_\_\_\_\_

The Epi-Pen is available in the following locations:\_\_\_\_\_

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

***NB: POST IN APPROPRIATE LOCATIONS WITHIN THE SCHOOL.***

Copy: Parent; Principal; School Secretary; Teacher(s) (including specialists); Substitutes; Bus Driver; Custodian; Other Appropriate Persons

Although no food is universally safe for all food allergic individuals, the following are some interesting suggestions for alternatives to peanut butter sandwiches:

### **Sandwich Fillings**

- a) Chicken – sliced, smoked, or chicken salad
- b) Turkey – sliced, smoked, or turkey salad
- c) Lean beef or ham – minced or sliced
- d) Pork – sliced or chopped, try adding applesauce or relish
- e) Lean luncheon or deli meats
- f) Cheese spread or molasses
- g) Sliced cheddar with jam or mayonnaise
- h) Processed cheese with sliced apple, pickles, or crumbled bacon
- i) Cream cheese with chopped maraschino cherries or chopped olives
- j) Sliced meat loaf

### **Instead of Plain Bread**

- a) Whole wheat, oatmeal, rye, or pumpernickel
- b) Pita pockets or English muffins
- c) Bagels, hot dog or hamburger buns, or soft tortilla shells
- d) Hard rolls, sub buns, biscuits, croissants, crackers, or rice cakes

### **Ideas for Wide-mouth “Hot” Thermos:**

- a) Spaghetti, macaroni, other pasta or rice dishes
- b) Soups, stews, and casseroles
- c) Chicken nuggets, or leftovers

### **Ideas for Wide-mouth “Cold” Thermos:**

- a) Potato salad or pasta salad with cubes of cheese or meat
- b) Chef salad or vegetable salad with a separate dish of dressing
- c) Fruit salad with cottage cheese
- d) Cubes of meat or cheese to accompany crackers, carrot, and celery sticks and a small container of dip

### **Miscellaneous/Other Favourites**

- a) Pizza
- b) Whole grain muffins with yogurt or cheese



- c) Cooked wiener, split and stuffed with cheese
- d) Whole grain cold cereal – bring in separate covered bowl and add milk from a thermos or from school milk program

To make sure a lunch is nutritionally balanced, enjoy a variety of foods from the four food groups in Canada's Food Guide to Healthy Eating. To keep packed lunches cool, chill as much as possible overnight or try packing a small lunch-size ice pack in the lunch box or insulated lunch bag. Some items can even be packed frozen and will thaw in time to be eaten.

Dear Parent/Guardian:

A student who is registered at our school has a severe life threatening allergy to peanuts and peanut products. Exposure to even a minute amount of the food substance could cause anaphylactic shock and, without immediate emergency medical assistance, loss of consciousness and death. The school has established an emergency plan for the student.

The school has an obligation to establish a safe environment for all students. Therefore, we are requesting that parents avoid including peanuts and peanut products in lunches or snacks. Information concerning school lunch ideas is attached; a number of alternatives to peanut butter sandwiches are suggested.

Our objectives are to establish and maintain, to the extent possible:

- a) Classrooms, attended by the student, free of the substance which could place the student at risk of anaphylactic shock.
- b) School practices which reduce the possibility of exposure to substances which cause anaphylactic shock.

A meeting for parents has been scheduled for \_\_\_\_\_ at the school. The purposes of the meeting are to share information concerning anaphylactic shock and to seek cooperation from parents in order to reduce the risk of exposure to peanuts and peanut products. If you are unable to attend, please telephone the school for additional information.

Thank you for your assistance with this important matter.

Sincerely,

Principal

Attachment