

## **ANAPHYLAXIS MANAGEMENT**

### **Background**

The following general guidelines provide assistance in the development of school-based strategies for anaphylactic students. Schools will seek parental involvement in the phases of planning.

### **Procedure**

#### 1. Food Avoidance

It is impractical to achieve complete avoidance of all allergens. Principals are encouraged to find innovative ways to minimize the risk of exposure without depriving the anaphylactic child of normal peer interactions or placing unreasonable restrictions on the activities of other children in the school. One school developed a “red card” system, where any child who ate peanut butter left a red card on the table, signalling it as a high-risk area for the anaphylactic student until properly cleaned.

#### 2. Food Avoidance Options

##### 2.1 Providing Allergen-free Areas

Eliminating allergens from areas within the school, where the anaphylactic child is likely to come into contact with food, may be the only way to reduce risk to an acceptable level.

2.1.1 If possible, the classroom of an anaphylactic child is avoided as a lunch room.

2.1.2 If the classroom must be used as a lunch room, an “allergen free” area is established, using a co-operative approach with students and parents.

2.1.3 At least one common eating area, or a section of the single common eating area, is established as “allergen-free”.

2.1.4 Strategies are developed for monitoring allergen-free areas and for identifying high-risk areas for anaphylactic students.

2.1.5 As a last resort, if allergen-free eating areas cannot be established, a safe eating area for the anaphylactic child is provided.

##### 2.2 Establishing Safe Lunchroom and Eating-area Procedures

2.2.1 The most minute quantities of allergen can trigger a deadly reaction. Peanut butter on a friend’s hand could be transferred to a volleyball or

skipping rope. Therefore, protection of the anaphylactic child requires the school to exercise control over all food products, not only those directly consumed by the anaphylactic student.

- 2.3 Anaphylactic students are required to eat only food brought from their home.
  - 2.3.1 The sharing of food, utensils, and containers is discouraged.
  - 2.3.2 The anaphylactic child is encouraged to take mealtime precautions like:
    - 2.3.2.1 Placing food on wax paper or a paper napkin rather than directly on the desk or table;
    - 2.3.2.2 Taking only one item at a time from the lunch bag to prevent other children from touching the food; and
    - 2.3.2.3 Packing up their lunch and leaving it with the lunch supervisor if it is necessary to leave the room during lunchtime.
  - 2.3.3 A hand-washing routine is established before and after eating. Success will depend on the availability of hand-washing facilities.
  - 2.3.4 If the school has a cafeteria, the allergen, including all products with the allergen as an ingredient, is kept off the menu. In-service for cafeteria staff is provided, with special emphasis on cross-contamination and labelling issues.
  - 2.3.5 If the school has a vending machine, products containing the allergen are not available.
  - 2.3.6 Tables and other eating surfaces are to be washed clean after eating, using a cleansing agent approved for school use. This is particularly important for peanut-allergic students because of the adhesive nature of peanut butter.
- 2.4 Allergens Hidden in School Activities
  - 2.4.1 Not all allergic reactions to food are a result of exposure at meal times.
  - 2.4.2 Teachers, particularly in the primary grades, should be aware of the possible allergens present in curricular materials like:
    - 2.4.2.1 Play dough;
    - 2.4.2.2 Bean-bags, stuffed toys (peanut shells are sometimes used);
    - 2.4.2.3 Counting aids (beans, peas);
    - 2.4.2.4 Toys, books, and other items that may have become contaminated in the course of normal use;

2.4.2.5 Science projects; and

2.4.2.6 Special seasonal activities, like Easter eggs and garden projects.

2.4.3 Computer keyboards and musical instruments may be wiped before and after use.

2.4.4 Anaphylactic children should not be involved in garbage disposal, yard clean-ups, or other activities that could bring them into contact with food wrappers, containers, or debris.

2.4.5 Foods are often stored in lockers and desks. Allowing the anaphylactic child to keep the same locker and desk all year may help prevent accidental contamination.

## 2.5 Holidays and Special Celebrations

2.5.1 Food is usually associated with special occasions and events. The following procedures will help to protect the anaphylactic child:

2.5.1.1 The anaphylactic child is limited to food brought from his or her own home,

2.5.1.2 Activities rather than food mark special occasions.

## 3. Field Trips

In addition to the usual school safety precautions applying to field trips, the following procedures are to be in place to protect the anaphylactic child.

3.1 A separate “serious medical conditions” section is included as a part of the school’s registration/permission forms for all field trips in which the details of the anaphylactic student’s allergens, symptoms, and treatment can be recorded. A copy of this information is to be available on site at any time during the field trip.

3.2 All supervisors, staff and parents are required to be aware of the identity of the anaphylactic child, the allergens, symptoms, and treatment.

3.3 A supervisor with training in the use of the epinephrine injector is assigned responsibility for the anaphylactic child.

3.4 If practical, a cellular phone for buses is to be considered for use on field trips.

3.5 The parent of the anaphylactic child is required to provide several epinephrine injectors to be administered every 10 to 15 minutes en route to the nearest hospital, if breathing problems persist or if symptoms reoccur.

3.6 If the risk factors are too great to control, the anaphylactic child may be unable to participate in the field trip. Parents are to be involved in this decision.

#### 4. Insect Venom Allergies - Precautions

Food is the most common trigger of an anaphylactic reaction in school children, and the only allergen that schools can reasonably be expected to monitor. The school cannot take responsibility for possible exposure to bees, hornets, wasps, and yellow-jackets, but certain precautions can be taken by the student and the school to reduce the risk of exposure.

- 4.1 Loose hanging clothes, floral patterns, blue and yellow clothing, and fragrances are to be avoided.
  - 4.2 The presence of bees and wasps, especially nesting areas, should be determined and removal arranged.
  - 4.3 If soft drinks are consumed outdoors, cups are used; cans are deposited in a covered container.
  - 4.4 The garbage is properly covered.
  - 4.5 Children are cautioned not to throw sticks or stones at insect nests.
  - 4.6 Students who are anaphylactic to insect stings are allowed to remain indoors for recess and lunch during bee/wasp season. Assigning phone monitor duties may be desirable.
  - 4.7 A child with an allergy to insect venom is immediately removed from the room or vehicle if a bee or wasp gets in.
5. In case of insect stings, the insect is not to be slapped or brushed off. The stinger is never pinched if the child is stung; instead, the stinger is to be flicked out with a fingernail or credit card.

Reference: Sections 7, 17, 20, 22, 65, 84, 85, 95 School Act  
School Regulation 265/89  
Anaphylaxis Protection Order M232/07  
Anaphylaxis: A Handbook for School Boards, Canadian School Boards Association  
British Columbia Anaphylactic and Child Safety Framework

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