

Food Allergy Policy

Students at risk of anaphylaxis and of appropriate age should:

- Keep a labelled epinephrine auto-injector in a readily accessible, unlocked, location.
- Carry their own auto-injector (children often do so by age 6 or 7).
- Wear medical identification (e.g. MedicAlert® bracelet, band or necklace) that lists their allergy.
- Tell someone, preferably an adult, immediately after accidental exposure to an allergen or as soon as symptoms occur.

If they have food allergies, they should also:

- Avoid eating if they do not have an auto-injector with them.
- Be careful with foods prepared by others.
- Not share food, drinks or utensils.
- Wash hands with soap and water before and after meals.

Your Allergy-Aware Classroom

Here are risk-reduction strategies to consider for classrooms and hallways. Review each of the strategies that your school community can take to minimize risks.

Epinephrine should always be readily available in case of a medical emergency. Some schools have students self-carry and also keep students' epinephrine auto-injectors in the classroom, office or health room.

It's important that all school personnel are aware of the school's anaphylaxis policy in order to create an allergy-aware environment for students at risk of anaphylaxis.

Keep the student's Anaphylaxis Emergency Plan in a place that is easily accessible by all necessary staff, including any substitute or supply teachers.

Students of appropriate age should be encouraged to self-protect and always carry an epinephrine auto-injector. This is especially important for teens who tend to take more risks and may not always comply.

If food restrictions have been adopted for the classroom, posting a notice on a classroom door reminds students to respect their at-risk classmates by enjoying potentially high-risk foods elsewhere.

Soap and hand wipes are effective in removing food residue; hand sanitizer gels alone are not.

- A "no sharing" policy for food and drinks.
- Adult supervision of young students who are eating, washing hands and cleaning up after themselves.
- Different strategies for reducing the risk of exposure, particularly in the younger grades.
- There are various practices being followed in schools. For example, some schools have chosen to create designated eating areas or enforce restrictions on foods in the classroom.
- The reading of food labels to identify products that contain or "may contain" an ingredient of concern for a student with a food allergy.

- **1- Give epinephrine auto-injector at the first sign of a known or suspected anaphylactic reaction.**

• **2**

- **Call 9-1-1 or local emergency medical services.**

• **3**

- **Monitor and give a second dose of epinephrine as early as 5 minutes after the first dose if there is no improvement in symptoms.**

• **4**

- **Have the student go to the nearest hospital immediately (ideally by ambulance).**

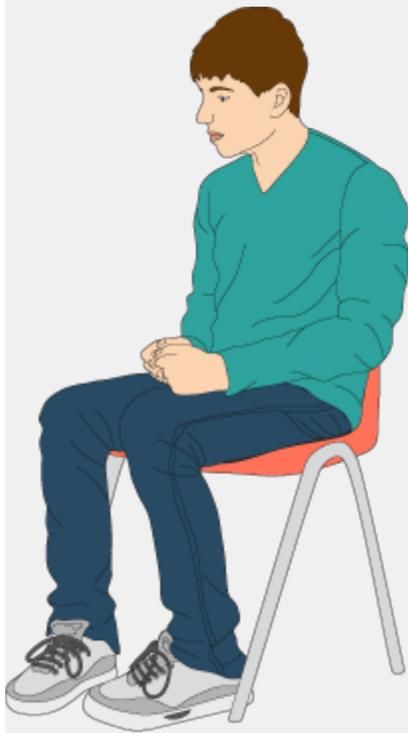
• **5**

- **Call emergency contact person (e.g. parent, guardian)**

Positioning the Individual

There are different body positions to consider. When giving epinephrine, the individual should sit or lie down. Once it has been given, they should be placed on their back (if they are not already lying down) with their legs raised as this position will help the blood flow to important organs of the body.

When giving epinephrine, the individual should SIT or LIE DOWN.



After giving epinephrine, place the individual on their back and raise the legs.

DO NOT have them sit up or stand suddenly.



If the individual is feeling nauseous or is vomiting, place them on their side to prevent choking.



It is very important that they do not sit up or stand after receiving epinephrine because sudden changes of position may lower their blood pressure and actually worsen their condition, potentially resulting in death.

Have the individual remain lying down until emergency medical services come directly to them.

Next, we'll review the types of epinephrine auto-injectors available, including how to give them.

1. Epinephrine is the first-line medication for anaphylaxis.
2. Antihistamines and asthma medications should not be used instead of epinephrine for treating anaphylaxis.
3. All individuals receiving epinephrine must be transported to hospital immediately (ideally by ambulance).

4. A second dose of epinephrine may be given as early as 5 minutes after the first dose if there is no improvement in symptoms.
5. Individuals who are feeling faint or dizzy because of impending shock should lie down and if vomiting, they should be turned onto their side.
6. No person experiencing anaphylaxis should be expected to be fully responsible for self-administration of an epinephrine auto-injector.