Resource Guide for Allergy Aware Schools

Introduction:
In Canada, about 300,000 children have food allergies. The most severe type of allergic reaction, anaphylaxis, can cause death if not treated properly.

In British Columbia, all school boards are required to establish policies and procedures relating to anaphylaxis, guided by the Ministry of Education’s Anaphylaxis Protection Order. These policies must include strategies regarding allergy awareness, prevention and avoidance, strategies for training school staff and processes for establishing emergency procedures for each identified anaphylactic student.

The intent of this guide is to provide an overview of the key resources available regarding food allergies and anaphylaxis for individuals working in or with schools. This document is organized into the following sections:

• Key messages
• Guiding documents for schools
• Tools for schools
• Tools for parents and caregivers
• Additional resources

If you require further support, please contact your local public health unit or health care provider.
Key Messages:
(adapted from Anaphylaxis in Schools and Other Settings, 3rd Edition)

Roles and responsibilities in anaphylaxis prevention and management
• The prevention and management of anaphylaxis is a shared responsibility, with roles and responsibilities for parents/guardians, allergic children, and the entire school community.

• School board anaphylaxis policies include allergen avoidance strategies, annual staff training, communication strategies, and emergency protocols.

• Parents must communicate with the school about their child’s allergies, collaborate with a physician and school personnel to develop an individualized written emergency plan, provide current epinephrine auto-injectors, and liaise as needed regarding foods sent to school, school food services, field trips and special occasions.

• Parents must educate their allergic children how to protect themselves and to use appropriate avoidance strategies (i.e. washing hands before eating, not sharing food or utensils, refraining from eating if they do not have their auto-injector with them).

• Secondary school students are encouraged to be responsible for managing their allergies.

• Students should be taught about anaphylaxis and how to help their peers. Steps should be taken to ensure that children with allergies are not isolated or bullied.

School environments
• Some schools aim to keep peanuts and tree nuts out of the school. Some have designated “allergy aware” eating areas. Some classrooms have specific rules about allergens.

• Schools and parents should work collaboratively to develop realistic strategies. “Measures can reduce the risk of accidental exposure without imposing unenforceable or unrealistic rules on the rest of the student body” (p.28).

• “Schools can be expected to create an “allergy-safe” or “allergy-aware” environment. It is unrealistic, however, to expect an “allergen-free” environment” (p. 42).

• Food restrictions alone are inadequate. Education, awareness and training are required to minimize risk of exposure and to respond effectively in an emergency.

Epinephrine auto-injectors
• Epinephrine is the first line of treatment for anaphylaxis. Epinephrine auto-injectors should be labelled with the child’s name and be kept in an easily accessible, unlocked location.

• Children at risk of anaphylaxis should carry their auto-injector with them at all times when they are mature enough to do so (generally six or seven years old). A back-up auto-injector is recommended, as some children will require two doses in the treatment of anaphylaxis.

• All staff, including substitute teachers, food services staff, coaches and bus drivers, should know about children with severe allergies and be prepared to treat them as per their emergency plans.
Guiding Documents for Schools:

• Anaphylaxis Protection Order (BC Ministry of Education and Child Care, 2009)
• British Columbia Anaphylactic and Child Safety Framework (Ministry of Education, 2013)
• Anaphylaxis in Schools and Other Settings 3rd Edition (a practical resource for schools) (Canadian Society of Allergy and Clinical Immunology, 2016)

Tools for Schools:

• Anaphylaxis in Schools (free online course for educators) (Food Allergy Canada, 2021)
• Anaphylaxis Emergency Plan (template with EpiPen® instructions) (Food Allergy Canada, 2016)
• Food Allergy and Schools (K to 12) (Food Allergy Canada, 2022)
• Allergy Awareness Challenge (curriculum supports for K-12) (Food Allergy Canada, 2016)
• Posters
  ○ Think FAST (Food Allergy Canada, 2017)
  ○ Teaching Our Kids About Food Allergies Posters (AllergyHome.org, 2011)
  ○ Food Allergy Printables (KidsCanHaveFun.com, 2022)
  ○ I Am a Child with Food Allergies... (Allergic Living, 2014)

Tools for Parents and Caregivers:

• Back to School Allergy Checklist (Food Allergy Canada, 2020)
• Severe Allergic Reaction to Food: Children and Teens (HealthLinkBC, 2019)
• Common Food Allergens (top 10 priority food allergens) (Health Canada, 2018)
• Peanut & Nut Aware Lunches & Snacks Handout (Northern Health Authority, 2018)
• Small Group Webinars (for parents and caregivers) (Food Allergy Canada, ongoing)
• Allergy Pals/Allies Mentorship Program (for kids 7 to 15 years) (Food Allergy Canada, ongoing)
Additional Resources:

- Asthma Canada website (www.asthma.ca)
- Canadian Celiac Association website (www.celiac.ca)
- Food Allergy Canada website (www.foodallergycanada.ca)
- Anaphylaxis Resources (BC Ministry of Education and Child Care, 2021)
- Food allergies and Allergen Labelling (information for consumers) (Canada Food Inspection Agency, 2021)
- Understanding a Food Label (interactive tool) (Canada Food Inspection Agency, 2019)
- Tips for Avoiding Common Allergens in Food (Government of Canada, 2019)
- Dietitian Services at HealthLink BC (or dial 811 to speak to a dietitian)

To speak a Registered Dietitian at HealthLinkBC, call 811 (or 604-214-8110).

To connect with a Northern Health Population Health Dietitian, email PopHthNutrition@NorthernHealth.ca or call 250-645-3127.