

HAMPTON SCHOOL DISTRICT

ANAPHYLAXIS PROTOCOL

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HAMPTON SCHOOL DISTRICT ANAPHYLAXIS PROTOCOL

Rationale:

In our schools, we have several children who are at risk for potentially life-threatening allergies. Most are allergic to food and some children are at risk for insect sting and latex allergies. Anaphylaxis is a severe allergic reaction that involves one or more body systems. It can result from reactions to foods, insect stings, medications, latex or other substances. While rare, anaphylaxis can lead to death if untreated. Education and awareness is the key to keeping students with potentially life-threatening allergies safe.

Our school anaphylaxis plan is designed to ensure that children at risk are identified, strategies are in place to minimize the potential for accidental exposure, and staff is trained to respond in an emergency situation.

The Hampton School District nurses developed this procedural document to serve the health needs of students with known or potential anaphylaxis.

Hampton School District Policy	Section: <u>J</u> Code: JLCEB Title: Anaphylaxis Policy Category: HSB Added Page: 1 of 2
<p style="text-align: center;">ANAPHYLAXIS POLICY</p> <p>Definition: Anaphylaxis refers to a collection of severe and potentially life-threatening symptoms experienced by a person in an extreme response to an offending allergen. The most serious of these symptoms is breathing difficulty when the respiratory tract is affected, but other major organs commonly affected are the skin and central nervous system, gastrointestinal system, and cardiovascular system.</p> <p>Symptoms: Symptoms may vary. A person may exhibit one or all of these symptoms:</p> <ul style="list-style-type: none"> • Flushing, hives, itching of face, eyes, lips, tongue, or throat • Hoarse voice, tightness of throat, difficulty breathing, coughing, wheezing • Apprehension, fear, impending doom • Chills, a rapid heartbeat, change in skin color • Nausea, vomiting, diarrhea • Dizziness, fainting, collapse, seizure <p>Causes:</p> <ul style="list-style-type: none"> • Drugs: examples include penicillin, sulfa, pain medicines • Insect bites or stings: examples include yellow jackets, honey bees, fire ants • Foods: milk, egg, wheat, soy, fish, peanuts, and tree nut products commonly elicit allergic responses • Latex: rubber • Sometimes the causative agent of anaphylaxis remains unknown. <p>PROTOCOL:</p> <p>Management Based on the person's history and confirmed by blood and/or skin tests by a personal physician, a diagnosis of allergy with potential anaphylaxis is made. The most important aspect in the management of potentially life-threatening allergies is to avoid substances and situations that trigger a severe allergic reaction. Avoiding exposure to allergens completely such as insects and some food products is impossible. A team effort among students, school staff, parents, and medical professionals is required. Avoidance measures (see below) are keys to successful management of potentially severe allergies for a student with a known life-threatening allergy.</p>	
Adopted: Reviewed: Revised: Cancellation:	DATE: August 8, 2006 / August 11, 2009, January 11, 2011 March 10, 2009, October 2010, January 11, 2011 August 11, 2009 Replaces JHCEB

Hampton School District Policy	Section: <u>J</u> Code: JLCEB Title: Anaphylaxis Policy Category: HSB Added Page: 2 of 2
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ANAPHYLAXIS POLICY

continued

- Medical documentation of life-threatening allergy
- Allergy Action plan signed by the student's doctor, parents and school staff
- Special meal prescription plan as identified as needed
- School nurses will annually provide staff a definition/explanation of cross-contamination
- Reading product labels at snack, lunch, and during class celebrations involving food
- Student will be instructed not to share or trade food in school
- School Nurses shall provide school personnel with annual training and support regarding recognition of anaphylaxis and the use of epinephrine auto injector but this does not infer delegation of epinephrine injection to school personnel
- A list of school personnel who have agreed to assume delegation responsibilities will be communicated to parents and staff. This list will be updated at least annually.
- Treatment of known insect nests on school grounds
- Latex free bandages and gloves available for use by staff and students as needed.

Medication:

Exposure to an offending allergen can occur despite avoidance measures. In case of emergency, treatment should be provided as soon as possible. Epinephrine is the drug of choice to manage anaphylaxis. There are no contraindications to the use of epinephrine in a life-threatening situation.

- Prescription orders for student medication will be on file at school.
- Medication will be stored at school.
- Ability and age permitting, student(s) will be permitted to carry epinephrine auto injector at all times. Documentation per school district medication policy is required.
- Emergency medication will be administered as soon as possible by the nurse, delegatee, or trained staff member to a student unable to inject himself/herself.
- Such authorization will be obtained in writing.
- EMS will be called whenever epinephrine is administered.

This policy was written in accordance with the NH State Dept. of Education recommendations for handling potential anaphylaxis cases in schools.

Adopted: Reviewed: Revised: Cancellation:	DATE: August 8, 2006 /August 11, 2009, January 11, 2011 March 10, 2009, October 2010, January 11, 2011 August 11, 2009 Replaces JHCEB
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Food Allergy Action Plan

Emergency Care Plan

Place
Student's
Picture
Here

Name: _____ D.O.B.: ____ / ____ / ____

Allergy to: _____

Weight: _____ lbs. Asthma: ☐ Yes (higher risk for a severe reaction) ☐ No

Extremely reactive to the following foods: _____

THEREFORE:

- ☐ If checked, give epinephrine immediately for ANY symptoms if the allergen was *likely* eaten.
- ☐ If checked, give epinephrine immediately if the allergen was *definitely* eaten, even if no symptoms are noted.

Any SEVERE SYMPTOMS after suspected or known ingestion:

One or more of the following:

LUNG: Short of breath, wheeze, repetitive cough
HEART: Pale, blue, faint, weak pulse, dizzy, confused
THROAT: Tight, hoarse, trouble breathing/swallowing
MOUTH: Obstructive swelling (tongue and/or lips)
SKIN: Many hives over body

Or combination of symptoms from different body areas:

SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)
GUT: Vomiting, diarrhea, crampy pain



1. INJECT EPINEPHRINE IMMEDIATELY

2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications:*
 - Antihistamine
 - Inhaler (bronchodilator) if asthma

*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.

MILD SYMPTOMS ONLY:

MOUTH: Itchy mouth
SKIN: A few hives around mouth/face, mild itch
GUT: Mild nausea/discomfort



1. GIVE ANTIHISTAMINE

2. Stay with student; alert healthcare professionals and parent
3. If symptoms progress (see above), USE EPINEPHRINE
4. Begin monitoring (see box below)

Medications/Doses

Epinephrine (brand and dose): _____

Antihistamine (brand and dose): _____

Other (e.g., inhaler-bronchodilator if asthmatic): _____

Monitoring

Stay with student; alert healthcare professionals and parent. Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See back/attached for auto-injection technique.

Parent/Guardian Signature _____

Date _____

Physician/Healthcare Provider Signature _____

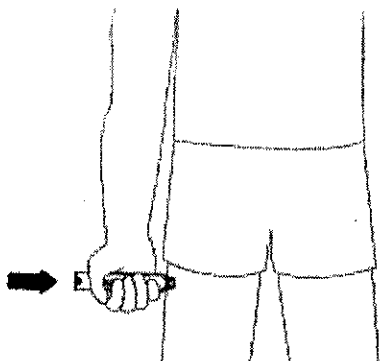
Date _____

EpiPen® (epinephrine) Auto-Injector Directions

- First, remove the EpiPen® (epinephrine) Auto-Injector from the plastic carrying case
- Pull off the blue safety release cap



- Hold orange tip near outer thigh (always apply to thigh)



- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds.

Remove EpiPen® (epinephrine) Auto-Injector and massage the area for 10 more seconds.

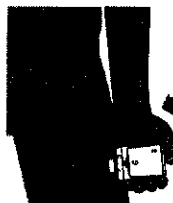
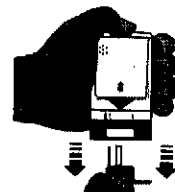


EpiPen®, EpiPen 2-Pak®, and EpiPen Jr 2-Pak® are registered trademarks of Mylan Inc, licensed exclusively to its wholly-owned subsidiary, Mylan Specialty L.P.

Auvi-Q™ (epinephrine injection, USP) Directions

Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.

Pull off RED safety guard.



Place black end against outer thigh, then press firmly and hold for 5 seconds.

Auvi-Q™
epinephrine injection, USP
0.15 mg/0.3 mg auto-injectors

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Adrenaclick® 0.3 mg and Adrenaclick® 0.15 mg Directions



Remove GREY caps labeled "1" and "2."



Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Food Allergy Action Plan.

A kit must accompany the student if he/she is off school grounds (i.e., field trip).

Contacts

Call 911 • Rescue squad: (____) ____ - ____ Doctor: _____ Phone: (____) ____ - ____
Parent/Guardian: _____ Phone: (____) ____ - ____

Other Emergency Contacts

Name/Relationship: _____ Phone: (____) ____ - ____
Name/Relationship: _____ Phone: (____) ____ - ____

SPECIAL MEALS PRESCRIPTION FORM

Local School District/Name of Institution: _____

Street Address: _____

City: _____ NH Zip Code: _____

Student Name: _____ DOB: _____

SASID: _____ School Name/Institution: (if different than above) _____

Disability: ☐ Disabled (*Federal Policy: as determined by physician*) ☐ Non-disabled (*school district policy*)

Disability or medical condition:

☐ Food Allergy

☐ Food Intolerance

☐ Celiac Disease

☐ Tube Feeding

☐ Diabetes

☐ Cerebral Palsy

☐ Cystic Fibrosis

☐ Spina Bifida

☐ Autism/PDD

☐ Failure to Thrive

☐ Down Syndrome

☐ PKU

☐ Galactosemia

☐ None

☐ Other (specify): _____

Description of Condition Requiring Special Diet: _____

Special Diet: (*Check all that apply*) ☐ Diabetic ☐ Reduced Calorie ☐ Increased Calorie ☐ Modified Texture

Date Effective: From: _____ To: _____

MEATS/PROTEIN FOODS

Can't Have: ☐ Chicken ☐ Pork ☐ Canned/Dried Beans ☐ Nuts/Seeds
☐ Beef ☐ Poultry ☐ Peanut Butter ☐ Soy (Tofu, Soy Protein)
☐ Fish ☐ Eggs ☐ No Restriction ☐ Any Meat/Protein Foods
☐ Other (specify): _____

Food Prep: ☐ Pureed ☐ Ground ☐ Thin Strips ¼" ☐ Bite Size, ¼" by ½" ☐ None

Apply this preparation to all Meat/Protein Foods: ☐ Yes ☐ No

VEGETABLES/FRUIT

Can't Have: ☐ Fruits, fresh ☐ Any fruits/vegetables
☐ Canned ☐ Vegetables, hard/uncooked
☐ Canned with liquids ☐ Other (specify): _____

Food Prep: ☐ Pureed ☐ Ground ☐ Thin Strips ¼" ☐ Bite Size, ¼" by ½" ☐ None
☐ Drain before puree

Apply this preparation to all Vegetables/Fruit: ☐ Yes ☐ No

GRAINS/BREADS/CEREALS

Can't Have: ☐ Bread/Rolls ☐ Crackers ☐ Taco Shells, hard
☐ Gluten (barley, rye, wheat) ☐ Rice ☐ Tortillas, soft
☐ Pancakes/Waffles ☐ Pasta ☐ French Toast
☐ Cereal ☐ No Restriction ☐ Any Bread/Grains/Cereal Foods
☐ Other (specify): _____

Food Prep: ☐ Pureed ☐ Thin Strips ¼" ☐ Moistened ☐ None
☐ Ground ☐ Bite Size, ¼" by ½" ☐ Toasted/grilled

Apply this preparation to all Grains/Breads/Cereals: ☐ Yes ☐ No

MILK/DAIRY

- Can't Have: ☐ Cheese ☐ Milk ☐ Soy Milk ☐ Ice Cream
☐ Cheese, soft ☐ Lowfat Milk ☐ Yogurt ☐ Yogurt, Frozen
☐ Cheese, hard ☐ Whole Milk ☐ No Restriction
☐ Any Milk/Dairy Foods ☐ Other (specify): _____
- Food Prep: ☐ Pureed ☐ Thin Strips ¼" ☐ Bite Size, ¼" by ½"
☐ Ground ☐ None
- Apply this preparation to all Milk/Dairy: ☐ Yes ☐ No

FATS/SAUCES

- Can't Have: ☐ No Restrictions ☐ Condiments ☐ Dressings
☐ Low fat Dressings ☐ Gluten ☐ Sauces
☐ High fat Dressings ☐ Any Fats/Sauces ☐ Other (specify): _____
☐ Spreads

COMBINATION FOODS

- Can't Have: ☐ Gluten ☐ Lasagna ☐ Pasta with Sauce
☐ Shepherds Pie ☐ Soup ☐ Any Combination Food
☐ Stews ☐ Pizza ☐ Other (specify): _____
- Food Prep: ☐ Pureed ☐ Thin Strips ¼" ☐ Bite Size, ¼" by ½"
☐ Moistened w/sauce or gravy ☐ Ground ☐ None
- Apply this preparation to all Combination Foods: ☐ Yes ☐ No

LIQUIDS

- Tube Feeding: ☐ Yes ☐ No If Yes, specify formula: _____
- Liquids by Mouth Allowed: ☐ Yes ☐ No Select Type of Thickeners Needed: ☐ Thickened Syrup ☐ Thickened Nectar*
☐ Thickened Honey* ☐ None
- Select Thickeners: ☐ Dry instant baby cereal ☐ Dry instant mashed potato ☐ Dry instant pudding
☐ Fruit pureed/Stage I/II baby ☐ Simply Thick ☐ Thick It
☐ Yogurt ☐ Any Thickener listed

**Nectar= thicken enough to coat a spoon, Honey = thicken enough to stand a straw straight in a cup*

Thickening Directions:

SAFE EATING PLAN

(To be completed by Special Education Team or 504 Coordinator)

Describe any special positioning needed while eating/drinking:		Provide safe eating environment by: <input type="checkbox"/> Peanut Free Table <input type="checkbox"/> Quiet Table/Area <input type="checkbox"/> Other:
Describe any special utensils or feeding equipment needed:		
Describe any special methods for presenting food/drink:		
Liquids served, check all that apply: <input type="checkbox"/> bottle <input type="checkbox"/> sippy cup <input type="checkbox"/> spoon <input type="checkbox"/> with straw <input type="checkbox"/> juice box holder <input type="checkbox"/> other:		

PHYSICIAN/MEDICAL AUTHORITY SIGNATURE SECTION

- ☐ I certify that the above named student needs special meals prepared as described above because of the student's disability.
- ☐ I certify that the above named student would benefit from special meals as described above, however this child is not disabled. It is up to the discretion of each school/institution if and for what conditions they will provide substitutions.

Physician's/Medical Authority's Signature

Office Phone Number

Date

Physician's/Medical Authority's Printed Name

PARENT/GUARDIAN SECTION

- ☐ YES Parent/Guardian accepts accommodations offered and his/her child will be participating in the Child Nutrition Program or any other program offered within the child's institution.
- ☐ Snack ☐ Breakfast ☐ Lunch ☐ Dinner
- ☐ NO Parent/Guardian declines accommodations offered and his/her child will not be participating in the Child Nutrition Program or any other program offered within the child's institution.

Parent's/Guardian's Signature

Date

cc:

- | | | | |
|--|---------------------------------------|---|--|
| <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> Physician | <input type="checkbox"/> Nutritionist | <input type="checkbox"/> Feeding and Swallowing Specialist |
| <input type="checkbox"/> Food Service Director | <input type="checkbox"/> School Nurse | <input type="checkbox"/> School Principal | <input type="checkbox"/> Special Ed Coordinator |

For Official Use: Date returned to the Special Ed coordinator at the District Office: _____
Date

ADMINISTERING MEDICATIONS TO STUDENTS DURING THE SCHOOL DAY
SAU 90 PERMISSION TO ADMINISTER MEDICINE IN SCHOOL

Student Name: _____, is required to take, during the school day, the following medicine: **(Must be filled in by the prescriber)**

Medication: _____ Dose: _____ Route: _____

Frequency/Time(s) of day to be taken: _____

Start Date: _____ End Date: _____ Allergies: _____

Diagnosis: _____

Specific Recommendations for Administration: _____

Please Note: If the student listed above is authorized to **self-carry** and use his/her **inhaler** and/or **epipen** in a school setting, please sign the approval in this section.

I, _____ confirm that _____ has the
Prescriber signature **Student name**

knowledge and skills to safely possess and use an inhaler or epipen (circle one) _____
parent signature/date

Side Effects or Contraindications: _____

Other Medications Student is Taking: _____

Physician's Signature: _____ Phone #: _____ Date: _____

Prescription medicines must be accompanied by a written order from the prescriber. The responsible adult will deliver the medicine to the school nurse in a pharmacy labeled container listing the student's name, the physician's name, the name of the medicine and the instructions. Not more than a 30-day supply will be accepted. The nurse upon receipt will count all medication. Medications prescribed three or less times per day may be given at home.

Over-the-counter medication may be given, if needed, with the written request of the parent/guardian. If the medication is not available through the Health Office, it must be delivered by the responsible adult in its original container. Dosages given will never exceed label directions with a prescribing order.

We, the parents, authorize the school nurse or any other member of the school staff so designated by the building principal to assist* our child in taking the above medication. Any pupil in grades one through twelve may need to be assisted by such persons, and the medication, therefore, shall be in the custody of such persons.

Parent/Guardian Signature: _____ Date: _____

Home Phone #: _____ Emergency Phone #: _____ Cell #: _____

Emergency Contact: _____ Phone #: _____

School: _____

(*) Assist means having the required medication available to the child as needed and observing the student as he/she takes or does not take his/her medication. However, if the medication requires administration, that is, the student cannot take the medication by themselves with the assistance described, only the school nurse or an appropriate delegate may administer the prescription.

SAU 90 MEDICATION ADMINISTRATION RECORD

School Year: _____ School: _____
 Student: _____ DOB: _____ Grade: _____
 Medication: _____ Dosage/Route: _____ Time(s): _____
 Med. to be given on release days at: _____
 Date: _____ Medication dose change: _____
 Date: _____ Medication dose change: _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Aug																															
Sep																															
Oct																															
Nov																															
Dec																															
Jan																															
Feb																															
Mar																															
Apr																															
May																															
Jun																															

INITIALS NAME INITIALS RECORD DATE AND AMOUNT RECEIVED:

CODES:

V = Vacation/Holiday O = No show
 A = Absent E = Early Release
 N = Non-Available D = Delayed Opening
 F = Field Trip W = Dose Withheld
 S = Snow Day
 V = Vacation/Holiday

HAMPTON SCHOOL DISTRICT – SAU #90

**PARENT/GUARDIAN AGREEMENT TO RELEASE
INFORMATION RELATING TO FOOD ALLERGIES**

I, _____, authorize _____ School, Hampton, NH to disseminate information regarding my child's food allergy conditions (a letter detailing the foods that need to be avoided will be sent home to the parents/guardians of his/her classmates).

Student's name: _____ Grade: _____

Classroom Teacher(s): _____

Allergies: _____

Parent/guardian signature

Date

**Hampton School District
Waiver of District Allergy Protocols**

I, _____, am the parent of _____, a minor (date of birth, _____). My son/daughter has an allergy to _____. I am aware of the Anaphylaxis Protocol that has been developed by the Hampton School District Nurses. I understand that these protocols were developed to protect my child from exposure to allergens that he/she may encounter in school.

I hereby expressly request that my child not be identified by the school as a child with an allergy and that no extraordinary precautions be taken on his/her behalf. I understand that in an emergency, my child will receive appropriate care by the school nurse. However, my child will not receive the extra protections/precautions specified in the protocols. Should that result in my child being exposed to the allergen to which he/she is sensitive and result in an allergic reaction, I expressly agree to indemnify and hold harmless the Hampton School District, School Administrative Unit 90 and their employees, agents, officers, consultants and advisors from any liability, as well as from any legal fees, court costs arising there from.

I understand that, at any time, I can ask that the Protocols be applied to my child by making such a request in writing to the Principal of my child's school and by notifying the Principal in writing that I am revoking this Waiver. I also understand that this Waiver is effective for one year from the date of signing.

Date: _____ By: _____

RESPONSIBILITIES OF STAFF WHO ARE IN DIRECT CONTACT WITH STUDENTS WHO HAVE LIFE-THREATENING ALLERGIES

- ☐ Participate in anaphylactic training programs.
- ☐ Be able to identify students at risk with life-threatening allergy/potential anaphylaxis.
- ☐ Know the signs and symptoms of anaphylaxis:
 - Mouth = Itching, tingling or swelling of lips, tongue, mouth
 - Skin= Hives, itchy rash, swelling of the face or extremities
 - Gut = Nausea, abdominal cramps, vomiting, diarrhea
 - Throat = Tightening of throat, hoarseness, hacking cough
 - Lung = Shortness of breath, repetitive coughing, wheezing
 - Heart = Weak or thready pulse, low blood pressure, fainting, pale, blueness
- ☐ Know the steps to Anaphylaxis Emergency treatment protocol – A.C.T.:
 - **A**dminister the epinephrine at the first sign of a reaction (e.g. auto-injector)
 - **C**all an ambulance/paramedics (Hampton 926-3315) or call 911 and state: “Someone is having an anaphylactic reaction.”
 - **T**ransport to hospital by ambulance
 - Notify administration
 - Notify parents/guardian
- ☐ Cleaning of eating surfaces:
 - Establish a process where eating surfaces will be cleaned.
- ☐ Know how to administer an epinephrine auto-injector and practice on a regular basis. (See accompanying document for EpiPen® and Twinject™).
- ☐ Be familiar with the student(s)’ Individual Plan if you come in contact with the student on a regular basis. Place a copy of the plan in the substitute teacher folder.
- ☐ Know the storage locations of auto-injectors in the school, e.g. with student, health office.
- ☐ Communicate with parents/guardian about field trip arrangements.
- ☐ Remain informed and comply with school risk reduction (avoidance) strategies, including food restrictions and avoidance of cross-contamination of foods/surfaces.

- ☐ Adhere to District Wellness policy. DO NOT PROVIDE FOOD PRODUCTS AS AN INCENTIVE OR REWARD TO STUDENTS. Teachers may consider non-food items or extra time for a special activity, if they have a system in place to reward students.
- ☐ Follow the guidelines in the Hampton School District Anaphylaxis Protocol for reducing the risk of exposure to anaphylactic causative agents in the school.
- ☐ Regularly review the Emergency Allergy Action Plan.
- ☐ Be vigilant and prevent or correct any situation or behavior that can lead to life-threatening allergic reactions.
- ☐ Communication (e.g. by letter, newsletter, school website, etc.) is sent to families as needed outlining that the school has students with life threatening allergies to peanuts/tree nuts, milk, eggs, fish and requesting parent/guardian support in making the school a minimized allergen environment by not sending or bringing food products that contain known allergenic foods.
- ☐ Post appropriate signage.

ESTABLISH SAFE LUNCHROOM AND EATING AREA PROCEDURES

- ☐ Provide vigilant supervision in eating areas (e.g. classrooms, cafeteria) with anaphylactic students.
- ☐ Anaphylactic students who “forget” their lunch at home will contact the parent/guardian/caregiver to provide appropriate food products for lunch. For K- 2 students, the Food Service Director or classroom teacher may contact the parent/guardian/caretaker.
- ☐ Students should not eat if they do not have their epinephrine auto-injector with them.
- ☐ Post picture ID of students with known allergens.
- ☐ Label foods containing known allergens.
- ☐ Identify and communicate with food service employees information about students attending the school with life-threatening food allergies.
- ☐ The Food Service Director will oversee training of food service employees to ensure the risk of cross-contamination in the purchasing, preparation and handling of food items is understood.
- ☐ Invite the food service staff to regular school staff training on anaphylaxis management.

EMERGENCY PROTOCOL OVERVIEW

An individual Food Allergy Action Plan must be signed by the health care provider and the child's parent/guardian. The school cannot assume responsibility for treatment in the absence of such a protocol.

Adults will listen to the concerns of the child, who usually knows when he/she is having a reaction, even before signs appear. It is not assumed that children will always be able to properly self-administer their auto-injector.

During an emergency:

- One person stays with the child at all times.
- One person goes for help or calls for help.
- Epinephrine is administered at the first sign of a reaction. Time of administration is noted.
- Office staff calls 926-3315 or 911. Have the child transported to an emergency room, even if symptoms have subsided. Symptoms may recur hours after exposure to an allergen.
- Notify the administrator and contact the child's parents.
- One **calm** and **familiar** person must stay with the child until a parent/guardian arrives. The child's backup epinephrine auto-injector will be taken along.

KNOW THE STEPS OF THE ANAPHYLAXIS EMERGENCY TREATMENT PROTOCOL: A.C.T.

- Administer the auto-injector.
- Call ambulance/Hampton Fire Dept. 926-3315 or 911 and say “someone is having an anaphylactic reaction.”
- Transport to hospital by ambulance.

☐ **A = ADMINISTER** the epinephrine auto-injector:

- Administer the epinephrine auto injector immediately at the first sign/symptom of an anaphylactic reaction.
(Note: Antihistamines and asthma medication should NOT be used as a first line treatment for an anaphylactic reaction. They are to be considered additional or secondary medications.)
- Access the student’s other auto-injector and bring it to the location of the anaphylactic person.
- Epinephrine is usually effective after one injection. A second dose may be administered, within 10-15 minutes or sooner, if symptoms have not improved or have worsened.
- Be prepared to assist, or take over, the administration of the auto-injector for individuals who tell you that they can self-administer their own auto-injector. Many individuals, even adults, experience difficulty self-administering the auto-injector during an anaphylactic reaction. The stress of the situation, the rapid progress of symptoms, and the fear of getting a needle or denial of having a reaction causes the individual, at times to be hesitant or unable to self-administer the auto-injector.
- After injecting the epinephrine, do NOT allow the person to be unattended or walk or run to get treatment. ONE person must stay with the individual to monitor the person until medical aid arrives.

Posture: (Faint or dizzy)

- To improve the blood circulation, lift the person’s legs above the level of the heart, keeping the legs raised by putting something (e.g. pillow, stack of books, etc.) underneath; and
- Keep the person lying down until emergency responders arrive or until the patient has fully recovered.

Difficulty breathing: Individuals should be sitting up.

Nauseated or vomiting: Lay patient on their side, head down, to prevent aspiration of vomit.

In ALL cases - Student should be sedentary and should NOT be allowed to walk or run around.

It is important that the patient NOT be made to sit or stand immediately following a reaction as this could result in another drop in blood pressure.

Seek help: Individuals at risk should be advised to seek help when experiencing an allergic reaction. It is dangerous to go off alone (e.g. to the washroom) unaccompanied if feeling unwell (If consciousness is lost, they will not be able to ask for help).

☐ **C = CALL**

- Inform the nurse and main office.
- **926-3315** (Hampton Fire Dept.) or **911** and state “An individual is having an anaphylactic reaction.” (NOTE: Use the terminology **anaphylactic reaction**.) The office staff generally calls the ambulance, following the individual “Emergency Allergy Action Plan.”

☐ **T = TRANSPORT**

Transfer care to EMTs/paramedics

- Have an individual meet the ambulance at the appropriate entrance and take the ambulance personnel to the location of the student.
- Provide the paramedics with a copy of the child’s emergency card and Emergency Allergy Action Plan.
- Notify the EMT/paramedics of the time(s) that the medication was administered and supply paramedics with the used auto-injector.

Transport to hospital by ambulance

- Student must go to hospital, even if the symptoms are mild or have stopped.
- One calm and familiar must stay with the child until the parent/guardian arrives.
- Notify the parents/guardians, as soon as reasonably possible, informing them of their child’s medical situation and the name of the hospital to which their child was taken.

PARENT/GUARDIAN INFORMATION & RESPONSIBILITIES

The Hampton School District endeavors to provide a safe environment for children with life-threatening allergies – a “minimized allergen environment.” It is NOT possible for the district/school to totally eliminate the risk of your child coming in contact with a life-threatening allergen in the school environment and/or at off-site locations (e.g. field trips).

Obligation to keep a school informed

Inform the school nurse about your child's life-threatening allergies and ensure that the information in the pupil's file is kept up-to-date.

- It is the obligation of the student's parent or guardian to ensure that the forms on pages 7 through 13 or page 15 are completed and submitted to the school nurse, prior to entry into school, or upon return to school with a new diagnosis.
- Advise the school if/when your child outgrows an allergy or no longer requires an epinephrine auto-injector. A letter from the child's physician is required.
- Provide the school with a minimum of TWO epinephrine auto-injectors.
 - 1) Parent/guardian should keep a log of expiration dates and replace outdated auto-injectors.
 - 2) The auto-injector should be in a prescription-labeled package with the child's name.
 - 3) One of the auto-injectors is to be carried/worn by the student at all times. K-2 students will have their auto-injector located in their classroom and teachers may be responsible to carry them when students transition to other parts of the building. Students in grades three through eight are expected to carry their own auto-injector.
- Provide a **Medical Alert** identification for your child.
- Provide the school with a current 2 x 2 ½ inch picture of the child's face.

Teach your child

- about his/her allergy and substances (allergens) that can trigger a reaction
- strategies about how to avoid potentially life-threatening allergens
- how to recognize the symptoms of an anaphylactic reaction
- how to communicate clearly to a responsible adult that he/she is an anaphylactic student when he/she feels a reaction starting or a general feeling of malaise
- the importance of carrying their auto-injector on their person at all times
- the importance of wearing/carrying their Medic Alert identification
- to only eat foods approved by their parent/guardian

- not to eat if they do not have their auto-injector with them
- how to self-administer the epinephrine auto injector
- not to share snacks, lunches or drinks, food utensils or containers
- the importance of hand washing
- how to advocate for themselves by explaining their life-threatening allergy to strangers, friends, adults and/or significant others
- to report all incidents of teasing and bullying to an adult in authority
- communicate immediately to a responsible adult or a friend if they are aware of accidental exposure or an impending reaction

STUDENT INFORMATION AND RESPONSIBILITIES

- **Carry** your epinephrine auto-injector at **all** times.
- **Carry/wear** your Medic Alert identification at **all** times.
- **Have an understanding** of your life-threatening allergy, its triggers, the symptoms of an anaphylactic reaction, how to administer an auto-injector and how to access assistance from an adult in authority.
- **Promptly inform** a responsible adult that you have a life-threatening allergy AS SOON AS accidental exposure occurs, symptoms appear or when experiencing a general feeling of malaise.
- **Avoid hazardous allergens** (For food allergies, eat only food items approved by your parent/guardian and do NOT trade or share foods, food utensils and food containers!)
- **Do not eat** if you do not have your epinephrine auto-injector.
- **Wash hands** on a regular basis, especially before and after eating.
- **Do NOT go off alone** (e.g. to the bathroom) when experiencing an allergic reaction or if you are not feeling well. No one will be able to assist you if you lose consciousness.
- **Report** to a responsible adult **any and all occurrences** of teasing, bullying or threats related to your allergy.

ALLERGY RISK REDUCTION STRATEGIES

Individuals at risk of anaphylaxis must learn to avoid specific triggers. While the key responsibility lies with the individual and his/her family, the school community must also be aware. Special care is taken to avoid exposure to allergy-causing substances. It must be stressed that minute or very small amounts of certain foods can cause severe reactions when ingested. This may happen if the person touches an allergenic substance and then subsequently puts his/her hand to his/her mouth or eye. Even a small amount “hidden” in a food or a trace amount of an allergen transferred to a serving utensil has the potential to cause a severe allergic reaction.

Avoidance is the cornerstone of preventing an allergic reaction. The school will strive to create a minimized allergen environment by:

- Training staff each year, which will include an overview of anaphylaxis, signs and symptoms and a demonstration of the use of epinephrine (Staff may practice using a training auto-injector).
- Teachers, particularly in the primary grades, should be aware of possible peanut/nut allergens present in curricular materials such as Playdough, bean bags, stuffed toys, counting aids, science projects, special seasonal activities.
- Stressing with staff to be vigilant about not having food items with peanuts and other nuts in the school and not to bring food products that may contain the allergen into the classroom with known food allergies (i.e. donuts, cookies from doughnut shops).
- Advising substitute teachers to review the student’s individual plan. The principal or his/her designee will speak with substitute teachers about the procedures for responding to emergency situations.
- Asking parents to consult with the teacher before sending in food to classrooms where there are food allergic children. The risk of accidental exposure to a food allergen can be significantly diminished by such measures.
- Providing parents of students in the allergic child’s class with information about how they can assist in supporting a safe learning environment.
- Informing parents that food items must not contain traces of known allergenic foods for birthday celebrations, etc.
- Children with food allergies must be encouraged to follow certain guidelines:
 - ✓ Eat only food which they have brought from home unless it is packaged, clearly labeled and approved by their parents.
 - ✓ Wash hands before eating.
 - ✓ Do not share food, utensils or containers.

MANAGEMENT OF ANAPHYLAXIS

HOW TO ADMINISTER AN EPI PEN®

- 1. Remove needle from case.**
- 2. Pull off the safety cap.**
- 3. Form a fist around the unit.**
- 4. Do not cover the top (hole) of the epi-pen with your thumb.**
- 5. Secure one of the legs of the person so he/she does not move.**
- 6. Firmly press against the outer mid-thigh of the leg with the black tip end of the needle, at a 90 degree angle until you hear a “click.” (Injection may be through no more than one layer of clothing.)**
- 7. Hold in place for 10 seconds for fluid to enter the body. (Count 1000 & 1, 1000 & 2, etc.)**
- 8. Dispose of the unit in a safe manner. Provide the unit to the ambulance personnel to take to the hospital.**

Using EpiPen® / EpiPen® Jr is as easy as 1-2-3

1. Remove yellow or green cap from carrying case
 - Grasp unit with black tip pointing downward
 - Pull off grey activator cap



2. Jab black tip firmly into outer thigh so it "clicks" AND HOLD on thigh approximately 10 seconds
 - Massage injected area for 10 seconds



3. Seek medical attention Call Hampton Fire and Rescue at 926-3315 or -



After Using EpiPen® / EpiPen® Jr Follow 3 Easy Safety Steps:

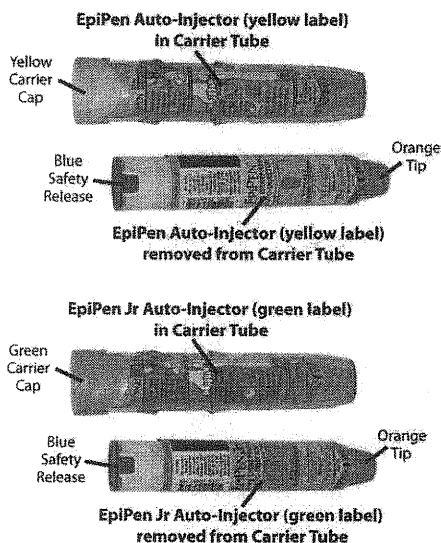
1. Carefully place used auto-injector, needle-end first, into storage tube
2. Screw cap of carrying case on completely.
 - This automatically bends needle back and secures pen so it won't fall out of tube
3. Take unit with you to hospital Emergency Department



Instructions for Use

Carefully read these Instructions for Use before you need to use your EpiPen or EpiPen Jr Auto-Injector. Before you use your EpiPen or EpiPen Jr Auto-Injector, make sure your healthcare provider shows you the right way to use it. If you have any questions, ask your healthcare provider.

Your EpiPen and EpiPen Jr Auto-Injector



3-Step Easy To Follow Instructions:

1. **Prepare** the EpiPen or EpiPen Jr Auto-Injector For Injection
 2. **Administer** the EpiPen or EpiPen Jr Auto-Injector
 3. **Finalize** the Injection Process
- (See detailed instructions below)

1. **Prepare** the EpiPen or EpiPen Jr Auto-Injector For Injection

Remove the auto-injector from the clear carrier tube.



Flip open the yellow cap of your EpiPen or the green cap of your EpiPen Jr Auto-Injector carrier tube.



Tip and slide the auto-injector out of the carrier tube.



Grasp the auto-injector in your fist with the orange tip pointing downward.

With your other hand, **remove the blue safety release by pulling straight up without bending or twisting it.**

Note:

- The needle comes out of the orange tip.
 - Never put your thumb, fingers or hand over the orange tip.
2. **Administer** the EpiPen or EpiPen Jr Auto-Injector

Hold the auto-injector with orange tip near the outer thigh.



Swing and firmly push the orange tip against the outer thigh until it 'clicks'. Keep the auto-injector firmly pushed against the thigh at a 90° angle (perpendicular) to the thigh.



Hold firmly against the thigh for approximately 10 seconds to deliver the drug. The injection is now complete.

3. **Finalize** the Injection Process



Remove the auto-injector from the thigh. The orange tip will extend to cover the needle.



Massage the injection area for 10 seconds.

Get emergency medical help right away. You may need further medical attention. You may need a second EpiPen or EpiPen Jr Auto-Injector should symptoms persist or recur.

Note:

- Take your used auto-injector with you when you go to see the healthcare provider.
- Tell the healthcare provider that you have received an injection of epinephrine. Show the healthcare provider where you received the injection.
- Give your used EpiPen or EpiPen Jr Auto-Injector to a healthcare provider for inspection and proper disposal.
- Ask for a refill, if needed.
- The used auto-injector with extended needle cover will not fit in the carrier tube.
- Most of the liquid medicine stays in the auto-injector and cannot be reused. You have received the correct dose of the medicine if the orange needle tip is extended and the window is blocked.
- Your EpiPen and EpiPen Jr Auto-Injector may come packaged with an EpiPen Auto-Injector Trainer and separate Trainer Instructions for Use. **The EpiPen Trainer**

has a grey color. The grey EpiPen Trainer contains no medicine and no needle. Practice with your EpiPen Trainer, but always carry your real EpiPen or EpiPen Jr Auto-Injector in case of an allergic emergency.

- Do not attempt to take the EpiPen or EpiPen Jr Auto-Injector apart.

This Patient Information and Instructions for Use has been approved by the U.S. Food and Drug Administration.

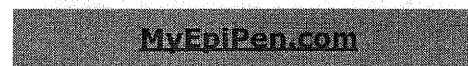
Manufactured for:
Mylan Specialty L.P., Basking Ridge, NJ 07920, USA
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Columbia, MD 21046, USA, a Pfizer company

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Register your EpiPen or EpiPen Jr Auto-Injector at **MyEpiPen.com** and find out more about:

- Free EpiPen Auto-Injector **Refill Reminder Program**. It is important to keep your auto-injector up-to-date.
- Register up to 6 EpiPen or EpiPen Jr Auto-Injectors and receive automatic **Refill Reminder Alerts**.
- Receive periodic information related to allergies and allergens.
- Instructional Video

For more information about EpiPen or EpiPen Jr Auto-Injectors and proper use of the product, visit www.epipen.com.

How to Read a Label for a Milk-Free Diet

All FDA-regulated manufactured food products that contain milk as an ingredient are required by U.S. law to list the word “milk” on the product label.

Avoid foods that contain milk or any of these ingredients:

butter, butter fat, butter oil, butter acid, butter ester(s)	milk (<i>in all forms, including condensed, derivative, dry, evaporated, goat's milk and milk from other animals, low fat, malted, milkfat, nonfat, powder, protein, skimmed, solids, whole</i>)
buttermilk	
casein	
casein hydrolysate	
caseinates (<i>in all forms</i>)	
cheese	milk protein hydrolysate
cottage cheese	pudding
cream	Recaldent®
curds	rennet casein
custard	sour cream, sour cream solids
diacetyl	sour milk solids
ghee	tagatose
half-and-half	whey (<i>in all forms</i>)
lactalbumin, lactalbumin phosphate	whey protein hydrolysate
lactoferrin	yogurt
lactose	
lactulose	

Milk is sometimes found in the following:

artificial butter flavor	luncheon meat, hot dogs, sausages
baked goods	margarine
caramel candies	nisin
chocolate	nondairy products
lactic acid starter culture and other bacterial cultures	nougat



11781 Lee Jackson Hwy.
Suite 160
Fairfax, VA 22033-3309
Phone: 703-691-3179
Fax: 703-691-2713
www.foodallergy.org
faan@foodallergy.org

How to Read a Label for a Soy-Free Diet

All FDA-regulated manufactured food products that contain soy as an ingredient are required by U.S. law to list the word “soy” on the product label.

Avoid foods that contain soy or any of these ingredients:

edamame	soya
miso	soybean (<i>curd, granules</i>)
natto	soy protein (<i>concentrate, hydrolyzed, isolate</i>)
shoyu	soy sauce
soy (<i>soy albumin, soy cheese, soy fiber, soy flour, soy grits, soy ice cream, soy milk, soy nuts, soy sprouts, soy yogurt</i>)	tamari
	tempeh
	textured vegetable protein (TVP)
	tofu

Soy is sometimes found in the following:

Asian cuisine	vegetable gum
vegetable broth	vegetable starch

Keep the following in mind:

- The FDA exempts highly refined soybean oil from being labeled as an allergen. Studies show most allergic individuals can safely eat soy oil that has been highly refined (**not** cold pressed, expeller pressed, or extruded soybean oil).
- Most individuals allergic to soy can safely eat soy lecithin.
- Follow your doctor's advice regarding these ingredients.

How to Read a Label for a Peanut-Free Diet

All FDA-regulated manufactured food products that contain peanut as an ingredient are required by U.S. law to list the word “peanut” on the product label.

Avoid foods that contain peanuts or any of these ingredients:

artificial nuts	monkey nuts
beer nuts	nut meat
cold pressed, expeller pressed, or extruded peanut oil	nut pieces
goobers	peanut butter
ground nuts	peanut flour
mixed nuts	peanut protein hydrolysate

Peanut is sometimes found in the following:

African, Asian (<i>especially Chinese, Indian, Indonesian, Thai, and Vietnamese</i>), and Mexican dishes	egg rolls
baked goods (<i>e.g., pastries, cookies</i>)	enchilada sauce
candy (<i>including chocolate candy</i>)	marzipan
chili	mole sauce
	nougat

Keep the following in mind:

- Mandelonas are peanuts soaked in almond flavoring.
- The FDA exempts highly refined peanut oil from being labeled as an allergen. Studies show that most allergic individuals can safely eat peanut oil that has been highly refined (not cold pressed, expeller pressed, or extruded peanut oil). Follow your doctor's advice.
- A study showed that unlike other legumes, there is a strong possibility of cross-reaction between peanuts and lupine.
- Arachis oil is peanut oil.
- Many experts advise patients allergic to peanuts to avoid tree nuts as well.
- Sunflower seeds are often produced on equipment shared with peanuts.

How to Read a Label for a Wheat-Free Diet

All FDA-regulated manufactured food products that contain wheat as an ingredient are required by U.S. law to list the word “wheat” on the product label. The law defines any species in the genus *Triticum* as wheat.

Avoid foods that contain wheat or any of these ingredients:

bread crumbs	matzoh, matzoh meal (<i>also spelled as matzo, matzah, or matza</i>)
bulgur	pasta
cereal extract	seitan
club wheat	semolina
couscous	spelt
cracker meal	sprouted wheat
durum	triticale
einkorn	vital wheat gluten
emmer	wheat (<i>bran, durum, germ, gluten, grass, malt, sprouts, starch</i>)
farina	wheat bran hydrolysate
flour (<i>all purpose, bread, cake, durum, enriched, graham, high gluten, high protein, instant, pastry, self-rising, soft wheat, steel ground, stone ground, whole wheat</i>)	wheat germ oil
hydrolyzed wheat protein	wheat grass
Kamut	wheat protein isolate
	whole wheat berries

Wheat is sometimes found in the following:

glucose syrup	starch (<i>gelatinized starch, modified starch, modified food starch, vegetable starch</i>)
soy sauce	surimi

How to Read a Label for an Egg-Free Diet

All FDA-regulated manufactured food products that contain egg as an ingredient are required by U.S. law to list the word “egg” on the product label.

Avoid foods that contain eggs or any of these ingredients:

albumin (<i>also spelled albumen</i>)	mayonnaise
egg (<i>dried, powdered, solids, white, yolk</i>)	meringue (<i>meringue powder</i>)
egg nog	ovalbumin
lysozyme	surimi

Egg is sometimes found in the following:

baked goods	marzipan
egg substitutes	marshmallows
lecithin	nougat
macaroni	pasta

Keep the following in mind:

- Individuals with egg allergy should also avoid eggs from duck, turkey, goose, quail, etc., as these are known to be cross-reactive with chicken egg.

How to Read a Label for a Shellfish-Free Diet

All FDA-regulated manufactured food products that contain a crustacean shellfish as an ingredient are required by U.S. law to list the specific crustacean shellfish on the product label.

Avoid foods that contain shellfish or any of these ingredients:

barnacle	lobster (<i>langouste</i> ,
crab	<i>langoustine, Moreton bay</i>
crawfish (<i>crawdad, crayfish, ecrevisse</i>)	<i>bugs, scampi, tomalley</i>)
krill	prawns
	shrimp (<i>crevette, scampi</i>)

Mollusks are not considered major allergens under food labeling laws and may not be fully disclosed on a product label.

Your doctor may advise you to avoid mollusks or these ingredients:

abalone	oysters
clams (<i>cherrystone, geoduck, littleneck, pismo, quahog</i>)	periwinkle
cockle	scallops
cuttlefish	sea cucumber
limpet (<i>lapas, opihi</i>)	sea urchin
mussels	snails (<i>escargot</i>)
octopus	squid (<i>calamari</i>)
	whelk (<i>Turban shell</i>)

Shellfish are sometimes found in the following:

bouillabaisse	seafood flavoring (<i>e.g., crab or clam extract</i>)
cuttlefish ink	surimi
fish stock	
glucosamine	

Keep the following in mind:

- Any food served in a seafood restaurant may contain shellfish protein due to cross-contact.
- For some individuals, a reaction may occur from inhaling cooking vapors or from handling fish or shellfish.

How to Read a Label for a Tree Nut-Free Diet

All FDA-regulated manufactured food products that contain a tree nut as an ingredient are required by U.S. law to list the specific tree nut on the product label.

Avoid foods that contain nuts or any of these ingredients:

almond	Nangai nut
artificial nuts	natural nut extract (<i>e.g., almond, walnut</i>)
beechnut	nut butters (<i>e.g., cashew butter</i>)
Brazil nut	nut meal
butternut	nut meat
cashew	nut paste (<i>e.g., almond paste</i>)
chestnut	nut pieces
chinquapin	pecan
coconut	pesto
filbert/hazelnut	pili nut
gianduja (<i>a chocolate-nut mixture</i>)	pine nut (<i>also referred to as Indian, pignoli, pignolia, pignon, piñon, and pinyon nut</i>)
ginkgo nut	pistachio
hickory nut	praline
litchi/lichee/lychee nut	shea nut
macadamia nut	walnut
marzipan/almond paste	

Tree nuts are sometimes found in the following:

black walnut hull extract (*flavoring*)
natural nut extract
nut distillates/alcoholic extracts
nut oils (*e.g., walnut oil, almond oil*)
walnut hull extract (*flavoring*)

Keep the following in mind:

- Mortadella may contain pistachios.
- There is no evidence that coconut oil and shea nut oil/butter are allergenic.
- Many experts advise patients allergic to tree nuts to avoid peanuts as well.
- Talk to your doctor if you find other nuts not listed here.

INSECT VENOM AVOIDANCE STRATEGIES
(STINGS FROM BEES, WASPS, HORNETS, YELLOW JACKETS, ANTS)

To avoid an allergic reaction to insect venom, students must be directed to stay away from areas where stinging insects gather such as gardens, hedges, fruit trees and garbage cans.

School staff should inspect outside facilities/playground for bee nests on a regular basis and contact the Facilities Manager to have any nests/hives removed. Students should be cautioned not to throw sticks or stones at bee hives or wasp and hornet nests.

Depending on the severity of the bee/stinging insect presence on the playground, consider the following:

- Keep the students with life-threatening allergies to insect venom inside the school for all recess/noon periods during bee season/bee presence.
- Remove the allergic student from the area if there is a possibility of contact (e.g. classroom, outside activity area).

School staff should advise students to:

- Wear light colors and avoid loose flowing garments.
- Wear shoes instead of sandals during the warm weather (do not let children go barefoot).
- Avoid highly fragrant varieties of products such as perfumes, colognes, suntan lotions, cosmetics, hair sprays or deodorants which attract insects.

LATEX AVOIDANCE STRATEGIES

Latex allergic reactions can range from contact dermatitis and swelling to systematic anaphylaxis that can be life-threatening.

Allergy causing latex refers to the natural rubber latex manufactured from a milky fluid that is primarily obtained from the rubber tree. Some synthetic rubber materials may be referred to as “latex” but do not contain the natural rubber proteins responsible for latex allergy symptoms.

Some products which may contain natural rubber are:

- Art/school supplies such as paints, glue, erasers, fabric paints
- Balloons (Mylar balloons are a safe alternative)
- Balls, such as kosh balls, tennis balls, bowling balls
- Carpet backing, gym floors, gym mats
- Chewing gum
- Handles on racquets, tools, bicycles
- Latex gloves used in health departments, cafeterias and science labs
- Medical supplies (band aids, gloves)
- Rubber bands
- Zippered plastic storage bags

Risk reduction strategies:

The best strategy is to avoid latex. A severe reaction may occur following a mild reaction.

Where possible, remove the natural rubber latex products from the environment and replace with non-latex products (e.g. order latex free first aid supplies, non-latex gloves and non-latex band aids).

Inform school staff and parents/guardians not to bring in balloons for celebrations or crafts etc.

Sources:

- Food Allergy & Anaphylaxis Network
11781 Lee Jackson Highway, Suite 160
Fairfax, VA 22033-3309
(800) 929-4040
- Halton Anaphylaxis Protocol from the Halton District School Board, 2050 Guelph Line, Burlington, Ontario, Canada