





According to Health Canada, as many as 1,200,000 Canadians may be affected by life-threatening allergies and as many as 6 % of young children have food allergies. Unfortunately, these numbers continue to increase, especially among children. While it is possible to be allergic to any known food, there are ten priority food substances which cause allergic reactions (allergens):

- → Peanuts
- → Tree nuts (including almonds, Brazil nuts, cashews, hazelnuts or filberts, macadamia nuts, pecans, pine nuts or pignolias, pistachio nuts, and walnuts)
- → Sesame seeds
- → Milk

- → Eggs
- → Fish (including shellfish and crustaceans)
- → Soy
- → Wheat
- → Sulphites
- → Mustard

Allergic reactions, even to the same allergen, vary from individual to individual and range from mild to life threatening. They can occur quickly and without warning, they may take up to a few hours to present, or they may go away and reoccur later. The most severe is an anaphylactic reaction triggered when the immune system overreacts to a particular allergen.

Symptoms of anaphylaxis may include:

→ Gastrointestinal

nausea, cramps, vomiting, diarrhea

→ Respiratory

throat and chest tightness / pain, shortness of breath, coughing, trouble speaking / swallowing

→ Cardiovascular

dizziness / lightheadedness, low blood pressure, loss of consciousness

→ Skin

red or itchy skin, hives, rash, swelling

The most dangerous symptoms are difficulty breathing, low blood pressure, and loss of consciousness, all of which can be fatal. Students who are known to have food allergies and who exhibit any of the above symptoms should be treated with an injection of epinephrine (adrenaline), using an "EpiPen," or epinephrine auto-injector. There are currently two disposable epinephrine auto-injectors available in Canada: EpiPen® and Twinject®.

Making Your School Allergy-Safe

A comprehensive Food Allergy Management Plan that includes detailed allergy management protocols, an anaphylaxis policy, and emergency procedures will help your school manage the risks, reduce the incidence of allergic reactions, and avoid potentially severe and/or life-threatening situations. Given the nature of the problem, making your school as "allergy-safe" as possible must be a collaborative process — a responsibility shared by all concerned. Your plan should define the roles and responsibilities of everyone involved:

→ Teachers, substitute teachers, coaches

- → School nurses
- → Administrative staff
- → Parents/guardians of children with food allergies
- → Parents/quardians of all other students
- → Students with food allergies
- → The entire student body
- → Food service handlers
- → Custodians
- → Volunteers
- → Transportation providers
- → Anyone else who may have contact with your students or facilities

Ideally, the plan should address a range of issues, including:

Emergency Plans

When it comes to food allergies, the minutest amount of an ingested allergen can trigger a potentially fatal reaction.

Your emergency procedures should include:

→ An individual emergency plan for each student with food allergies, including photo, allergy details, medications, contact numbers, etc.

- → Guidelines on storing medications in a safe and secure location, and how to ensure easy access to them
- → Contingency plans for substitute teachers and other temporary personnel
- → Training for new hires

Food Handling

Since there is no known cure for food allergies, the only thing to do is to avoid contact of any sort with the known allergen. Among other things, your plan should consider:

→ Procedures for food preparation staff and cafeteria/lunch room staff

- → Assigning special areas where at-risk students can eat their lunches and snacks
- → Rules governing food brought to school lunches, snacks, treats, after hours school events, etc., developing a "nut-free" school policy, prohibiting all food on school buses, etc.

- → Rules to enforce a strict "clean-hands" policu
- → Guidelines for what not to do for both at-risk students and their classmates (e.g. not to offer or accept food, etc.)
- → Rules governing food on class trips and outings
- → Posting photos of at-risk children in the cafeteria/ lunch room (with parental permission).

Education, Communication, and Training

To have a well informed and well trained faculty and staff, as well as an informed and engaged student body, consider steps to :

- → Develop a school-wide plan that will educate students and, at the same time, foster an empathetic and understanding environment
- → Include information about food allergies in newsletters, on your web site, etc.
- → Involve the student body in food-allergy-related special projects
- → Hold mandatory sessions at the beginning of the school year to train faculty, as well as administrative and support staff, on how to recognize anaphylactic symptoms and administer emergency treatment
- → Invite manufacturers to provide training on the use of the epinephrine injectors.

Planning Can Make a Measurable Difference

A comprehensive, practical Food Allergy Management Plan reduces the risks of accidental exposure to the "wrong" foods and allows you to provide a comfortable learning environment for foodallergic students.

For more information about food allergies and anaphylaxis, and additional measures that your school can take, please consult an Ecclesiastical Risk Control Specialist in your region or visit www.ecclesiastical.ca

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