

Back to School with Anaphylaxis

Frequently Asked Questions

Q:

What effect, if any, has anaphylaxis awareness had in the school system?

A:

*Anaphylaxis Canada recently conducted a study of anaphylaxis deaths on Ontario from 1986-2000. **Between 1986 and 1994, six children died from anaphylaxis** in Ontario camps and schools. Since 1994, there has not been one anaphylactic death in an Ontario school or camp! Of note, the Canadian Society for Allergy and Clinical Immunology published [Anaphylaxis In Schools and Other Day Care Settings](#) in 1995. Understanding and committed effort have made this a reality. It's been worth it.*

Q:

Does hand washing really make a difference in the school setting?

A:

Yes. At the September 2000 annual meeting of the Canadian Society of Allergy and Clinical Immunology, Dr. Sebastian Tkachyk, a pediatrician at the Children's Health Centre in Edmonton, described two cases in which peanut allergic patients developed facial swelling and skin rash after playing basketball. In each situation, co players, who had been eating peanut butter, had inadvertently transferred some of it to the ball. One of the children experienced repeat episodes each time he played basketball. Symptoms did not recur once the ball had been washed.

These case reports highlight the need to practise safe-hand washing and that food in the school setting, and peanut butter in particular, should be kept away from shared equipment.

Q:

What is causing anaphylactic reactions in the schools?

A:

For further details, please see the study of that Anaphylaxis Canada conducted through the [Toronto District School Board](#). From that study it would appear that children have had anaphylactic reactions in the school setting when:

- 1. Lunches have been accidentally switched.*
- 2. Children have shared food.*
- 3. Children have eaten something without first checking the ingredients.*

Milder allergic reactions have followed contact with contaminated surfaces, including playground and gym equipment. There have also been reports of allergic children being threatened / chased with foods that contained their allergen.

Q:
Where should we store EpiPens[®]?

A:
The EpiPen[®] needs to be with the child at all times. When children are in kindergarten, their teacher can easily carry the EpiPen[®] because they are with the child for most of the time. Once the child is out of kindergarten, they are less closely linked to their teacher. As reactions can occur at any time and early administration of EpiPen[®] can be life saving, it makes sense that the student would carry the device themselves. This does not mean that they would be expected to give it to themselves, although all children should know how to do so.

Q:
Who should give the EpiPen[®]?

A:
All adult school staff should be trained in the administration of the EpiPen[®] and undergo refresher training every year.

Q:
How old should a child be before they carry their own EpiPen[®]?

A:
Most children are capable of carrying their own EpiPen[®] by the time they enter Grade One. This does not imply that they would be expected to administer a dose themselves. Some schools worry that allergic children or their school mates might play with the EpiPen[®] and injure themselves. With appropriate education of the school community, this does not seem to be an issue.

Q:
What are the legal ramifications of giving an EpiPen[®]?

A:
This is well covered in the document prepared by the [Canadian School Boards Association](#).