

## VERNON SKI CLUB ALLERGEN AWARENESS POLICY - 2018

### Introduction

Anaphylaxis is a serious allergic reaction that is rapid in onset and may cause death. While fatalities are rare, anaphylaxis must always be considered a medical emergency requiring immediate treatment. Signs and symptoms of a severe allergic reaction can occur within minutes of exposure to an allergen (a substance capable of causing an allergic reaction). In rarer cases, the time frame can vary up to several hours after exposure. The most common allergens include certain foods and insect stings. Less common causes include medications, latex, and exercise.

Symptoms of anaphylaxis generally include two or more of the following body systems: skin, respiratory, gastrointestinal and/or cardiovascular. However, low blood pressure alone (i.e. cardiovascular system), in the absence of other symptoms, can also represent anaphylaxis. Breathing difficulties and low blood pressure are the most dangerous symptoms and both can lead to death if untreated. Anaphylaxis is an unpredictable condition as signs and symptoms can vary from one person to the next and from one episode to another in the same person.

Epinephrine is the first line treatment for anaphylaxis. This life-saving medication helps to reverse the symptoms of a severe allergic reaction by opening the airways, improving blood pressure, and increasing the heart rate. It is recommended that epinephrine be given at the start of a known or suspected anaphylactic reaction. In normally healthy individuals, epinephrine will not cause harm if given unnecessarily. There is currently one epinephrine auto-injector available in Canada: EpiPen®.

**The Vernon Ski Club policy is that the club is *Allergy Aware*.** The VSC environment will accommodate anaphylactic members but the club cannot assume responsibility for providing an allergen free environment nor for those people with allergies.

### Food Allergens

For people with food allergies, the key to remaining safe is avoidance of the food allergen. It must be stressed that very small amounts of certain foods can cause severe reactions when eaten. This may happen if a person at risk touches an allergenic substance and then subsequently touches the mouth.

Even a very small amount 'hidden' in a food or transferred to a serving utensil has the potential to cause a severe allergic reaction. Direct ingestion of an allergy-causing food poses the greatest risk for people with food allergies. In some cases, the vapor or steam produced while cooking certain foods, such as fish, has been shown to contain allergens which can trigger asthmatic reactions and even anaphylaxis.

While it is difficult to completely eliminate all allergenic ingredients due to hidden or accidentally introduced sources, it is possible and extremely important to reduce the risk of exposure to them.

- All children should wash their hands with soap and water before and after eating.
- Anti-bacterial hand sanitizers are not as effective at removing peanut butter residue.
- Surfaces such as tables should be carefully cleaned of contaminating foods. Surfaces should be wiped down using a household cleaning product and disposable cloth or paper towel. (Throw out after to avoid cross-contaminating other surfaces.) Note that alcohol wipes are less effective in removing allergens.

In Canada, the most common food allergens that cause anaphylaxis are:

- Peanuts
- Tree nuts (almonds, Brazil nuts, cashews, hazelnuts, macadamia nuts, pecans, pine nuts, pistachios, walnuts)
- Milk
- Egg
- Sesame
- Soy
- Wheat
- Seafood and fish, e.g. trout, salmon, shellfish, lobster, shrimp, crab, scallops, clams, oysters, mussels
- Mustard

Health Canada requires these 'priority food allergens' to always be identified on food labels by their common names.

### Casual Contact with Food Allergens

Allergic reactions to foods such as peanut butter are triggered by specific food proteins. Food odour is caused by non-protein chemicals. Smelling peanut butter odour is different from inhaling airborne peanut particles (proteins) which might occur from the mass shelling of peanuts in a poorly ventilated area. Peanut-allergic people may feel unwell if they smell peanut butter, but this is likely due to a strong (and understandable) psychological aversion. Inhaling airborne peanut particles can cause allergic reactions with symptoms such as rashes, runny nose, itchy eyes, and occasionally wheezing, but anaphylaxis is thought to be unlikely. Some people worry that just touching small amounts of peanut butter will result in a significant or life-threatening allergic reaction.

A U.S. study explored the commonly held beliefs that peanut odour and skin contact with peanut products pose a significant risk to peanut-allergic individuals. Many people believe that the mere presence of peanut products can contaminate the surrounding airborne environment, making an area unsafe for a peanut-allergic child. The researchers noted that a very small amount of peanut butter induced only a local reaction when touched; however, the same amount

could cause anaphylaxis if it was unintentionally transferred to the mouth. While the researchers hope that their study about casual contact will allay concerns about peanut odour and skin contact with peanut products, they advise continued caution: "Indeed, trace quantities of peanut can induce reactions when ingested, and intimate kissing, although perhaps considered casual contact, is also akin to ingestion." They add:

"Specifically, on the basis of this study alone, we would not recommend changing any school policies that protect children with peanut allergy." The researchers also stressed that they did not study the effects of having a large amount of peanut or peanut butter in the room and that further investigation would be required.

## **Identification of Individuals at Risk**

Administrators should collect information about athletes' medical conditions at the time of registration. This information should be reviewed before the start of the program season. Questions or concerns about changes in a child's condition or treatment protocol should then be addressed.

## **Roles and Responsibilities**

Anaphylaxis management is a shared responsibility that includes parents/guardians, allergic children and the entire VSC community.

### **Parents/Guardians**

Parents/guardians should make every effort to teach their allergic children to self-protect. Good safety habits should be established from an early age. Parents/guardians:

- Must educate the allergic child on avoidance strategies.
- Are responsible for informing the VSC about the child's allergies, updating the VSC on any changes (e.g. diagnosis of an additional allergy, outgrowing an allergy), and providing the child with an epinephrine auto-injector which is not expired (parents should keep a log of expiry dates and replace outdated auto-injectors).
- Should complete an Anaphylaxis Emergency Plan which has the child's photograph and allergy information, emergency contact numbers, emergency protocol, signature of a parent/guardian and, if required, the signature of the child's physician. (Appendix A)
- Should provide consent which allows others to use an epinephrine auto-injector when they consider it necessary in an allergic emergency.

### **Children at Risk**

Allergic children who have been diagnosed as being at risk of anaphylaxis should:

- Have an auto-injector with their name on it, kept in a readily accessible location which is unlocked.
- Carry their own auto-injector when age appropriate, usually by the age of 6 or 7.
- Refrain from eating if they do not have an auto-injector with them.

- Be very cautious about eating foods prepared by others.
- Not share foods or utensils.
- Wash hands with soap and water before and after meals.
- Wear medical identification, such as a MedicAlert® bracelet which clearly identifies their allergy.
- Inform someone (preferably an adult) immediately after accidental exposure to an allergen or as soon as symptoms occur.

### The Vernon Ski Club Community

The entire VSC population should be educated regarding the seriousness of anaphylaxis. This can be achieved through general awareness sessions in an assembly or a special health lesson, signage, reminders by coaches and through club communications. Peers should be taught that bullying and teasing students at risk of anaphylaxis is unacceptable. Bullying and teasing incidents should be dealt with immediately. Ongoing communication about the VSC anaphylaxis plan is essential in creating awareness and support for students at risk (See Appendix B). Athletes should assist in being responsible for prevention, including being attentive to avoiding exposure and by helping to clean eating areas.

### Cleaning Surfaces

A U.S. study suggests that liquid or bar soap and antibacterial wipes can effectively remove peanut butter residue from hands. However, anti-bacterial hand sanitizers and water alone are not as effective. In the same study, researchers found that common household cleaning products such as Formula 409® (Clorox), Lysol® sanitizing wipes, and Target brand cleaner with bleach were effective in removing residual peanut allergen from surfaces. Not all products may be available in Canada, but the research suggests that comparable products would work equally well. Dish soap did not effectively remove residue of peanut butter from surfaces.

## **Treatment of Allergic Reaction**

There are six key recommendations in the emergency management of anaphylaxis:

1. Epinephrine is the first line medication which should be used for the emergency management of a person having a potentially life-threatening allergic reaction.
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) for evaluation and observation.
4. Additional epinephrine should be available during transport to hospital. 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 with anaphylaxis who are feeling faint or dizzy because of impending shock should lie down unless they are vomiting or experiencing severe respiratory distress.

6. No person experiencing anaphylaxis should be expected to be fully responsible for self-administration of an epinephrine auto-injector. Assistance from others, especially in the case of children, may be necessary.

### Treatment Action Plan

In the event of a life-threatening allergic reaction, it is critical for individuals to respond quickly and appropriately by following these emergency steps:

1. Give epinephrine auto-injector (e.g. EpiPen®) at the first sign of a known or suspected anaphylactic reaction. (Appendix C)
2. Call 9-1-1 or local emergency medical services. Tell them someone is having a life-threatening allergic reaction.
3. Give a second dose of epinephrine as early as 5 minutes after the first dose if there is no improvement in symptoms.
4. Go to the nearest hospital immediately (ideally by ambulance), even if symptoms are mild or have stopped. The reaction could worsen or come back, even after proper treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4-6 hours).
5. Call emergency contact person (e.g. parent, guardian).

### Location of Epinephrine Auto-injectors (“auto-injectors”)

Auto-injectors must be kept in locations which are easily accessible (e.g. not in locked cupboards or drawers) but out of reach of young children. They should not be exposed to extreme cold (fridge/freezer) or heat (glove box in a vehicle). The locations should be known to all coaches and caregivers. Children who have demonstrated maturity (usually by the age of 6 or 7) should carry their own epinephrine.

## APPENDIX B - COMMUNICATION TO VSC MEMBERS

### Vernon Ski Club is Allergy-Aware

The Vernon Ski Club (VSC) is sensitive to the needs of all members, including those with medical conditions including allergies. However, we cannot ensure that all products brought into our lunch rooms or to activities are free of potential allergens (e.g., peanuts). While we make efforts to keep athletes from being exposed to allergens, we cannot guarantee it will never occur and we cannot assume responsibility for providing a completely allergen-free environment. Our Policy is to be Allergy Aware.

#### **Being *Allergy Aware* means we are:**

- *Aware* that allergies can cause serious complications and can kill
- *Aware* that some of our athletes have life-threatening allergies
- *Aware* of the signs and of anaphylaxis, and what to do if we see it

**In the 2018-2019 ski season, a number of athletes in the VSC have severe and life-threatening allergies to products, particularly peanuts and sesame seeds.**

#### Respiratory Sensitivity

Use of fragrances including perfumes, colognes, and body sprays can cause difficulties for individuals who suffer from asthma, other respiratory illnesses, or are prone to headaches. To maintain an optimal environment, we are asking members to consider others when using these products and avoid the use of strong fragrances.

An anaphylactic reaction causes shock, suffocation and death within minutes of the allergy reaction commencing if not treated immediately. As a club we support our members by being aware, practicing avoidance, and being aware of the symptoms and treatment protocol.

#### AVOIDANCE

We need your support in creating a safer environment by:

- Ø Not providing peanuts or sesame seeds products to your children while they are participating in VSC activities.
- Ø Encouraging your children to not share or swap their food or drink bottles with others
- Ø Encouraging your children to wash their hands before and after eating

Thank you for your support of our Allergy Aware Policy

## **SYMPTOMS**

Following exposure to an allergen, a person having a reaction may have ANY of the following symptoms:

- Hives, swelling, itching, warmth, redness, rash
- Coughing, wheezing, shortness of breath, throat tightness
- Nausea, stomach pain/cramps, vomiting, diarrhea
- Pale blue coloring (skin or lips)
- Weak pulse
- Fainting, loss of consciousness
- Dizzy, light headed, shock
- Swelling of any body parts, especially eyelids, lips face, tongue
- Panic or sense of doom

## **EMERGENCY MEASURES**

Act quickly. The first signs of reaction can be mild, but symptoms can get worse quickly.

1. Get epinephrine auto injector (eg. EpiPen, Twinjet, Allerject) and administer immediately and record time
2. Call 9-1-1
3. If an allergen has been ingested, rinse mouth if possible
4. Inform others including Ski Club staff and available parents of the reaction; they will call the parent(s)/guardian(s) of the affected individual and locate a copy of the students' emergency information
5. Give a second dose if epinephrine in 5 – 15 minutes if reaction continues or worsens
6. A staff member or parent/guardian will accompany the student to the hospital
7. Provide ambulance with emergency information and the time(s) epinephrine/medication was administered
8. If possible, send auto injectors (EpiPen) with emergency responder