

# Sabrina's Law

## Prevention and Management of Life-threatening Food Allergies

by Jason Kwok

### The tragic case of Sabrina Shannon

*In September 2003, 13-year old Sabrina Shannon died after sitting down at her Pembroke, Ontario school cafeteria to eat lunch. She had a severe allergic reaction to french fries contaminated with a dairy product. Before staff could retrieve her EpiPen® (an emergency needle containing a life-saving dose of epinephrine) from her locker, Sabrina died from anaphylactic shock.*

### Sabrina's Law

On May 16, 2005, the Ontario Legislature unanimously passed Bill 3 — a private member's Bill (proposed by Dave Levac, MPP for Brant) requiring Ontario school boards to have policies that include:

- training for school staff on dealing with life-threatening allergies on a regular basis,
- creating individual plans for students who have anaphylaxis allergy, and
- having emergency procedures in place for anaphylactic pupils.

This law, inspired by the case of Sabrina Shannon and also called "Sabrina's Law", took effect on January 1, 2006. Although currently only in effect in Ontario, all Scouters should be aware of the symptoms and prevention of life-threatening food allergies.

### How does this law affect Scouting?

Symptoms of food allergy reactions range from mild to severe. Severe reactions are called "anaphylaxis" and are potentially lethal. Approximately 2% of the general population in Canada suffers from food allergies, which could mean that youth in your group could be at risk.

There are multiple occasions when food is served during Scout meetings, e.g. potluck parties, Christmas and New Year celebrations, birthday parties, year-end closing ceremonies, etc. Food is also served at camps. How prepared are Scout groups and Scouters to deal with an emergency when a youth or adult suddenly develops food allergy reaction symptoms?

### What foods cause food allergy?

Although any food could potentially cause a reaction, eight foods are responsible for 90% of all food-allergic reactions. They are:

- Milk
- Eggs
- Peanuts
- Soy

- Wheat
- Tree nuts (such as almonds, pecans, etc.)
- Fish
- Shellfish.

### What happens in the body during a food-allergic reaction?

The immune system mistakenly believes that a harmless substance, in this case a food item, is harmful. In an attempt to protect the body, it creates specific IgE antibodies to that food. The next time the individual eats that food, the immune system releases massive amounts of chemicals and histamines in order to protect the body. However, the chemicals trigger a cascade of allergic symptoms that can affect the respiratory system, gastrointestinal tract, skin or cardiovascular system.

### What are the symptoms of food allergy and anaphylaxis?

Symptoms typically appear within minutes to two hours after a person has eaten the food to which he/she is allergic. Symptoms can include:

- A tingling sensation in the mouth
- Swelling of the tongue and throat
- Rash
- Eczema
- Hives and swelling
- Vomiting
- Abdominal cramps
- Diarrhoea
- Wheezing
- Difficulty breathing
- Drop in blood pressure
- Loss of consciousness
- Death.

### Treatment of food allergy and severe allergy reactions

**"Prevention is the best medicine."** Strict avoidance of the allergy-causing food is the only way to avoid a reaction.

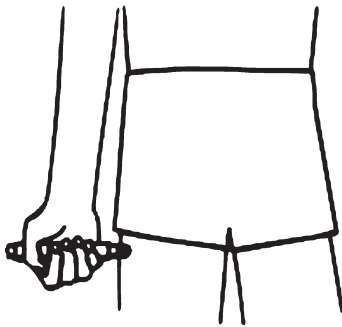
Epinephrine, also called "adrenaline" is the medication of choice for controlling a severe allergic reaction. It is available as an auto-injector by prescription known as EpiPen®, Epi-Pen® Jr and Twinjet.

### How to Use an EpiPen® or EpiPen® Jr

Be sure to learn the proper procedure of using an EpiPen® — **you may save yourself or another person's life.**



1. Remove yellow/green cap from carrying case.
2. Grasp unit with black tip pointing downwards. Pull off the gray safety cap.
3. Place black tip on outer thigh (**always apply to thigh**).
4. Using a swing and jab motion, press hard into thigh until Auto-Injector mechanism functions — it clicks. Hold in place and count to 10. The EpiPen® unit should then be removed and kept with the victim. Massage the injection area for 10 seconds.
5. Most of the liquid (about 90%) stays in the auto-injector and cannot be reused.
6. To make sure one has received the epinephrine, check: (a) the black tip — if needle is exposed and (b) the clear window — if the red plunger is seen, then one received the medication. If not, repeat procedures 3 & 4.
7. Take the used unit with the victim to the Emergency Room. Plan to stay for observation at the Emergency Room because a biphasic reaction may occur within 1 to 8 hours after first reaction in 20% of sufferers. About one-third of second phase reactions are more severe than the initial episode, one-third are similar in severity and the remaining third are less severe.



5. The EpiPen® is light sensitive. Do not expose it to direct sunlight.
6. It should be stored at room temperature (20—25°C with excursions between 15—30°C permitted) in the case provided. The product should not be frozen or refrigerated.
7. EpiPen® is intended for subcutaneous (beneath the skin) or intramuscular (into the muscle) use into the anterolateral aspect of thigh, *through clothing if necessary*. Do not inject into buttock. Do not inject intravenously (into the vein).
8. The epinephrine will be injected by an auto-injection mechanism. There is no need for “injection” manually. Make sure the EpiPen® is pressed hard against the thigh for 10 seconds — there have been reports that victims died because they did not hold the EpiPen® in place long enough.
9. In most cases, a single injection of epinephrine will effectively control symptoms. If symptoms worsen or there is no clinical improvement within 10 minutes after the first dose, a second dose is necessary. Be sure to have multiple units available in case one cannot reach a hospital within minutes.
10. There is now a new product on market: Twinject®, containing two doses of epinephrine. The first dose is available for auto-injection by the patient or caregiver, just like the classic EpiPen®. If a second dose is required, it is available for manual injection by the patient or caregiver, following a partial disassembly of the auto-injector.

#### Practical tips

1. EpiPen® contains 0.3mg of epinephrine and is intended for use only by adults and children who weigh 30 Kg (approximately 66 pounds) or more. EpiPen® Jr contains 0.15mg of adrenaline and is intended for use by adults for children who weigh 15-30 Kg (approximately 33 to 66 pounds).
2. Tell persons with an allergy to always keep their EpiPen® on them at all times — there have been deaths reported where people have had their EpiPen® in a locker or a car.
3. Patients should periodically check the expiration date — there have been reports of victims not benefiting from injecting an expired EpiPen®.
4. Patients should periodically inspect the EpiPen® for particulate matter and discoloration.

The above is also applicable to other kinds of allergic reactions (i.e. insect stings and bites). “Be Prepared” by reviewing these actions with all leaders and mature youth. ✕  
*— Jason Kwok is a practising family doctor in Scarborough, Ontario. He’s also the Group Commissioner of 38<sup>th</sup> Agincourt, Group Advisor of 333<sup>rd</sup> Markham and Vice Chairman of the Chinese Scouters Association.*

### Who should administer an EpiPen®?

**T**he individual who is suffering an allergic reaction should administer their own EpiPen. If they cannot give the injection themselves, you may have to do so on their behalf.



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