Why do I need Food Allergy Training?

Senate Bill 27:
Guidelines require training for all school personnel

Purpose of training:
To provide to all school staff basic knowledge and skills to identify students with a possible allergic reaction to food and the appropriate emergency actions for an allergic reaction
Food Allergy Statistics & Facts

- Nearly 6 million or 8% of children have food allergies
- 16%-18% of children with food allergies have had allergic reactions to accidental ingestion of food allergens while in school
- 25% of anaphylactic reactions in schools occur among students without a previous food allergy diagnosis
- Approximately 150-200 people die annually from food allergy reactions or anaphylaxis
- Peanut allergy among children appears to have tripled between 1997-2008
- There is no cure for food allergies.
- **Strict avoidance** of allergens is critical to the safety of children with food allergies
Symptoms of Allergic Reactions

Food Allergy and Anaphylaxis Training
Food Intolerance vs Food Allergy

**Food Intolerance:** an unpleasant reaction to a food, that unlike a food allergy, **DOES NOT** involve the immune system response or the release of histamine.

**Food Allergy:** a group of disorders characterized by immunological responses to specific food proteins.

Food allergies can put students at risk for anaphylaxis.

Food intolerance - does not put a student at risk for anaphylaxis.
Foods Associated with Allergies

8 Common Foods Account for 90% of food allergic reactions.

- Peanuts
- Milk
- Tree Nuts
- Eggs
- Wheat
- Fish
- Soy
- Shellfish

Other less common foods can also cause allergic reactions. Reactions can range from mild to deadly.
ANAPHYLAXIS
A serious allergic reaction that is rapid in onset and may cause DEATH
# SEVERE Allergic Reaction

## Signs and Symptoms

<table>
<thead>
<tr>
<th>Body System</th>
<th>Sign or Symptom</th>
</tr>
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<tbody>
<tr>
<td>Mouth</td>
<td>Tingling, itching, swelling of the tongue, lips or mouth: blue/grey color of the lips</td>
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<tr>
<td>Throat</td>
<td>Tightening of the throat; tickling feeling in back of throat; hoarseness or change in voice, <em>repetitive throat clearing</em></td>
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<tr>
<td>Nose/Eyes/Ears</td>
<td>Runny, itchy nose; redness and/or swelling of eyes; throbbing in ears, redness of ears</td>
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<tr>
<td>Lung</td>
<td>Shortness of breath; repetitive shallow cough; wheezing</td>
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<tr>
<td>Stomach</td>
<td>Nausea; vomiting; diarrhea; abdominal cramps</td>
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<tr>
<td>Skin</td>
<td>Itchy rash; hives; swelling of face or extremities; facial flushing</td>
</tr>
<tr>
<td>Heart</td>
<td>Thin weak pulse; rapid pulse; palpitations; fainting; blueness of lips, face or nail beds; paleness</td>
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</tbody>
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Epinephrine

- First-line treatment in the case of anaphylaxis
- It works by opening the airways, improving blood pressure, and accelerating heart rate.
- After 20 minutes, may need a repeat injection
Epinephrine auto-injectors (Epi-pen)

- Two Doses
  - Epi=pen®

  - Junior for students (green label)
    33-66 lbs

  - Regular for students
    ≥ 66 lbs (yellow label)
Adminstration of Epinephrine

- Medication Authorization - must be on file in the nurses office for student prescribed Epi-pen
- School nurse or trained staff may administer Epi-pen to student for treatment of anaphylaxis
- Epi-pen is stored in an unlocked cabinet in the clinic
- Some students may carry their Epi-pens with them to class and school activities
Administration of Epinephrine

Administration Do’s:

✓ Right Student
✓ Right Medication
✓ Right Dose
✓ Right Route
✓ Right Time

Location of Epinephrine: (Epi-pen)

○ Kept in clinic in unlocked cabinet
○ Student may carry the auto-injector

911 must be called when epinephrine is administered!
How to use an Auto-injector (Epi-pen)

http://www.youtube.com/watch?v=tjILFYPE3Uw
Self-Administration of Epinephrine

- Per Federal law, students may carry their epinephrine with them in the classroom and on school activities.

- If a student uses their epinephrine in your classroom:
  - Immediately contact the nurse (if nurse is not available, notify the front office)
  - Monitor the student’s respiratory status
  - Note the student’s reaction to the allergen and the time the epinephrine was administered
Students with Disclosed Food Allergies

Every student with a disclosed food allergy:
- Is eligible for 504 accommodations
- Should have a Severe Food Allergy Action Plan

Notification of a student with disclosed food allergies:
- Once notification is received by the school nurse appropriate school personnel will be notified.
The student’s Severe Allergy Action Plan:

- Provides directions on what to do if a student with a disclosed food allergy is having a reaction in your classroom
- Should be taken on field trips
- A copy should be placed in your sub folder
# Exposure Reduction at School

## Campus Wide:
- **Allergy aware:** Cafeterias do not serve peanut or nut products on elementary or middle school campuses.
- **Allergy Free Area:** Students without the allergen in their lunches may sit in the allergy free area in cafeteria (i.e. peanuts).

## Classrooms:
- **Food:** Use non-food items as rewards or manipulatives. Eliminate foods that contain allergens from classroom.
- **Parties:** Avoid foods that contain the allergen. Allow only pre-packaged food items with readable ingredient list.
- **Hand washing:** Wash hands before and after meals or use hand wipes. Alcohol based hand gel is not effective in eliminating the allergen.
Exposure Reduction at School

Field Trips:
- Notify school nurse at least 2 days prior to field trip for necessary preparations.
- Invite parent(s) to attend field trip
- Don’t leave for field trip without the student’s prescribed Epi-pen
- Be aware of foods offered on field trip (may need to contact facility in advance).

Transportation:
- Strictly enforce no eating on the bus if there is a student with food allergies who is at risk for anaphylaxis riding the bus
Questions?

Please see the School Nurse!