ONLINE TRAINING PROGRAM

LIFE-THREATENING ALLERGIES

Developed by: Becky Neff, RN & Becky Adams, RN using OSPI’s Guidelines for Care of Students with Anaphylaxis (2009)
Food allergy overview
Allergens
Signs and symptoms
Treatment

Emergency Medication
What is your role?
- Teachers/IA’s
- Coaches/PE staff
- Food Personnel
- Transportation
- Students
- School Nurse
- Prevention
- Field Trips
Increasing numbers of children (6-8%) are diagnosed with life-threatening food allergies that may result in a potentially life-threatening condition (anaphylaxis).
What Happens?

- An allergic reaction begins after ingesting a food causing the body to produce an antibody that attaches to the surfaces of cells. A reaction may not occur with 1st time exposure but the next time the food is ingested, the proteins in the food attach to these antibodies and cause the cells to release histamine which leads to the allergic reaction.

- A reaction can occur within minutes to hours after ingestion.

- Symptoms can be mild to life-threatening.

- If the reaction becomes severe it is then known as anaphylaxis, a life-threatening event.

- There is no cure for life-threatening food allergies.

- The only way to prevent life-threatening food allergies from occurring is strict avoidance of the identified food allergen.
Most Common Food Allergens

- PEANUTS
- SHELLFISH
- FISH
- TREE NUTS (Walnuts, cashews, pecans...)
- EGGS
- MILK
- SOY
- WHEAT
Most stings are caused by yellow jackets, wasps, and hornets.

Some precautions school should follow include:
• Insect nests should be removed on or near school property.
• Garbage should be stored in well-covered containers.
• Eating areas should be restricted to inside school buildings for students and staff at risk.

Students/staff at risk should:
• Wear proper shoes that cover the feet. Sandals and flip-flops increase risk.
• Long pants and sleeves rather than shorts
• Avoid playing in areas where insects are seen and report to staff.
Latex Allergies

- Latex products are a common source of allergic type reactions.
- Two common types of reactions include:
  - Contact dermatitis (skin rash) usually after 12-36 hours.
  - Immediate allergic reactions. Rarely, does exposure lead to anaphylaxis but depends on the amount of latex allergen they are exposed to and their degree of sensitivity.
- Our district makes an effort to purchase non-latex products in the health room such as, gloves, band aids, etc.
SIGNS AND SYMPTOMS OF AN ALLERGIC REACTION

- Hives
- Itching (any part of the body)
- Swelling (any part of the body)
- Red, watery eyes
- Runny nose
- Vomiting/Diarrhea
- Stomach cramps
- Change of voice
- Coughing
- Wheezing
- Throat tightness or closing
- Difficulty swallowing
- Difficulty breathing
- Sense of doom
- Dizziness
- Fainting or loss of consciousness
- Change of skin color
Symptoms usually appear within minutes or can occur several hours later.

Symptoms can have a ‘biphasic reaction’ meaning they respond initially to treatment but experience a resurgence of symptoms hours later.

Studies have shown students with peanut and nut allergies who also have asthma may experience a more severe reaction.

**Anaphylaxis** includes the most dangerous symptoms including but not limited to breathing difficulties, a drop in blood pressure or shock, all of which are potentially fatal.
Anaphylaxis is a potentially life-threatening condition, requiring immediate medical attention.

Emergency medications should be given immediately upon concern of exposure to the allergen and/or any symptoms.

MOST FATALITIES OCCUR DUE TO DELAY IN THE DELIVERY OF THE EMERGENCY MEDICATION~ EPINEPRINE.

When in doubt it is better to give epinephrine and call 911.

Anyone given epinephrine should be transported to a hospital even if symptoms appear to have resolved.
**EMERGENCY MEDICATIONS**

- Epinephrine, also known as adrenaline, is a natural occurring hormone in the body.

- Epinephrine-Brand names include, but are not limited to EpiPen, EpiPen Jr., and Twinjet auto-injectors.
  - Parents supply the injectors.
  - School nurses (RN’S) can train unlicensed school personnel to administer epinephrine to a student with an order from a physician.
Antihistamines such as, Benadryl and Zyrtec may be prescribed but ALWAYS GIVE THE EPIPEN INJECTION FIRST!

Epinephrine is the life-saving medication that must be given immediately to avoid death.

Antihistamines should not be the only medication given in anaphylaxis since epinephrine is the drug of choice.
STEPS TO TAKE IN THE EVENT OF EXPOSURE TO AN ALLERGEN

- Notify the office for assistance and request they bring the Epipen if student/teacher/staff does not have one.
- Do not move the student especially if they have any symptoms.
- Keep the student calm.
- Have someone CALL 911, parents and school nurse.
- Administer the Epipen and note the time given.

If a student is exhibiting signs of a life-threatening allergic reaction, epinephrine must be given immediately and 911 called. There should be no delay in the administration of epinephrine.
**WHAT IS YOUR ROLE?**

**TEACHERS**

- Work with school nurse and parent to create a safe environment for the student.
- Participate in training.
- Review the Emergency Care Plan (ECP).
- Never send a student with a reaction to the health room alone.
- Alert substitute teachers to their ECP.
- Keep the classroom as allergen-safe as possible.
- If the student’s parent requests, a letter can be sent home alerting all parents to the fact there is a student with significant allergies in the class. The student’s name should not be shared in the letter unless their parent provides permission.
- Remember to inform volunteers of any life-threatening allergies.
FOOD SERVICE PERSONNEL

- Work with the school nurse and administration to determine if food allergens are on the menu.
- Develop protocols for cleaning and sanitation which avoid cross-contamination.
- Order non-latex gloves.
- Set up tables in cafeteria that are ‘allergen-free’ if necessary.
- Decisions should be made on a district level as to whether a not to serve foods with allergens and what steps can be taken to reduce the chance of a student experiencing accidental exposure.
Keep a copy of the ECP.

All school sponsored after-school activities should be consistent with school policies and procedures regarding life-threatening allergies.

Participate in training.

Ensure that emergency communication equipment is always available.

Clearly identify who is trained and responsible for administering the Epipen.
Bus drivers should have the ECP of each student they transport.

Student may require designated seating.

Transportation supervisor will have list of students with life-threatening allergies.

Attend training as provided by the district and become familiar with the district’s protocols and procedures.
ROLE OF THE STUDENT

- Take as much responsibility as possible, based on developmental level, for avoiding allergens.
- Learn to recognize symptoms of an allergic reaction and alert an adult immediately.
- Avoid allergen exposure as much as possible.
- Report any teasing or harassment to a school employee.
- WA state law allows students to carry and self-administer Epipen if parent/physician and school nurse feel they are responsible.
ROLE OF THE SCHOOL NURSE

- Obtain a detailed health history.
- Obtain medication orders signed by the physician and parent/guardian.
- Write an Emergency Care Plan (ECP) for use by school staff.
- Train staff as needed on the ECP and Epipen.
- Work with staff to modify the student’s environment to ensure the student’s safety in all areas of the school.
- Develop an Individualized Health Plan (IHP) when appropriate.
- Provide educational overview for the entire school staff.
- Continued collaboration with parent/guardian, teachers, and health care providers to address continuing student needs.
Avoidance of exposure to allergens is the key to preventing a reaction.

The risk of adverse events related to allergens for a student is reduced when school personnel, medical provider and parent/guardian work together to develop a plan for the student.

Allergy information for a student should be noted by school and health staff on appropriate records while respecting the student’s right to confidentiality.
Before leaving collaborate with the school nurse.
Ensure the epinephrine and Emergency Care Plan are taken on the trip.
Only trained staff can administer the epinephrine and should be responsible for the student unless their parent attends.
A cell phone should be available.
Invite parent/guardians to accompany their child but make sure they have the students EpiPen.
Notify kitchen staff well in advance especially if they are responsible for providing a meal so that appropriate food substitutes can be made if necessary in the event a parent does not provide the meal.