Food Allergies: Keeping Students Safe and Included
About this Presentation

- This presentation was developed by Food Allergy Research & Education (FARE).
- For more information, visit www.foodallergy.org.

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Objectives

1. Improve understanding of food allergies and anaphylaxis.

2. Identify laws that protect individuals with food allergies.

3. Identify ways that school staff can create a safer and more inclusive school environment for students with food allergies.

4. Learn how to PLAN for, RECOGNIZE, and RESPOND to a food allergy reaction.
Food Allergy
by the Numbers
Food Allergy is a Serious Public Health Issue...

15 million Americans with food allergies
Affecting a Growing Number of Children

includes 5.9 million children (1 in 13)
Food Allergy Is On the Rise

- According to a 2013 report by the Centers for Disease Control and Prevention, there was a **50 percent increase** in food allergy between 1997 and 2011.¹

- In addition, almost **1 in 3 children** with a food allergy have multiple food allergies.²

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Understanding Food Allergies and Reactions
What is a food allergy?

- A food allergy is when your body’s immune system reacts to a food protein because it has mistaken that food protein as a threat
  - The response your body has to the food is an allergic reaction

- The food you are allergic to is called a food allergen

- Food allergies can be life-threatening

- There is no cure for food allergy
  - Strict avoidance of problem food is the only way to prevent allergic reactions
Food Intolerance vs. Food Allergy

Food Intolerance
- A reaction to food that does not involve the immune system and is not life-threatening.
  - Example: Lactose intolerance – trouble digesting lactose, a natural sugar found in milk, resulting in gas, bloating, stomach cramps, diarrhea.

Food Allergy
- A potentially serious reaction to food that DOES involve the immune system.
- Can be life-threatening.
  - Example: Milk allergy – an immune response to milk protein, ingestion of milk can result in hives, wheezing, low blood pressure, and potentially death.
Related Conditions:
Celiac Disease

- Celiac Disease is an auto-immune digestive disorder
- The body has an abnormal reaction to gluten, which is found in wheat, rye, barley, and perhaps oats.
- When someone with Celiac Disease ingests gluten, their digestive system reacts by damaging the lining of the small intestine
- Celiac disease and gluten intolerance are different than an allergy to wheat

More information about celiac disease is available from:
  - Celiac Disease Foundation [www.celiac.org](http://www.celiac.org)
Common Food Allergens

- Eight foods are responsible for the majority of food allergy reactions in the United States:¹

- A person can be allergic to virtually ANY food
- ALL food allergies need to be taken seriously

What is anaphylaxis?

- Anaphylaxis is a severe allergic reaction that is rapid in onset, and may cause death.
- It is a medical emergency and time is of the essence.
- Studies show fatal reactions are associated with a delay in receiving epinephrine.¹, ²
- Food allergy is the leading cause of anaphylaxis outside of the hospital setting.

40 percent of children with food allergies have experienced a severe or life-threatening reaction.¹

A food allergy reaction sends someone to the emergency room every 3 minutes, resulting in 210,000 visits each year.²


How common are reactions at school?

- **One in six children** with food allergies have had an allergic reaction while at school.  

- About **25 percent** of severe reactions at school happened to individuals with no previous diagnosis of a food allergy.

**REMEMBER!** It’s important for everyone teaching or caring for students to understand how to recognize and treat a severe allergic reaction.

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How is anaphylaxis treated?

- Immediate treatment with an epinephrine auto-injector is critical and may mean the difference between life and death.

- Antihistamines will NOT help with a severe reaction.
  - Antihistamines may only relieve mild allergy symptoms, and do NOT treat anaphylaxis as they have no life-saving capacity
  - An antihistamine should never be given as a substitute for epinephrine.

- A SECOND DOSE of epinephrine may need to be administered if symptoms are not improving in 5-10 minutes.
Laws, Regulations, and Food Allergies
Food Allergy and Federal Law

- There are several laws and regulations that may govern food allergies in schools and early care and education programs including, but not limited to:
  - Section 504 of the Rehabilitation Act
  - Americans with Disabilities Act (ADA)
  - Individuals with Disabilities Education Act (IDEA)
  - Family Educational Rights and Privacy Act (FERPA)

Learn more about federal laws and other legal regulations on pages 92-95 of the CDC’s Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs at [www.foodallergy.gov/cdc](http://www.foodallergy.gov/cdc).
Food Allergy and Federal Law (cont’d)

- Food allergies may constitute a disability under federal laws such as Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA).

- The ADA defines a person with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activities.
Safe Participation in School Activities

- When a student’s food allergy is a disability and the student needs accommodations or services, the student should be evaluated for a Section 504 plan.

- A 504 plan should include:
  - The accommodations or services needed for the student to be safely included in school activities
  - The emergency care plan (or health care plan) that explains how to treat an allergic reaction
  - Procedural safeguards

An individual health care plan is not the same as a Section 504 plan.
School Access to Epinephrine: Stock Epinephrine at School

State Legislation
Nearly every state has passed legislation regarding stocking undesignated epinephrine auto-injectors in K-12 schools.

2013: Colorado Schoolchildren’s Asthma, Food Allergy, and Anaphylaxis Health Management Act (2013)
C.R.S. 22-1-199.5
- Allows schools to stock undesignated epinephrine auto-injectors for use during an emergency
- Provides training to school staff on how to administer epinephrine

Advocating for Undesignated Stock Epinephrine in Your School Toolkit
School Access to Epinephrine

Carrying Prescribed Epinephrine at School

Every state in the U.S. has legislation in place allowing students, with appropriate consent, to carry their prescribed epinephrine at school. In some states, the permission to carry may also extend to activities held on school property and during transportation to and from school or school-related events. Many of these state laws also apply to prescribed asthma medications.

Colorado

- 2005: Asthma, Food Allergy, and Anaphylaxis Health Management Act (C.R.S. 22-1-119.5)
  Allows students to self-carry emergency epinephrine and prescription inhalers under certain circumstances
Avoidance and Prevention
Avoid the Allergen

- Read every label, every time
  - If a food does not have an ingredient label, it shouldn’t be eaten
  - Be aware of “may contain” and other precautionary statements

- Avoid home-baked goods because they are at a higher risk for cross-contact

- Restrict identified allergens from the classroom. (including projects, crafts, science experiments, etc.).
  - Unexpected sources of food allergens such as: birdhouse feeders, empty egg and milk cartons, planting seeds, finger paint, etc.

- Use non-edible treats for celebrations
Prevent a Reaction

- Encourage hand washing for students and staff before and after handling or consuming food.
  - Hand sanitizers are not effective in removing food allergens.
- Wash all tables and chairs with soap and water or all-purpose cleaning agents.
- Offer allergy-friendly seating arrangements in the cafeteria so that students with food allergies are safe, but not eating alone.
- Ensure that students with food allergies are safely included in school events and celebrations.

A complete list of the CDC’s recommended practices and accommodations are included in the Food Allergies: Keeping Students Safe and Included Companion Guide, as well as on pages 41-43 of the CDC’s Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs.
Protecting a Student’s Physical Health
PLAN, RECOGNIZE, RESPOND

1. **PLAN** for food allergy reactions.
2. Know how to **RECOGNIZE** a reaction.
3. Know how to **RESPOND** to a reaction.
PLAN: Emergency Care Plan

- Every student with a diagnosed food allergy should have an Emergency Care Plan (ECP).
- The ECP will let you know when to use the epinephrine auto-injector or other medication for an individual student.
- Make sure students have quick access to an epinephrine auto-injector, both at school and during school-related events.
PLAN: FARE’s Food Allergy & Anaphylaxis Emergency Care Plan

**FOR ANY OF THE FOLLOWING:**

**SEVERE SYMPTOMS**

- **LUNG:** Short of breath, wheezing, repeated cough
- **HEART:** Pain, blue, faint, pulse, dizzy
- **THROAT:** Tight, hoarse, breathlessness/severe swelling
- **MOUTH:** Significant swelling of the tongue and/or lips
- **SKIN:** Many hives, widespread redness
- **GUT:** Nausea, vomiting, severe diarrhea
- **OTHER:** Feeling something bad is about to happen, anxiety, confusion

**MILD SYMPTOMS**

- **NOSE:** Itchy/runny nose, sneezing
- **MOUTH:** Itchy mouth
- **SKIN:** A few hives, mild itch
- **GUT:** Mild nausea/discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.**

**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamine may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

**MEDITICATIONS/DOSES**

- **Epinephrine Brand:**
  - Epinephrine Dosage: [1.5 mg IM][10 mg IM]
- **Antihistamine Brand or Generic:**
  - Antihistamine Dose: [25 mg PO] [62.5 mg PO]
- **Other (e.g., inhaled bronchodilator if wheezing):**

**INJECT EPINEPHRINE IMMEDIATELY.**
1. **Call 911.** Tell them the child is having anaphylaxis and may need epinephrine when they arrive.
2. Consider giving additional medications following epinephrine:
   - Antihistamine
   - Inhaled bronchodilator if wheezing
3. Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
4. If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
5. Alert emergency contacts.
6. Transport them to ER even if symptoms resolve. Person should remain in ER for at least 4 hours because symptoms may return.

**EPINEPHRINE AUTO-INJECTOR DIRECTIONS**
1. Remove the Epipen Auto-injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outter thigh.
4. Hold for approximately 10 seconds.

**AUVI-Q® (EPINEPHRINE INJECTION, USP) DIRECTIONS**
1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outter thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.

**ADRENALCLICK®/ADRENALCLICK® GENERIC DIRECTIONS**
1. Remove the outer case.
2. Remove grey caps labeled “1” and “2”.
3. Place red rounded tip against mid-outter thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.

**MEDICATIONS/DOSES**

**EPINEPHRINE AUTO-INJECTOR DIRECTIONS**
1. **Remove the Epipen Auto-injector from the plastic carrying case.**
2. **Pull off the blue safety release cap.**
3. **Swing and firmly push orange tip against mid-outter thigh.**
4. **Hold for approximately 10 seconds.**
5. **Remove and massage the area for 10 seconds.**

**AUVI-Q® (EPINEPHRINE INJECTION, USP) DIRECTIONS**
1. **Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.**
2. **Pull off red safety guard.**
3. **Place black end against mid-outter thigh.**
4. **Press firmly and hold for 5 seconds.**
5. **Remove from thigh.**

**OTHER DIRECTIONS/INFORMATION** (may self-carry epinephrine, may self-administer epinephrine, etc.):

**EMERGENCY CONTACTS** — **CALL 911**

**OTHER EMERGENCY CONTACTS**

**FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN**

[Image of emergency care plan with forms and instructions]
RECOGNIZE: What will a reaction look like?

- Severity of reactions can vary.
- Once a reaction starts, there is no way to predict how it will go.
- A seemingly mild reaction can turn life-threatening within minutes.
- It is possible to have anaphylaxis, including severe and fatal anaphylaxis, without skin symptoms. Do not discount an allergic reaction or anaphylaxis because you do not see hives.
RECOGNIZE: Symptoms of an Allergic Reaction

**Mouth**
- Itchy mouth or ear canal
- Nasal congestion or a runny nose
- Sneezing
- Slight, dry cough
- Odd taste in mouth
- Trouble swallowing
- Obstructive swelling of the lips, tongue, and/or throat

**Skin**
- Hives (reddish, swollen, itchy areas on the skin)
- Eczema (a persistent dry, itchy rash)
- Redness of the skin or around the eyes
- Turning blue

**Emotional**
- Sense of impending doom
- Change in alertness
- Mood change

**Chest**
- Drop in blood pressure (feeling faint, confused, weak, passing out)
- Loss of consciousness
- Chest pain
- A weak or “thread” pulse

**Abdomen**
- Nausea or vomiting
- Diarrhea
- Stomach pain
- Uterine contractions
RESPOND: Act Fast, Seconds Count

- For serious reactions, act quickly:
  - Give epinephrine.
  - Call 911 and tell the operator that a student is having an anaphylactic reaction.
  - Ask for an ambulance equipped with epinephrine and staff trained to use it.
  - Lay person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.

- Second dose of epinephrine may be necessary if symptoms have not subsided in 5-10 minutes.
RESPOND: Symptoms can return!

- All students having a reaction must receive follow-up treatment and be monitored closely.
- In some food allergy reactions, after the first symptoms go away, a second wave of symptoms can start several hours later.
- This is called a **biphasic reaction**.
Protecting a Student’s Emotional Health
The Emotional Impact

About one-third of kids with food allergies report that they have been bullied specifically because of their allergies.¹

Bullying

▪ Students with food allergies may be teased, taunted and harassed.
  • Waving the allergen in front of the student.
  • Being forced to touch the food they are allergic to.
  • Having the food they are allergic to rubbed on them or thrown at them.

Social Isolation

▪ When students with food allergies cannot participate and are not included in classroom and school activities, it can cause emotional distress.

Create a Positive School Environment

Children with food allergies need an environment where they feel secure and can interact with caring people they trust.

Promote and reinforce a supportive environment
- Avoid using language and activities that isolate children with food allergies
- Encourage everyone's help in keeping the classroom safe from food allergens
  - Children can help develop classroom rules, rewards, and activities
- Develop rules and policies against bullying behavior
  - Post in buildings, publish in school handbooks, discuss with staff, students, and families
  - Encourage staff and students to report bullying and harassment

Provide food allergy education and awareness
- Improve social interactions
- Reduce peer pressure
- Decrease risk-taking behaviors that expose students to food allergens
- Promote safety, respect, and acceptance of difference
Getting Started
“All schools have a duty to provide a safe environment for children and to act appropriately in an emergency. Schools need to be prepared to handle allergic reactions - not only in the child with a known allergy, but with those who have not yet been diagnosed.”

—Cathy Owens, RN, M.Ed, NCSN, ERSN
A Team Approach

At the core of managing students with food allergies is a strong partnership and shared responsibility among school staff, children and their families, and the family’s allergist or other physician.
Where can schools start?

- Review the CDC’s *Voluntary Guidelines for Managing Food Allergies at School and Early Care and Education Programs*, available at [www.foodallergy.org/CDC](http://www.foodallergy.org/CDC).
- Establish and carry out a plan to identify every student with a food allergy.
- Have immediate access to medication.
- Become familiar with federal and state laws.
- Develop a school-wide or district-wide food allergy policy.
- Offer annual food allergy training and professional development to ensure staff are familiar with policies and are able to recognize and treat an allergic reaction.
CDC Guidelines Highlights

- **Essential First Step for Schools**
  - Develop a Food Allergy Management and Prevention Plan (FAMPP)
  - Create an Individual food allergy plan for every child at risk for anaphylaxis

- **Follow Federal Laws**
  - All individual plans and FAMPP’s must follow federal laws and regulations

- **Recommendations for Safety and Inclusion**
  - Practices and accommodations for a safe and healthy school environment

- **Putting Guidelines into Practice**
  - Actions for School Boards, District Staff, School Administrators, and School Staff

www.foodallergy.org/CDC
Putting Guidelines into Practice: Actions for School Nurses

1. Participate in the school’s coordinated approach to managing food allergies.
2. Supervise the daily management of food allergies for individual students
3. Prepare and respond to food allergy emergencies
4. Help provide professional development on food allergies for staff
5. Provide food allergy education to students and parents
6. Create and maintain a healthy and safe school environment
For More Information

- **Food Allergy Research & Education (FARE)**
  - Website: [www.foodallergy.org](http://www.foodallergy.org)
  - Email: education@foodallergy.org

- **FARE Education Network**
  - Website: [www.foodallergy.org/education-network](http://www.foodallergy.org/education-network)
  - Additional Documents: Companion Guide, Quiz

- **Centers for Disease Control and Prevention (CDC)**
  - Adolescent and School Health page
  - Website: [www.cdc.gov/healthyyouth/foodallergies/](http://www.cdc.gov/healthyyouth/foodallergies/)

- **National Association of Schools Nurses (NASN) Food Allergy and Anaphylaxis Toolkit**
  - [http://www.nasn.org/ToolsResources/FoodAllergyandAnaphylaxis](http://www.nasn.org/ToolsResources/FoodAllergyandAnaphylaxis)
Questions?

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