

# Allergies at School

## What are Allergies?

Allergies occur when the body “views” a substance, which is normally harmless, as a threat. The body responds with an immune response causing sensitivity and symptoms. Most allergies are minor inconveniences and can be seasonal (such as hay fever) or year-round (such as animal dander).

Occasionally the body will overreact to the point of “seeing” the allergen as something to be destroyed and begin producing antibodies to “fight” back. This elicits a histamine response that may progress to **anaphylaxis**. The response, a reaction to proteins in some foods or other substances, can be very extreme and may even lead to death, in rare instances.

Food allergy differs from food intolerance, which does NOT involve the immune system, although intolerance may produce some undesirable symptoms. True anaphylaxis can compromise respiration and circulation whereas food intolerance does not produce extreme symptoms.

## What does an anaphylactic reaction look like?

Reactions can occur within minutes to hours after exposure to an allergen and commonly present with:

- Swollen, watery, itchy eyes
- Hives, Flushing, Itchy skin
- Congestion, hoarseness, coughing, sneezing, wheezing, shortness of breath, chest tightness
- Pallor, bluish coloring (cyanosis), shock
- Feelings of “impending doom”, irritability, change in alertness, confusion
- Statements such as “my mouth feels funny”, “my tongue feels funny”, “there’s a lump in my throat” ...
- (Not an exhaustive list)

## Treatment of Anaphylaxis:

A delay in treatment can be life-threatening. Research shows that the best first-line treatment for anaphylaxis is prompt administration of a medication called **Epinephrine** which can both prevent and relieve the life-threatening symptoms of anaphylaxis. Many times a second dose of Epinephrine is needed as in 20% of cases a second, or biphasic, reaction may occur. Epinephrine is a medication **PRESCRIBED** by a health care provider in a dose specific to one’s age and weight.

## Allergies at School:

We do everything we can to help protect your child at school. Below you will find forms that we use to help communicate information, provided by your health care provider, to teachers and staff. In addition our staff are trained yearly to assist children in avoiding exposure to allergens and to recognize and respond appropriately to a reaction. We do NOT stock Epinephrine nor do we provide “Allergy Free Zones”. We do encourage “Allergen Safe” areas which, by CDC definition is:

“The term allergen-safe refers to an environment that is made as safe as possible from food allergens. The phrase should not be interpreted to mean an allergen-free environment totally safe from food

allergens. There is no fail-safe way to prevent an allergen from inadvertently entering a school or ECE (early childhood education) program facility. When guarding against exposures to food allergens, a school or ECE program should still properly plan for children with any life-threatening food allergies, to educate all school personnel accordingly, and ensure that school staff are trained and prepared to prevent and respond to a food allergy emergency”.

<http://www.foodallergy.org/file/cdc-guidelines.pdf> page 12

### What can Parents do to reinforce the Allergen-Safe Zones at school?

- Send in **MEDICAL DOCUMENTATION** of the food allergen so we can “flag” the cafeteria computers
- Educate your child to NEVER share food with anyone
- Provide an Allergy Action Plan (see below) and emergency medications to the school
- Encourage your child to wear a Medical-Alert bracelet or necklace
- Teach your child to read food labels
- Teach your child to ask questions *before* ingesting new foods
- Teach your child to recognize symptoms and summon help ASAP
- Encourage your child to thoroughly wash his/her hands with soap and water (rubbing for 20 seconds) prior to ingesting any foods
- Teach your child to avoid touching his eyes or placing fingers in his mouth
- Review the school menus with your child frequently so they will have your approval on their food choices. (<http://www.cobbk12.org/centraloffice/FoodServices/indexMenus.aspx>) and allergen lists (<http://www.cobbk12.org/centraloffice/FoodServices/Documents%5C2016-2017%5CstudentAllergies%5CAllergens%20By%20Recipe%20Report%20as%20of%208.31.16.pdf>)  
\*\*\*Allergen lists change frequently – check the allergen list for updates regularly.
- Encourage your child not to eat on the school bus.
- Send in NON-FOOD items as incentives or treats for your child’s class.

## A Allergens that can set off anaphylaxis

### FOOD



- Peanuts
- Tree nuts: almonds, pecans, cashews, walnuts
- Shellfish
- Cow's milk products
- Hen's eggs
- Fish
- Soy

### VENOM



- Yellow jackets
- Wasps and hornets
- Honeybees
- Fire ants
- Spiders

### LATEX



- Balloons
- Rubber gloves
- Condoms
- Elastic bands (i.e., physical therapy bands/rubber bands)
- Dental dams

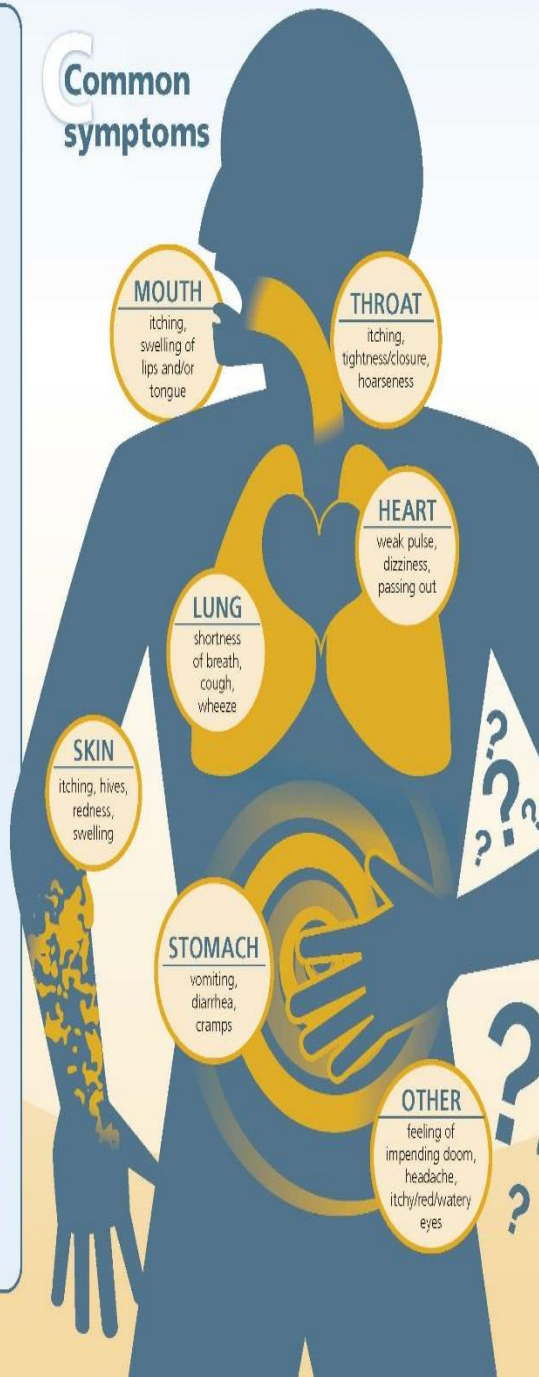
Foods with cross-reactive proteins to natural rubber: banana, avocado, chestnut and kiwi

### MEDICATION



- Penicillin
- Aspirin, ibuprofen and other NSAID pain relievers

## C Common symptoms



## E Epi Everywhere! Every Day! Right Away!

### RECOGNIZE THE SEVERITY



Anaphylaxis is life-threatening, unpredictable, presents in multiple ways and can progress quickly

### USE EPINEPHRINE IMMEDIATELY



An epinephrine auto-injector is the **first line** of treatment to stop the progression of anaphylaxis in all body systems. Use it at the **first sign of symptoms** – don't wait to see what happens!

### CALL 911



Always call for emergency medical assistance and go to the emergency room for follow-up observation and treatment.

### CARRY TWO AUTO-INJECTORS



Keep two epinephrine auto-injectors on hand, in case symptoms recur before emergency medical assistance is available. Up to 35% of people will require more than one.

### FOLLOW UP



Consult a board-certified allergist for accurate diagnosis and prevention/treatment plan.



**FARE**  
Food Allergy Research & Education

# FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma:  Yes (higher risk for a severe reaction)  No

PLACE  
PICTURE  
HERE

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: \_\_\_\_\_

THEREFORE:

- If checked, give epinephrine immediately if the allergen was LIKELY eaten, for ANY symptoms.
- If checked, give epinephrine immediately if the allergen was DEFINITELY eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:

### SEVERE SYMPTOMS

 <b>LUNG</b> Shortness of breath, wheezing, repetitive cough	 <b>HEART</b> Pale or bluish skin, faintness, weak pulse, dizziness	 <b>THROAT</b> Tight or hoarse throat, trouble breathing or swallowing	 <b>MOUTH</b> Significant swelling of the tongue or lips
 <b>SKIN</b> Many hives over body, widespread redness	 <b>GUT</b> Repetitive vomiting, severe diarrhea	 <b>OTHER</b> Feeling something bad is about to happen, anxiety, confusion	<b>OR A COMBINATION</b> of symptoms from different body areas.

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- 1. INJECT EPINEPHRINE IMMEDIATELY.**
- 2. Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
  - Consider giving additional medications following epinephrine:
    - » Antihistamine
    - » Inhaler (bronchodilator) if wheezing
  - 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.
  - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
  - Alert emergency contacts.
  - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

### MILD SYMPTOMS

 <b>NOSE</b> Itchy or runny nose, sneezing	 <b>MOUTH</b> Itchy mouth	 <b>SKIN</b> A few hives, mild itch	 <b>GUT</b> Mild nausea or discomfort
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**FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.**

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

1. Antihistamines 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.

### MEDICATIONS/DOSES

Epinephrine Brand or Generic: \_\_\_\_\_

Epinephrine Dose:  0.15 mg IM  0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ PHYSICIAN/HCP AUTHORIZATION SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (FOODALLERGY.ORG) 4/2017

<https://www.foodallergy.org/file/emergency-care-plan.pdf>