

Best Practices for Food Allergy Management in Schools
Adapted from newsletter FAAN Spring 2011

This is an article was originally published in Pediatrics by Scott H. Sicherer, MD and Todd Mahr, MD highlighting best practices for successful school food allergy management.

DOCUMENTATION

Successful school food allergy management begins with a written plan. Once the school is notified of a student's food allergy and provided an Emergency Care Plan signed by a health care provider, the school must ensure the treatment outlined in the plan is carried out in the event of allergic reaction. Not only are these plans crucial when handling allergic emergencies, but they are also important for day –to –day food allergy management. Written treatment plans should include the child's name, the foods that the student must avoid, symptoms of an allergic reaction and treatment instructions

TREATMENT

Students with food allergies may be prescribed an epinephrine auto- injector to treat anaphylaxis. Anaphylaxis is a severe, potentially fatal allergic reaction. It is important that the school staff has quick access to this life-saving medication and understand how to use it correctly. Antihistamines and bronchodilators should not be depended upon to treat anaphylaxis.

Epinephrine is considered a generally safe drug (common side effects include tremor, paleness/flushing and rapid heartbeat), therefore, *do not hesitate to use it!*

While symptoms may appear to subside after epinephrine is administered, be mindful of the possibility of a dual phase reaction, when symptoms return up to 4 hours later. Therefore emergency medical services (911) should be summoned with epinephrine is used, even if the student appears to have recovered from the allergic reaction.

Studies have estimated that approximately 1 in 5 epinephrine administrations in the school setting involve students whose allergy was unknown by the school at the time of the reaction (first time reactions) therefore, epinephrine should be stored in a secure location that is quickly accessible not only during school hours, but during after-school activities as well.

MANAGEMENT

Studies look into risk of allergic reactions associated with skin contact or inhalation of allergens. While the risk of an allergic reaction from these situations are low, the authors noted the concern that young children, who may be more likely to touch their mouths, could ingest protein after initial skin contact via that route. There are also occurrences recorded after exposure to foods that are vaporized through heating. These routes of exposure would support a policy against using food allergens in the classroom, such as for science or craft projects.

ANAPHYLAXIS MAY BE OCCURRING IF ANY OF THE FOLLOWING IS OBSERVED.

- Acute onset of symptoms involving skin and /or mucosal tissue (such as generalized hives and or itching, swollen lips or tongue) and signs of either respiratory distress (wheezing, labored breathing) and/or reduced blood pressure.
- Two or more of the following-skin/mucosal tissue symptoms, respiratory compromise, reduced blood pressure or persistent gastrointestinal symptoms- occurring rapidly after suspected allergen exposure.
- Reduced blood pressure within minutes to several hours after a student is exposed to a known allergen.

MOST EFFECTIVE METHOD FOR REMOVING ALLERGENS

The most effective way to remove allergens from hands and from surfaces such as tables and desk is to wash with soap and running water or commercial wipes. Wipes effectively cleaned hands of adults, but not antibacterial gel alone; soap, wet wipes and commercial wipes effectively cleaned surfaces, but not dishwashing liquid alone. Based on studies – one-half to one whole peanut kernel was more likely to elicit

an allergic reaction , standard cleaning methods (as well as lack of visually seeing the allergen still on the surface) should be sufficient to effectively clean a surface for most children who have a peanut allergy.

Because of the emotional impact of food allergies on children, the authors recommended that school officials take special care to not isolate these students. If a school chooses to utilize special seating arrangements, such as "allergen-aware" tables, care should be taken to include classmates who have safe lunches.

Finally, schools should encourage students with food allergies to report incidents of bullying related to food allergies. All reports of harassment should be taken seriously and dealt with according to the school's anti-bullying policy.

Food Allergy and Anaphylaxis Network
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