All ISD 318 School Employees

Food Allergies in Schools

Introduction

A food allergy is an abnormal immune response to a certain food that the body reacts to as harmful. An estimated 4% to 6% of U.S. children of children under age 18 have food allergies. Although reasons for this are poorly understood, the prevalence of food allergies and associated anaphylaxis appears to be on the rise. Although any child can be at risk for food allergies, children are at greater risk if they are younger than age 3 or have a family history of asthma and allergies, a genetic predisposition to allergic disease, or elevated allergen-specific serum immunoglobulin levels (IgE concentrations).

Common Food Allergens

Eight types of foods account for 90% of all food-allergy reactions: cow's milk, eggs, peanuts, tree nuts (such as walnuts, pecans, hazelnuts, almonds, cashews, pistachios, and macadamia nuts), fish, shellfish, soybeans, and wheat.

Symptoms of Food Allergy

Symptoms of an allergic reaction to food can range from mild to sudden and severe and commonly include one or more of the following[7]:

- Hives
- Tingling in the mouth
- Swelling in the tongue and throat
- Difficulty breathing
- Abdominal cramps
- Vomiting or diarrhea
- Eczema or rash
- Coughing or wheezing
- Loss of consciousness
- Dizziness

Anaphylaxis is a sudden, severe allergic reaction that involves various areas of the body simultaneously or causes difficulty breathing and swelling of the throat and tongue. Anaphylaxis can result in death.

Treatment and Prevention of Food Allergies

Some types of mild food allergies are treatable with an antihistamine or bronchodilator. Severe, or anaphylactic reactions, require epinephrine. At present, there is no cure for food allergies. The best method for managing food allergies is prevention by way of strict avoidance of any food that triggers a reaction.

School Environment

Food allergies are a particular concern in the school environment. Studies show that 16%–18% of children with food allergies have had allergic reactions to accidental ingestion of food allergens while in school. Moreover, food-induced anaphylaxis data reveals that 25% of anaphylaxis reactions in schools occur among students without a previous food allergy diagnosis.

School personnel should be ready to effectively manage students with known food allergies and should also be vigilant and prepared to respond effectively to emergency needs of students who are not known to have food allergies but who exhibit allergy-related signs and symptoms.

Each food allergy student has an emergency action plan. If you have this student, you will be provided with this information from the building nurse at the beginning of the school year. **All ISD 318 staff** are responsible for knowing who the student is, where the epi pen is kept and how to administer the Epi – Pen and call 911.

If you have questions after reading this required sheet and watching the video, please contact your Building Nurse or the District Nurse (see below). Epi pen trainers are available with your Building Nurse if you wish to practice using one.

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First Aid for Seizures:

If you see someone having a seizure with convulsions or loss of consciousness, here's how you can help:

- Roll the person on his or her side to prevent choking on any fluids or vomit.
- Cushion the person's head.
- Loosen any tight clothing around the neck.
- Keep the person's airway open
- Clear students away from student and call for building nurse or first responder
- Do NOT restrict the person from moving, unless he or she is in danger.
- Do NOT put anything into the person's mouth, not even medicine or liquid. These can cause choking or damage to the person's jaw, tongue, or teeth. Contrary to widespread belief, people cannot swallow their tongues during a seizure or any other time.
- Remove any sharp or solid objects that the person might hit during the seizure.

- Note how long the seizure lasts and what symptoms occurred so you can tell a doctor or emergency personnel if necessary.
- Stay with the person until the seizure ends.

First Aid for Asthma:

Signs and symptoms:

- History of condition (although some people may not realize that they are asthmatic, and the first attack may be a severe one)
- Difficulty in breathing, particularly breathing out
- Wheezing or otherwise noisy breathing
- Inability to speak
- Pale skin and potential blueness. Particularly around the lips, caused by lack of oxygen
- Distress. Dizziness, and confusion as it becomes harder to get oxygen into the body
- Unconsciousness and then breathing stopping

Treatment:

An asthma attack should not be underestimated. While the preventive treatments are very effective, and the drugs to relieve attacks usually work very well, left untreated, a serious attack can be fatal. The strain of a serious asthma attack can cause the breathing to stop or the heart to cease beating. You should be prepared to resuscitate.

1. Reassure the person as this will have a positive effect on breathing.
2. Help the person into a sitting position, leaning slightly forward, as most people with asthma find this an easier position for breathing.
3. If the person has a medication, help him/her to use it. Inhalers are the main form of treatment.
4. Call the building nurse or the first responder. Do not leave a person unattended or walk by themselves to the office.
5. Asthma students need to always have their inhalers with them (especially during physical ed and gym).
6. Follow the Emergency Health plan if provided by parent.

If this is the first attack, the medication does not work within 5 minutes, or the victim is in severe distress, then call an ambulance. Help the victim to take the medication every 5-10 minutes.

First Aid for Insect Allergy (Bee, hornets, wasps):

Call 911

Seek emergency care if the person has these symptoms or a history of severe allergic reactions (anaphylaxis), even if there are no symptoms:

- Difficulty breathing or wheezing
- Tightness in the throat or a feeling that the airways are closing
- Hoarseness or trouble speaking
- Nausea, abdominal pain, or vomiting
- Fast heartbeat or pulse
- Skin that itches, tingles, swells, or turns red
- Anxiety or dizziness
- Loss of consciousness

Inject Epinephrine Immediately

If the person has an emergency action plan from a doctor for injecting epinephrine and other emergency measures, follow it. Otherwise, if the person carries an epinephrine shot or one is available:

- Inject epinephrine if the person is unable to.
- If the person has a history of anaphylaxis, don't wait for signs of a severe reaction to inject epinephrine.
- Inject epinephrine into the outer muscle of the thigh.
- Do not inject medicine into hands or feet, which can cause tissue damage. If this happens, notify emergency room staff.
- The person may need more than one injection if there's no improvement after the first. (For an adult, inject again after 10 to 20 minutes. For a child, inject again after 5 to 30 minutes.)
- Wait with the person until ambulance arrives and send used epi pen with ambulance staff.

First Aid for Diabetes:

Symptoms (it is not known if low or high blood glucose):

• Hunger • Sweating • Shakiness • Drowsiness • Weakness • Personality change • Paleness • Inability to concentrate • Anxiety • Irritability • Dizziness • Headache • Blurry vision • Behavior change • Weakness • Slurred Speech • Poor coordination • Confusion

Treatment

- Call for building nurse/first responder.
- Give person quick-sugar source (candy, 6 oz sugar pop, 4 oz orange juice, 3-4 glucose tablets)

Building nurses will determine further care once student's blood glucose is checked.