

## Food Allergy Script

### **Introduction:**

Hello, my name is Heather Miller, and I am going to speak with you today about caring for students with food allergies in the school setting. This is an introductory training, identifying common food allergies and their management in the school setting. In addition, we will review the Illinois laws pertaining to the management of food allergies, and what these laws mean to you as an educator.

Before we begin, I would like to go over how to navigate this online module. You will notice that in the upper right hand corner of your screen, I have listed my contact information. If you do not see my information, please click on the movie projector icon in the lower right hand corner of your screen to change the view. Do not hesitate to contact me if you have any questions pertaining to this presentation. This presentation will play automatically, however if you wish to review the content of any of these slides, please refer to the slide outline to the right of your screen. You may click on any slide title to hear the information again. Along the bottom of the screen are controls to play or pause if you wish to take notes or listen again. The arrows below allow you to advance or go back one slide, and the sound button allows you to adjust the volume.

Food allergies present an increasing challenge for schools. Identification of students at risk of a life-threatening reaction cannot be predicted. Because of the life-threatening nature of these allergies and their increasing prevalence, school districts and individual schools must be prepared to provide treatment to food-allergic students, reduce the risk of a food-allergic reaction and to accommodate students with food allergies.

Food allergies are becoming more and more prevalent, and current studies have identified approximately 3 million children in the United States under the age of 18 as having a food allergy. In addition, 16-18 percent of school aged children who have food allergies have had a reaction in school, and an estimated 25% of the cases, the reaction occurred before the student was diagnosed with a food allergy ([www.foodallergy.org](http://www.foodallergy.org)).

A life-threatening reaction can occur within minutes or hours of exposure to allergens. Some individuals may react to just touching or inhaling the allergen, while for others, consumption of a miniscule amount of an allergenic food can cause death. Because of these staggering statistics, it is imperative that we as educators learn about the characteristics and management of allergic reactions to food in order to provide a safe learning environment for our students.

Please note: this presentation will address the needs of food allergic students, and not the needs of those students with other allergies such as bee sting, latex, or seasonal allergies.

In all people, the immune system, the part of the body that fights infection, makes tiny proteins called antibodies. These antibodies are like antennae that can detect a particular food. For example, some may detect peanuts, others may detect milk... These food specific antibodies sit on cells called mast cells which are in the skin, lungs, gut and other parts of the body. When someone with a food allergy eats the food they are allergic to, the proteins of that food cause the mast cell to release chemicals throughout the body. The chemicals cause the symptoms of an allergic reaction, such as swelling, itching, trouble breathing, etc. ([www.foodallergy.org](http://www.foodallergy.org)). This is what happens when someone has an allergic reaction. We will further discuss the symptoms of an allergic reaction later in this presentation.

Understanding food allergies and recognizing their symptoms is very important in the educational setting for obvious safety reasons...in addition to these, we are legally obligated to educate school staff on the topic of food allergies. In 2009, Illinois passed Public Act 96-0349 which amended the IL School Code to state that:

- By July 1, 2010, the Illinois State Board of Education, in conjunction with the Illinois Department of Public Health, must develop guidelines for the management of students with life-threatening food allergies.
- ISBE and IDPH must establish a committee of experts to develop these guidelines.
- School personnel who work with students must be trained at least every 2 years at an in-service conducted by individuals with expertise in anaphylactic reactions and management.

(To view the Illinois law as written, please refer to the attached document.)

In response to this act, the Illinois State Board of Education and Illinois Department of Public Health created the "Guidelines for Managing Life-threatening Food Allergies in Illinois Schools". (This manual can be found at [https://www.isbe.net/Documents/food\\_allergy\\_guidelines.pdf](https://www.isbe.net/Documents/food_allergy_guidelines.pdf)), In this manual, the ISBE encourages schools to use it to create school policies and best practices.

The guidelines contains template forms for reproduction by school districts, and state that schools must include but are not limited to:

- Education and training for school personnel
- Procedures for responding to life-threatening allergic reactions to food
- A process for implementing individualized health care and food allergy action plans
- Protocols to prevent exposure to food allergens

**By January 1, 2011, it was mandated by the state of Illinois, that each school board must implement a policy based on and consistent with these guidelines.**

**Szychlinski, Christine.** (2011). Food Allergy Guidelines for Managing Life-Threatening Food Allergies in Illinois Schools: A Primer. *Children's Memorial Hospital: Online PPT* (<http://www.google.com/url?sa=t&source=web&cd=2&ved=0CCYQFjAB&url=http%3A%2F%2Fwww.illinoisprobono.org%2FcalendarUploads%2FAllergies%2520PPT%25203-24-2011%2520final.ppt&rct=j&q=Allergies%20PPT%203-24-2011%20final&ei=9JKMTvnNOaymsALclYjOBA&usg=AFQjCNFPVzFC2OH0VCGBdonkfEhexJjc6g&sig2=UV560b0BFzAMBF1DrbiKOO>)

Following these guidelines, all school staff members should receive training that provides the basic understanding of food allergies; that is the purpose of this presentation. However, if you work directly with a student with food allergies, it is important that this introductory training be supplemented with information provided by a licensed healthcare provider.

### **Definition of Terms:**

Within this introduction, we have made reference to a variety of terms pertaining to food allergies. Some of these terms you may have heard before, and some you may have not. Therefore, it is important that we begin with a definition of terms:

**Allergy:** adverse health effect arising from a specific immune response that occurs reproducibly on exposure to a given food (Szychlinski, **2011**).

**Food:** any substance intended for human consumption (Szychlinski, **2011**).

**Food allergens:** specific components of food or ingredients within foods that elicit specific immunologic reactions, resulting in characteristic symptoms (Szychlinski, **2011**).

**Anaphylaxis:** An extreme, rapidly progressing, often life-threatening, allergic reaction. <http://medical-dictionary.thefreedictionary.com/anaphylaxis>

**Epinephrine** Epinephrine is an injection-based medication used to treat life-threatening allergic reactions called anaphylaxis .(<http://www.aaaai.org/conditions-and-treatments/conditions-a-to-z-search/epinephrine.aspx>)

People with severe allergy or a history of anaphylaxis should carry autoinjectable epinephrine with them at all times.

### **Characteristics of an Allergic Reaction:**

So now that we know a little more about the terms pertaining to food allergies, let's talk about the characteristics of an allergic reaction. The symptoms of a food-allergic reaction are specific to each individual. Even a very small amount of food can, in some instances, quickly lead to fatal reactions. Research indicates that exposure to food allergens by touch or inhalation is unlikely to cause a life-threatening reaction. However, if children touch the allergen and then place their fingers in or near their nose or mouth, the allergen could become ingested and could cause a life-threatening reaction.

Some of the most common food allergens include:

- Cow's milk
- Egg whites
- Peanuts
- Tree nuts
- Soy
- Wheat
- Fish
- Shellfish

Allergies can affect almost any part of the body and cause various symptoms. Anaphylaxis involves the most dangerous symptoms including but not limited to: breathing difficulties, a drop in blood pressure, or shock, which are potentially fatal. Common signs and symptoms of allergic/anaphylactic reactions may include:

- Hives
- Itching
- Runny nose
- Vomiting
- Diarrhea
- Stomach cramps
- Change of voice or hoarseness
- Coughing
- Wheezing
- Throat tightness or closing

- Swelling (of any body part)
- Red, watery eyes
- Difficulty swallowing
- Difficulty breathing

To further describe the effects of an allergic reaction, Christine Szychlinski at Children's Memorial Hospital suggested that if a student is having an allergic reaction, he might say:

- "My tongue (or mouth) itches"
- "My tongue is hot/burning"
- "My mouth feels funny"
- "There's something stuck in my throat"
- "It feels like there are bugs in my ears"
- "This food is too spicy"

He also might do any one of these things:

- Put their hands in their mouths
- Pull or scratch at their tongues
- Drool
- Hoarse cry or voice
- Slur words
- Become unusually clingy

When symptoms are rapid in onset and severe, the medical diagnosis is anaphylaxis. With anaphylaxis, there is always the risk of death. Anaphylaxis appears to be much more likely among children who have already experienced an anaphylactic reaction. Anaphylaxis does not require the presence of any skin symptoms, such as itching or hives. In many fatal reactions the initial symptoms of anaphylaxis were mistaken for asthma.

It is imperative that epinephrine be administered as soon as an allergy is detected. Following the administration of epinephrine, the student should be transported by emergency medical services (EMS) to the nearest hospital emergency department even if symptoms have been resolved. A single dose from an epinephrine auto-injector may provide a 10-15 minute (or less) window of relief. A second dose of epinephrine may be required if symptoms do not lessen or if medical help does not arrive quickly. A recently published study showed that 12 percent of children requiring epinephrine for a life-threatening reaction to food required a second dose.

## Management of food allergies

Next, let's discuss the management of food allergies. Adults responsible for students with food allergies must be familiar with the student's individual Emergency Action Plan (EAP), Individual Health Care Plan (IHCP) and/or 504 Plan. These plans contain the specific actions necessary to keep the student safe, and they will be discussed in further detail later in this presentation.

There are some general considerations. Younger students are likely to put their hands and/or items in their mouths and may require food-free or allergen-free classrooms. This may include everyone thoroughly cleaning their hands before entering the classroom and after eating. Be aware that even the small amount of milk present as creamer in coffee may be an issue, so everyone who enters the classroom must be aware of and follow the student's individual plans.

Remember: An **ounce of prevention** is worth a pound of **cure**. Protecting a student from exposure to offending allergens is the most important way to prevent anaphylaxis. Schools are often considered high-risk settings because of the risk of cross-contamination on tables, desks and other surfaces, and exposures to allergic foods because of food sharing, arts and crafts, bus transportation, parties and holiday celebrations, field trips, and substitute teaching staff being unaware of the food-allergic student.

When preparing and serving food, it is critical to make sure that food preparation and serving utensils are not exposed to allergens and then used for another food. Cross-contamination happens when different foods are prepared, cooked or served using the same utensils and surfaces. Food production surface areas must be cleaned before, during and after food preparation. The use of the color-coded cutting board system implemented for food safety also can help minimize the risk of cross-contamination when preparing foods for students with food allergies.

Once a person with allergies is exposed, it is important to know how to respond to an emergency, and specifically, how to administer an epinephrine auto-injector. Next, we will take some time to discuss the administration of epinephrine. However, it is imperative that any staff member working directly with a student with a dangerous food allergy receive supplemental training on the administration of an epinephrine auto-injector by a licensed healthcare provider.

Often, the school nurse is responsible for assigning who will administer epinephrine in the event of an emergency and for providing subsequent training. If working with a student with an allergy to food, this training should be provided at least annually, and will contain information on the signs and symptoms of anaphylaxis, and the steps for administration of epinephrine. (<http://www.state.nj.us/education/students/safety/health/services/epi.pdf>)

In the event of an anaphylactic emergency:

1. Determine if anaphylaxis is present based on the symptoms described in the student's Individual Health Care Plan and Emergency Action Plan. If it appears that anaphylaxis is occurring or going to occur, treat the situation as an emergency.

2. Never leave the student alone. Call 911 and notify parents, school nurse, and administration as soon as possible.

3. Remember, severe allergic reactions often involve trouble breathing. Encourage the student to remain calm and seated until paramedics arrive. If the student appears faint, assist him in lying down. If the student is vomiting, do not lay him flat, but instead on his side so he does not choke.

4. Next, prepare to administer the auto- injectable epinephrine if administration is outlined in the student's Emergency Action Plan.

- Encourage the student to be still
- Be sure to observe the color of the fluid before administration, ensure that it is clear and colorless.
- Check the expiration date.

#### 5. Administering an Epinephrine Auto-injector

When administering any epinephrine auto injector, you will need to grasp the injector firmly in one hand and inject it into the middle of the outer thigh.

However, there are several types of Epinephrine Auto-injectors available. The delivery instructions are different depending on the device you are using.

For Example, Adrenaclick and it's generic Impax will have an exposed needle after administration. This Autoinjector also requires you to hold the autoinjector in place counting slowly to 10.

EpiPen® or EpiPen Jr® which currently is the most commonly used has the "never see needle" feature. When the click is heard the needle comes out but when removed from the site a plastic cover comes out and covers the needle. With this device the directions are to hold the injector in place counting slowly to 3.

Lastly, Auvi-Q is an Epinephrine Auto-injector that looks and acts very different from the Adrenaclick and EpiPen. It has an electronic voice instruction system that is activated when the injector is removed from the outer case. The shape of the Auvi-Q is rectangular and the needle will not be seen. When the black base is pressed against the thigh the device will beep and a red light will blink with a 5 second countdown.

At this time, please pause the video to determine which form of epinephrine auto-injector your student or client uses. Then refer to the following websites for the most up-to-date information and instructions on how to administer these particular epinephrine auto-injectors.

<http://bit.ly/2mc5FGS> Adrenaclick  
<http://bit.ly/1QfdocT> EpiPen  
<http://bit.ly/2xjSo1n> Auvi-Q

6. After the administration of epinephrine, observe the student. In some circumstances where symptoms do not improve after a specified period of time, a second administration of epinephrine may be necessary. However, the student's emergency plan will indicate if subsequent doses should be administered. Typically, emergency help will arrive prior to needing further dosage.

7. Identify if the student continues to have problems breathing. If trained in CPR, begin CPR immediately if the student stops breathing.

8. Give a copy of the Emergency Action Plan and Individualized Health Care Plan to the emergency responders and tell them the time epinephrine was administered and the dose administered. It is important that any student who receive epinephrine be transported to the hospital even if the symptoms subside.

[www.state.nj.us/education/students/safety/health/services/epi.pdf](http://www.state.nj.us/education/students/safety/health/services/epi.pdf)

### **Recommended Documentation:**

58 Good planning and cooperation among family, health care professionals, school nurse and staff are essential when managing food allergies. It is important for a school to gather the appropriate health information, as the correct medical information will assist school personnel in establishing necessary precautions for reducing the risk of a food-allergic reaction and will aid in the creation of an appropriate emergency procedure that will be utilized for staff education.

59 The following forms were recommended in the ISBE Guidelines for Managing Life Threatening Food Allergies, to assist the school. Please download this document for sample forms.

- Emergency Action Plan (EAP) (Standard form for state of Illinois, Appendix B-5):
- Individual Health Care Plan (IHCP)(Appendix B-6, Overview of Laws, pages 14-16)
- 504 Plan (Appendix B-7, Overview of Laws, pages 14-16)
- Allergy History Form (Appendix B-7)
- Medical Alert to Parents / Guardians (Appendix B-9)

### ***60 Emergency Action Plan:***

The Illinois Food Allergy Emergency Action Plan and Treatment Authorization Form must be completed by a licensed health care provider. It also requires the signature of the parent/guardian of the student with food allergies.



This form provides a variety of information, including:

- Student's personal information and method of identifying the student (photo)
- Offending allergens
- Warning signs of reactions of offending allergens
- Treatment for a food-allergic reaction
- Emergency contact information
- Permission to/or not to self-administer epinephrine
- A license health care provider's medication authorization and dosing requirements
- Parent's consent for the school to administer medication
- A list of staff members trained on the administration of epinephrine
- Documentation recommendations
- Additional resources

### ***61 Individual Health Care Plan:***

Regardless of whether the student meets the qualifications for a 504 Plan, a representative of the school must meet with the parent/guardian to develop an Individual Health Care Plan (IHCP) to create strategies for management of the student's food allergy.

The IHCP should include, but not be limited to,

- risk reduction and emergency response during the school day, while traveling to and from school, during school-funded events and while on field trips.
- IHCP should identify who is trained in administering the epinephrine auto-injector,
- where the epinephrine auto-injectors shall be stored (including a backup storage)
- how the devices will be monitored for expiration.

### ***62 504 Plan***

Prior to entry into school (or immediately after the diagnosis of a food-allergic condition), the school district's 504 Coordinator must determine, in consultation with the 504 Plan team, whether the student has a qualifying disability under Section 504 by gathering the necessary information from the student, the student's parents/guardians, and medical professionals. If the student qualifies, the school must convene a 504 Plan team meeting to prepare and implement an individualized 504 Plan, to ensure that appropriate supports and services to address the student's individual needs are provided.

### ***63 Allergy History Form:***

This form, completed by the parent or guardian, provides information to the school district about the student's health needs including signs, symptoms, and medical history pertaining to allergies. It also requires the parents to describe the steps necessary if the student is exposed to the allergen while at school.

### ***Medical Alert to Parents:***

64 If a student has been identified as having a food allergy, it is required that the school district send a letter to all parents of students in that classroom; informing them of this allergy and asking that students not bring the listed food items to school.

### **65 Recommended Best Practices for Schools**

Once schools have established a procedure to ensure the safety of students with food allergies, the state of Illinois recommends these Best Practices:

1. Address life-threatening allergic reaction prevention in all classrooms and instructional areas.
2. Adapt curriculum, awards, rewards or prizes by substituting allergen-free food or non-food item(s) in rooms where students having an Emergency Action Plan (EAP) are or may be present.
3. Limit food related to fundraising, birthday celebrations, PTA functions to cafeteria or another designated areas.
4. Establish cleaning procedures for common areas
5. Avoid the use of food products as displays or components of displays in hallways.
6. Develop protocols for appropriate cleaning methods following events held at the school that involve food.
7. Determine who should be familiar with the student's 504 Plan and/or IHCP.
8. Teach all faculty and staff about the signs and symptoms of possible anaphylaxis.
9. Conduct a medical emergency response drill twice a year.

### **Conclusion:**

Children can feel a range of emotions associated with their allergy: fear, sadness, anger, and loneliness. Several factors can influence the intensity of these emotions, among them the child's own temperament, his experience with allergic reactions, his age and the attitudes of his parents and teachers. Children look to the adults in their lives for cues on how to react to a situation. Confident and matter-of-fact handling of the child's allergy tells him that he can accept his allergy and meet new situations with confidence and sensible caution. Age-appropriate safety education throughout the early years with an allowance of greater responsibility as the child matures will help to build confidence and a sense of control.

In this presentation, we have learned some basic information about the characteristics and management of food allergies; and we have discussed the importance of documentation to ensure that all parties are aware of the specific needs of each student. For more information on the management of food allergies in the school environment, the Guidelines for Managing Life-Threatening Food Allergies in Illinois Schools written by the Illinois State Board of Education and Illinois Department of Public Health. By becoming educated about food allergies, we can ensure that our students have access to the same educational experiences as their peers, while they remain safe, healthy, and supported.

**References:**