

Upcoming Webinars



COVID-19: Ongoing Stress & Virus Variants

June 16, 2021

4:00 PM ET



Risk Factors for the Development of Food Allergies

June 24, 2021

4:00 PM ET



Our Next Weather Trends Webinar

July 13, 2021

Check out our new Weather feature at AllergyAsthmaNetwork.org/Weather

Register at allergyasthmanetwork.org [➔](#) News [➔](#) Webinars

1

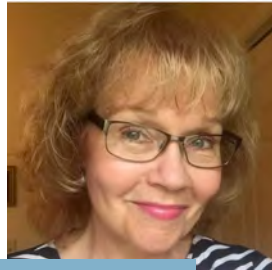


Food Allergy: From Home to School

June 8, 2021

2

Our SPEAKERS



Lynda Mitchell

Allergy & Asthma Network
Chief Operating Officer

Background:

- Food Allergy Mom
- Founder, Kids with Food Allergies



Sally Schoessler

Allergy & Asthma Network
Director of Education

Background:

- School Nurse / State School Nurse Consultant
- Allergy Author


3



Program OUTLINE

- Allergy 101
- Sending a Child with Food Allergies to School
- Roles & Collaborations in School Food Allergy Care
- Food Allergy Resources from the Network and Others

4











Allergy 101

Sally Schoessler

Food Allergens
Anaphylaxis
Food Allergy
Recommendations

5

Life-Threatening Allergies

 <p>1 in 12 CHILDREN have food allergies</p>	 <p>\$24.8 BILLION annual cost of food allergies</p>	 <p>29% of children with food allergies have asthma</p>	 <p>25% of food allergy reactions occur in students without a previous diagnosis</p>
 <p>150-200 FATALITIES per year from food allergies</p>	 <p>40 FATALITIES per year due to insect stings</p>	 <p>400 FATALITIES per year due to medication allergy</p>	 <p>1-6% of Americans have latex allergy</p>

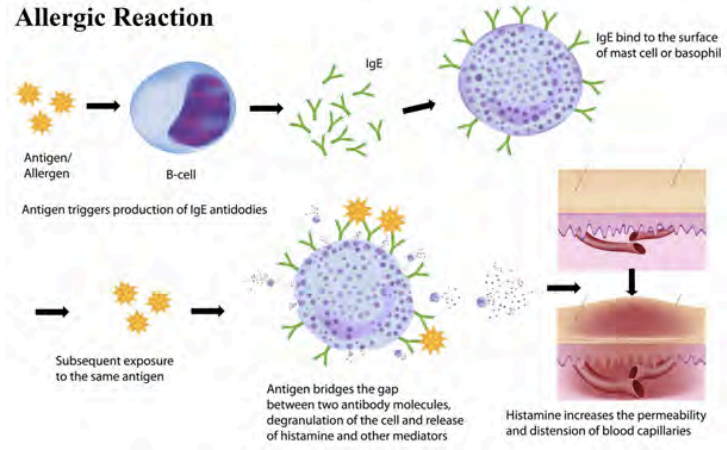
A few facts to get us going -

6

What happens in a Food Allergy reaction?

- An abnormal immunologic response to a food protein
- NO reaction at first exposure
- Subsequent exposures – degranulation of mast cell – release of histamine
- Allergic reaction occurs

Allergic Reaction



7

<p>Tree Nuts</p> <p>Almonds, brazil nuts, cashews, hazelnuts, macadamia nuts, pine nuts, pistachio, trail mix or mixed nuts, walnuts</p>	<p>Peanuts</p> <p>Peanut butter, trail mix or mixed nuts</p>	<p>Eggs</p> <p>Batter-fried foods, breads and baked goods, crepes, ice cream, mayonnaise, pancakes, pastas, quiche, waffles</p>	<p>Fish</p> <p>Anchovies, catfish, cod, salmon, tuna</p>
<p>Dairy</p> <p>Cheese, cow's milk, creams, custard, ice cream, pudding, yogurt</p>	<p>Wheat</p> <p>Barley, bran, breads, cookies, crackers, croissants, doughnuts and muffins, pancakes, pizza, rye, waffles, wheat-based cereals, flour and pasta</p>	<p>Soy</p> <p>Edamame, soy milk, soy sauce, tofu</p>	<p>Shellfish</p> <p>Crab, lobster, shrimp</p>

Top 8 Allergens

Sesame is now recognized as the 9th Top Allergen

8

Is it a Food Allergy or Food Intolerance?

- Example: Milk Allergy or Lactose Intolerance?



	Food Intolerance	Food Allergy
Where reaction takes place	Digestive System	Immune system
Intensity of reaction	Mild to moderate discomfort	Can be life-threatening
Symptoms	Gastrointestinal	Multiple body systems: skin, respiratory, heart and/or gastrointestinal
Reaction time	May be delayed	Usually immediate (within 30 – 60 minutes)
Action to take	See healthcare provider	Call 911 if anaphylaxis occurs

9

Food Allergy Exposure PREVENTION

Different Risks with different routes of exposure

- Oral
- Skin
- Inhalation

Relevant concepts, practical challenges and practical interventions for each

10

ORAL EXPOSURE

- Allergens, hidden ingredients, cross-contact – most allergic reactions start in classroom
 - Younger students: passing saliva, supervision during meals and snacks
 - Older students: risk-taking, peer pressure, bullying, kissing
- Labels must be read, should offer meals without allergens, assist students with choices
- No sharing of food, drink or utensils, no unlabeled food – nonfood celebrations
- Strategies to avoid cross-contact, food free classrooms only when necessary
- Periodic check-ins with students and staff



11



SKIN EXPOSURE

- Isolated contact on intact skin = no severe or systemic response – skin reactions
 - Both children & adults touch eyes, nose & mouth regularly
- Soap & water best – commercial hand wipes good – Hand sanitizer is not
- Nonedible items contain some food allergens – finger paint, play dough, shaving cream
- For young children – skin exposure can quickly become mucosal or oral exposure
- **HAND WASHING!** Have a cleaning protocol, curricular activities should be food free

12



INHALATION

- Aerosolized proteins – not odors cause allergic reactions, can be fatal
- Science experiments involving burning/heating of allergens create risk
- Use caution when cooking with food, flours, powders & other small particles of food that can go up in the air
- Avoid food in curricular classroom activities
- Field trips – a mine field of issues for students with allergies – food, activities & more
 - Some require prior assessment from the school nurse for special accommodations
 - Law: All students go on the field trip or no students go on the field trip

13

American Academy of Pediatrics



Allergy & Anaphylaxis Emergency Plan

Allergy and Anaphylaxis Emergency Plan

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN

Child's name: _____ Date of plan: _____
Date of birth: ____/____/____ Age ____ Weight: ____ kg



Child has allergy to _____
Child has asthma. Yes No (If yes, higher chance severe reaction)
Child has had anaphylaxis. Yes No
Child may carry medicine. Yes No
Child may give him/herself medicine. Yes No (If child refuses/ is unable to self-treat, an adult must give medicine)

IMPORTANT REMINDER
Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine.

<p>For Severe Allergy and Anaphylaxis What to look for</p> <p>If child has ANY of these severe symptoms after eating the food or having a sting, give epinephrine.</p> <ul style="list-style-type: none"> • Shortness of breath, wheezing, or coughing • Skin color is pale or has a bluish color • Weak pulse • Fainting or dizziness • Tight or hoarse throat • Trouble breathing or swallowing • Swelling of lips or tongue that bother breathing • Vomiting or diarrhea (if severe or combined with other symptoms) • Many hives or redness over body • Feeling of "doom," confusion, altered consciousness, or agitation <p>SPECIAL SITUATION: If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s): _____. Even if child has MILD symptoms after a sting or eating these foods, give epinephrine.</p>	<p>Give epinephrine! What to do</p> <ol style="list-style-type: none"> 1. Inject epinephrine right away! Note time when epinephrine was given. 2. Call 911. <ul style="list-style-type: none"> • Ask for ambulance with epinephrine. • Tell rescue squad when epinephrine was given. 3. Stay with child and: <ul style="list-style-type: none"> • Call parents and child's doctor. • Give a second dose of epinephrine, if symptoms get worse, continue, or do not get better in 5 minutes. • Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on his or her side. 4. Give other medicine, if prescribed. Do not use other medicine in place of epinephrine. <ul style="list-style-type: none"> • Antihistamine • Inhaler/bronchodilator
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<p>For Mild Allergic Reaction What to look for</p> <p>If child has had any mild symptoms, monitor child.</p> <p>Symptoms may include:</p> <ul style="list-style-type: none"> • Itchy nose, sneezing, itchy mouth • A few hives • Mild stomach nausea or discomfort 	<p>Monitor child What to do</p> <p>Stay with child and:</p> <ul style="list-style-type: none"> • Watch child closely. • Give antihistamine (if prescribed). • Call parents and child's doctor. • If symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy and Anaphylaxis.")
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Medicines/Doses
Epinephrine, intramuscular (list type): _____ Dose: 0.15 mg 0.30 mg (weight more than 25 kg)
Antihistamine, by mouth (type and dose): _____
Other (for example, inhaler/bronchodilator if child has asthma): _____

Parent/Guardian Authorization Signature _____ Date _____ Physician/HCP Authorization Signature _____ Date _____

© 2017 American Academy of Pediatrics. All rights reserved. Your child's doctor will let you do what's best for your child. This information should not take the place of talking with your child's doctor. Page 1 of 2.

14

Anaphylaxis

Occurs in about 1 in 50 people

Symptoms:

- Skin: itching, redness, swelling, hives
- Mouth: itching, swelling of lips, tongue
- Stomach: vomiting, diarrhea, cramps
- Respiratory: shortness of breath, wheezing, coughing, chest pain and/or tightness
- Heart: weak pulse, dizziness, faintness
- Headache, nasal congestion, watery eyes, sweating
- Confusion, feeling of impending doom
- Loss of consciousness

Average time to respiratory or cardiac arrest due to anaphylaxis:

Food allergy = 30 MINUTES

Venom allergy = 15 MINUTES

Medication allergy = 5 MINUTES

Source: *Clinical & Experimental Allergy*, Volume 30, Issue 8

15

Anaphylaxis

- May begin within seconds
- May not appear until hours after ingestion
- Symptoms can be different and vary in severity with every allergic reaction
 - Once symptoms start they usually progress quickly



16

Anaphylaxis

- Epinephrine is the **ONLY** medication that can reverse the life-threatening symptoms of anaphylaxis.
- It is the first line of treatment.
- Administer epinephrine as soon as anaphylaxis symptoms occur.

Epinephrine First

Epinephrine FAST

- Determine the correct dose
 - Prescriber's order
 - If stock, don't take the time to weigh the child – if you don't know weight, use Broselow tape (prepare ahead)
 - When to upsize?

17

Treatment of ANAPHYLAXIS

Stay with and observe student until EMS arrives

- Maintain airway, monitor circulation, start CPR if necessary
- Do not have the student arise to an upright position
- Consider lying on the back with legs elevated, on side if vomiting
- Observe for changes until EMS arrives

IF NO IMPROVEMENT OR IF SYMPTOMS WORSEN IN ABOUT 5 MINUTES OR MORE, ADMINISTER A 2ND DOSE OF EPINEPHRINE

- Transport to Emergency Department vis EMS even if symptoms get better



18

Allergy & Asthma NETWORK

Anaphylaxis At a Glance

Anaphylaxis is a life-threatening allergic reaction that affects more than one organ system.

Allergens that can set off anaphylaxis

FOOD

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

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

Common symptoms

Epi Everywhere! Every Day! Right Away!

RECOGNIZE THE SEVERITY

Anaphylaxis is life-threatening, unpredictable, presents in multiple ways and can progress quickly. If symptoms appear refer to your Emergency CaseAction Plan.

USE EPINEPHRINE IMMEDIATELY

Epinephrine is the **first line** of treatment to stop the progression of anaphylaxis. Use your epinephrine auto-injector 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.

911

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 dose.

2

FOLLOW UP

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

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19

Allergy & Asthma NETWORK

College of Allergy, Asthma & Immunology

Epinephrine Treatments 2019

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Allergy & Asthma Network is a national nonprofit organization dedicated to ending needless death and suffering due to asthma, allergies and related conditions through outreach, education, advocacy and research.

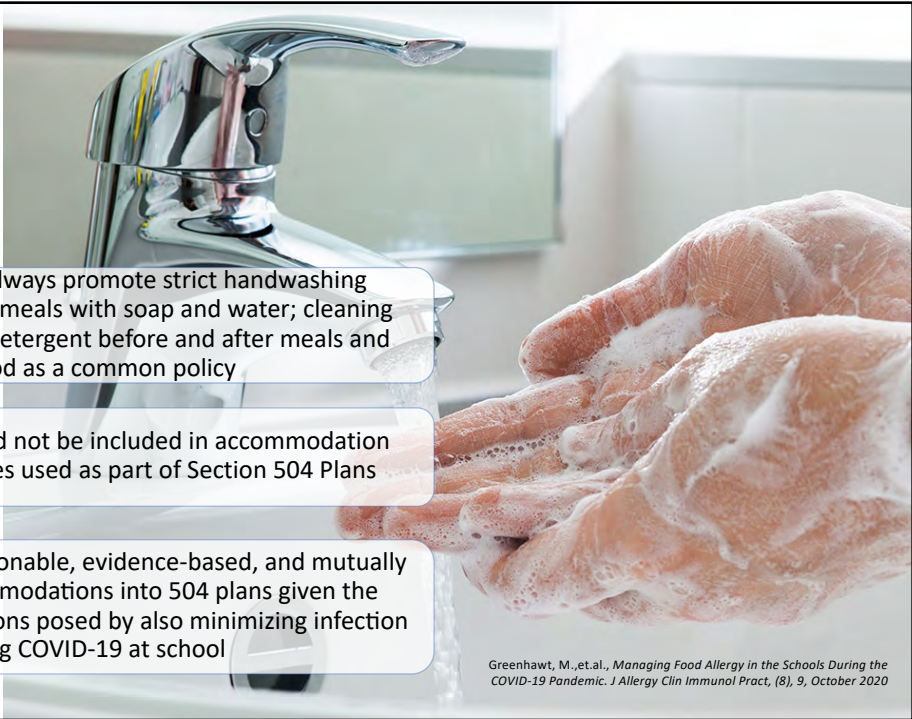
	Brand Devices			Generic Devices		
	Auvi-Q®	EpiPen®	SYMJEPI™	Epinephrine Auto-Injector (Mylan)	Epinephrine Auto-Injector (Impax)	Epinephrine Auto-Injector (Teva)
Type	Auto-injector	Auto-injector	Pre-filled syringe	Authorized generic of EpiPen® Auto-injector	Authorized generic of Adrenalick® Auto-injector	Auto-injector
Pediatric Dosage	0.10 mg for 16.5 - 33 lbs. 0.15 mg for 33 - 66 lbs.	0.15 mg for 33 - 66 lbs.	0.15 mg for 33 - 66 lbs.	0.15 mg for 33 - 66 lbs.	0.15 mg for 33 - 66 lbs.	0.15 mg for 33 - 66 lbs.
Adult Dosage	0.3 mg for over 66 lbs.	0.3 mg for over 66 lbs.	0.3 mg for over 66 lbs.	0.3 mg for over 66 lbs.	0.3 mg for over 66 lbs.	0.3 mg for over 66 lbs.
Storage Temperature	68 to 77 degrees F	68 to 77 degrees F	68 to 77 degrees F	68 to 77 degrees F	68 to 77 degrees F	68 to 77 degrees F
Administration	Outer middle of thigh	Outer middle of thigh	Outer middle of thigh	Outer middle of thigh	Outer middle of thigh	Outer middle of thigh
Heat Time	2 seconds	3 seconds	2 seconds	3 seconds	10 seconds	3 seconds
Does package include a trainer?	Yes	Yes	No	Yes	No	Yes
Twin-packs available?	Yes	Yes	Yes	Yes	Yes	Yes
Is needle fully retractable or covered inside device after injection?	Yes	Yes	Yes	Yes	No	Yes
Voice prompts	Yes	No	No	No	No	No
Stock School Program	Yes	No	No	No	No	No
Manufacturer	Kalco	Mylan	Adams Pharmaceuticals	Mylan	Impax Laboratories, Inc.	Teva Pharmaceuticals
Website	www.auvi-q.com	www.epipen.com	www.symjepi.com	www.epipen.com	www.epipenusa.com	www.tevapharm.com
Patient assistance	877-302-8847	800-395-5376	877-253-4017	800-395-5376	800-834-8778	855-210-5461

Reviewed by Stanley Fleeman, MD, Vito Sabetti, MD and Dennis Williams, PharmD ©2019 Allergy & Asthma Network

20

Food Allergy RECOMMENDATIONS COVID-19

1. • Schools should always promote strict handwashing before and after meals with soap and water; cleaning surfaces with a detergent before and after meals and avoid sharing food as a common policy
2. • Food bans should not be included in accommodation plans or strategies used as part of Section 504 Plans
3. • Incorporate reasonable, evidence-based, and mutually beneficial accommodations into 504 plans given the unusual restrictions posed by also minimizing infection risk of contracting COVID-19 at school



Greenhawt, M., et.al., *Managing Food Allergy in the Schools During the COVID-19 Pandemic. J Allergy Clin Immunol Pract*, (8), 9, October 2020

21

Food Allergy RECOMMENDATIONS COVID-19

4. • Schools that do not already stock unassigned epinephrine should be strongly encouraged to immediately adopt this policy
5. • Train all teachers, staff and volunteers at the school in the recognition of signs and symptoms of food-allergic reactions including anaphylaxis, and how to properly treat reaction symptoms with emergency medication
6. • Institute a zero-tolerance policy for food allergy related bullying



Greenhawt, M., et.al., *Managing Food Allergy in the Schools During the COVID-19 Pandemic. J Allergy Clin Immunol Pract*, (8), 9, October 2020

22

Food Allergy
RECOMMENDATIONS
COVID-19

7.

- Consider adopting unique approaches or modify current school district or CDC policies or recommendations, as indicated by special circumstances

8.

- School should develop very clear communication strategies and channels to help promote open dialogue and engagement, for fostering trust with families of food-allergic children



Greenhawt, M., et.al., *Managing Food Allergy in the Schools During the COVID-19 Pandemic. J Allergy Clin Immunol Pract*, (8), 9, October 2020

Sending a Child with Food Allergies to School

Lynda Mitchell

Preparation
Planning
Partnership

Great information for parents & school staff!



Going to School with FOOD ALLERGIES



Communicate with the school.

- Ask about food allergy policy
- Request a meeting
- Get the forms you need

- Start early
- Request a meeting with the school nurse
- Ask about food allergy policies and practices
- Get the forms needed for school
- Work with the school to fill in gaps as needed for your child
- “Build Bridges” - When communicating with the school always start with staff and move up the chain of administration – don’t jump to the principal or superintendent if you have a problem

From Kids with Food Allergies – Planning Tips for Parents
<https://www.kidswithfoodallergies.org/food-allergy-school-planning-tips-for-parents.aspx>

25

Going to School with FOOD ALLERGIES

- Get required prescriptions for emergency medicines (epinephrine auto-injectors).
- Doctor signatures on all three of the forms:
 - ✓ Medication Authorization
 - ✓ Special Dietary Needs Accommodation
 - ✓ Emergency Action Plan

Visit your child's
doctor before
school starts
to have forms
signed and
get prescriptions.



From Kids with Food Allergies – Planning Tips for Parents
<https://www.kidswithfoodallergies.org/food-allergy-school-planning-tips-for-parents.aspx>

26

Going to School with FOOD ALLERGIES

Meet with the school nurse or school representative before school starts and ask:

- When the nurse is at school
- Where epinephrine will be kept
- How bullying is handled
- If staff are trained on managing food allergies
- How allergic reactions are handled



- When is the school nurse at your child's school? (Full-time, part-time, available by phone, etc.)
- If the nurse is not at your school, who takes care of students during the school day if they are sick? How does the health room operate during a typical school day?
- Where will your child's emergency medicines be kept unlocked during the school day?
- What experience has the school had with food-related emergencies?
- What are the procedures for shelter-in-place and evacuations? How are food and medicines handled during emergencies?
- How are food allergies managed on school buses and during after-school activities?
- How does the school deal with bullying about food allergies? Is there a zero-tolerance policy? Does the school educate students about food allergies?
- Does the school nurse train school staff on managing food allergies? Who and when?

From Kids with Food Allergies – Planning Tips for Parents
<https://www.kidswithfoodallergies.org/food-allergy-school-planning-tips-for-parents.aspx>

27

Going to School with FOOD ALLERGIES

- How the school manages meals in the cafeteria, lunch area or classroom for students with food allergies
- How students with life-threatening food allergies will request meals with safe substitutions once you submit the signed Special Dietary Needs Accommodations form



Meet with the school/district food services director to find out how the cafeteria manages meals in the lunch room and requests for safe meals.

From Kids with Food Allergies – Planning Tips for Parents
<https://www.kidswithfoodallergies.org/food-allergy-school-planning-tips-for-parents.aspx>

28

Going to School with FOOD ALLERGIES

- Medication Authorization forms
- Emergency Action Plan (EAP)
- Special Dietary Needs Accommodations Form – if your child will be eating meals provided by the school.
- Epinephrine auto-injectors need to be in original package and labeled with your child's name. Be sure these will **not expire** during the school year.



Turn in all completed and signed forms and prescriptions before the first day of school.

From Kids with Food Allergies – Planning Tips for Parents
<https://www.kidswithfoodallergies.org/food-allergy-school-planning-tips-for-parents.aspx>

29

Going to School with FOOD ALLERGIES

Make an appointment to meet the teacher to discuss classroom management of food allergies.



- Allergen control strategies in the classroom and during “specials” such as music or art
- Ingredient label reading
- Safe snacks (encourage fresh fruits and vegetables)
- Classroom celebrations (encourage non-food items)
- “No food sharing” rules
- Field trips (Who carries medicine? Can parents attend?, etc.)
- Cleanup after eating or anytime food is brought into the classroom
- Food in classroom activities (encourage non-food curriculum)
- Hand-washing practices before and after eating, or use of hand wipes (not hand sanitizer)
- Alerting substitute teachers about children with food allergies

From Kids with Food Allergies – Planning Tips for Parents
<https://www.kidswithfoodallergies.org/food-allergy-school-planning-tips-for-parents.aspx>

30

Going to School with FOOD ALLERGIES

- Reading food labels, avoiding foods without labels, not sharing food
- Hand-washing or hand wipes (no use of hand sanitizer)
- Self-carrying and how to use an epinephrine auto-injector (discuss readiness to self-carry with your child's doctor)
- Knowing what their body might do if they were to have a reaction
- Telling a grownup if they start to have an allergic reaction at school
- Reporting any bullying or harassment by staff or students
- Sitting with their classmates in the cafeteria
- Riding the bus and/or going on field trips

Periodically check in with your child to ask how they feel at school.



Teach and encourage your child to build age-appropriate skills to manage food allergies.

From Kids with Food Allergies – Planning Tips for Parents

<https://www.kidswithfoodallergies.org/food-allergy-school-planning-tips-for-parents.aspx>

31

Going to School with FOOD ALLERGIES

Drop off items your child may need to store at school to keep them safe:

- Hand wipes
- Non-perishable safe foods
- Special snacks
- Allergy-friendly school supplies



- Hand wipes
- Non-perishable foods for disasters or shelter-in-place situations
- Special snacks or a non-perishable lunch for occasions your child may need them
- Allergy-friendly school supplies

From Kids with Food Allergies – Planning Tips for Parents

<https://www.kidswithfoodallergies.org/food-allergy-school-planning-tips-for-parents.aspx>

32

Going to School with FOOD ALLERGIES

- Document meetings and interactions via email summaries with key staff.
- Choose your battles wisely and volunteer when possible.
- Offer solutions whenever possible and collaborate with your child's school.
- Keep in mind that a friendly approach will help you get a positive result if conflicts start to happen.
- Check in periodically with school staff to make sure the plan is working and your child is adjusting.

Work together
to form a
partnership
with your
child's school.



From Kids with Food Allergies – Planning Tips for Parents
<https://www.kidswithfoodallergies.org/food-allergy-school-planning-tips-for-parents.aspx>

33

Going to School with FOOD ALLERGIES



Visit KFA's School
Planning Zone
for additional
information on
managing food
allergies at school.

Thank you to Kids with Food Allergies
and the Allergy & Asthma Foundation
of America for sharing their web-based
information with us!

From Kids with Food Allergies – Planning Tips for Parents
<https://www.kidswithfoodallergies.org/food-allergy-school-planning-tips-for-parents.aspx>

34

Roles & Collaborations in School Food Allergy Care

Sally Schoessler

Allergy Management



35



Parent/Family Centered CARE

• Family

- Foster and support relationship between school nurse & others in the school health
- Family
- Student

• School Health Team

- LISTEN! Build bridges, build trust
- Create a safe environment for students with allergies
- Collect detailed history & medications
- Prepare school community


• School Nutrition Team

- Ensure optimal nutrition beyond just dietary restriction

• Board Certified Allergist

- Refer patients with suspected food allergy for further evaluation
- Develop collaborative relationship to manage patients
- Support – routine follow-up/anticipatory guidance


36



Care COORDINATION

- **Family**
 - Communicate with school nurse regularly
 - Update the nurse and school re: new allergies, Emergency Care Plans, any changes in student's condition
- **School Health Team**
 - Be prepared for nonemergent and emergent care
 - Partner with school medical director
 - Communicate regularly as the "hub" in student care
- **School Nutrition Team**
 - Ensure food substitutions are offered & accepted
 - Maximize nutrition for students with allergies
- **Board Certified Allergist**
 - Share responsibility for providing support for food allergy management in all settings
 - Coordinate with allergy team, primary care provider to reduce redundancy


37



Care PLANS

- **Family**
 - Assist in creation & implementation
 - Plan should reflect all settings the child is in
 - Check in and modify as needed
- **School Health Team**
 - Obtain or create Emergency Care Plan
 - Collaborate to adjust plan as needed for multiple settings
 - Partner to develop IHP, 504 Plan or other plans as needed
- **School Nutrition Team**
 - Assist in care plan implementation
 - Be familiar with state laws & requirements per the USDA
 - Obtain physician statement of allergies
- **Board Certified Allergist**
 - Coordinate with school to provide or collaborate on Emergency Care Plan
 - Provide requested documentation


38



Prevention STRATEGIES

- Family**
 - Teach & reinforce evidence-based strategies at home to avoid allergen exposure
 - Involve student & family education in all prevention strategies
- School Health Team**
 - Partner with school community members to determine school resources and practices
 - Promote a school environment where the students is safe, healthy & ready to learn
- School Nutrition Team**
 - Ensure meals that avoid allergen
 - Partner with home to use resources & school nutrition expertise to reach nutritional needs
- Board Certified Allergist**
 - Provide & reinforce education on allergen avoidance
 - Coordinate with allergy team, primary care provider & school to reduce redundancy

39



Emergency PREPAREDNESS

- Family**
 - Provide school with 2 epinephrine auto-injectors if possible
 - Keep ECP up to date
 - Encourage student to wear emergency medical ID jewelry
- School Health Team**
 - Be sure all members of the school community are appropriately trained to respond to an emergent situation
 - Practice Table Top Drill as needed
- School Nutrition Team**
 - Be sure staff is trained to recognize & respond to an emergent situation
 - Partner in development of emergency procedures
- Board Certified Allergist**
 - Provide an updated ECP upon request
 - Coordinate with allergy team, primary care provider & school to reduce redundancy & inconsistency

40



School Education & TRAINING

• Family

- Check in with school nurse about staff education & training
- Offer to assist by teaching how to properly read food labels

• School Health Team

- Provide training and education to all members of the school community
- Work with school administration to make education a staff priority

• School Nutrition Team

- Provide training to food service staff
- Collaborate with school nurse to provide consistent messaging and language to all school community members

• Board Certified Allergist

- If school does not have a school nurse to train staff:
 - Advocate to have a full-time school nurse at the school
 - Provide for needed training and education

41



Stock EPINEPHRINE

• Family

- Check with school to see what the policy is regarding stock epinephrine
- If stock is allowed, ask to see if it is being implemented in your student's school

• School Health Team

- Contact school medical director or local pediatric organizations to assist in development of protocols & obtain prescription
- Ensure that standing orders exist
- Train appropriate staff as needed
- Partner with administration as needed

• School Nutrition Team

- Know policies & protocols and role in administration of stock epinephrine

• Board Certified Allergist

- Check on school implementation of stock epinephrine
- Support the implementation process as needed
- Write prescription if needed

42

Resources for Training

American Academy of Pediatrics

- Clinical Report (Wang & Sicherer, 2017)



AllergyHome.org

- School staff training module
- Certificate available

FAME

- St. Louis Children's Hospital
- Content for whole school community

45

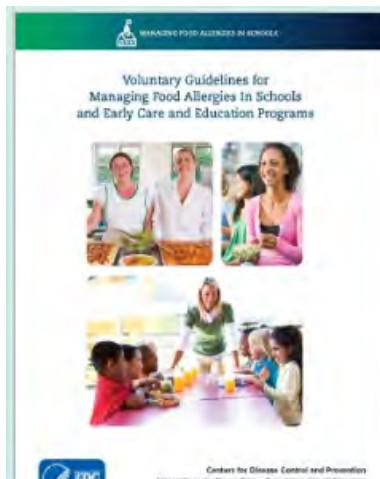
School Food Allergy Management and Prevention Plan

Page 44 – CDC Voluntary Guidelines

Overall School District Plan

Benchmark to see how your school is doing with food allergy management

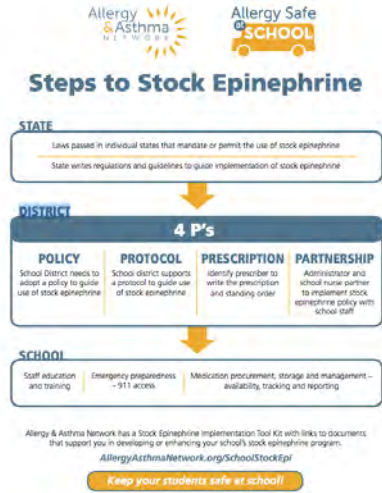
A place to begin!



if You Plans or sure	Priorities for a Food Allergy Management and Prevention Plan
<input type="checkbox"/>	1. Does your school or ECE program ensure the daily management of food allergies for individual children by:
<input type="checkbox"/>	Developing and using specific procedures to identify children with food allergies?
<input type="checkbox"/>	Developing a plan for managing and reducing risks of food allergic reactions in individual children through an Emergency Care Plan (Food Allergy Action Plan)?
<input type="checkbox"/>	Helping students manage their own food allergies? (Does not apply to ECE programs)
<input type="checkbox"/>	2. Has your school or ECE program prepared for food allergy emergencies by:
<input type="checkbox"/>	Setting up communication systems that are easy to use in emergencies?
<input type="checkbox"/>	Making sure staff can get to epinephrine auto-injectors quickly and easily?
<input type="checkbox"/>	Making sure that epinephrine is used when needed and that someone immediately contacts emergency medical services?
<input type="checkbox"/>	Identifying the role of each staff member in a food allergy emergency?
<input type="checkbox"/>	Preparing for food allergy reactions in children without a prior history of food allergies?
<input type="checkbox"/>	Documenting the response to a food allergy emergency?
<input type="checkbox"/>	3. Does your school or ECE program train staff how to manage food allergies respond to allergy reactions by:
<input type="checkbox"/>	Providing general training on food allergies for all staff?
<input type="checkbox"/>	Providing in-depth training for staff who have frequent contact with children with allergies?
<input type="checkbox"/>	Providing specialized training for staff who are responsible for managing the health of children with food allergies on a daily basis?
<input type="checkbox"/>	4. Does your school or ECE program educate children and family members at food allergies by:
<input type="checkbox"/>	Teaching all children about food allergies?
<input type="checkbox"/>	Teaching all parents and families about food allergies?
<input type="checkbox"/>	5. Does your school or ECE program create and maintain a healthy and safe educational environment by:
<input type="checkbox"/>	Creating an environment that is as safe as possible from exposure to food allergen?
<input type="checkbox"/>	Developing food-handling policies and procedures to prevent food allergens from unintentionally contacting another food?
<input type="checkbox"/>	Making outside groups aware of food allergy policies and rules when they use school or ECE program facilities before or after operating hours?
<input type="checkbox"/>	Creating a positive psychosocial climate that reduces bullying and social isolation promotes acceptance and understanding of children with food allergies?

46

Other Resources



Allergy and Anaphylaxis Emergency Plan

American Academy of Pediatrics
ENDORSED BY THE AMERICAN COLLEGE OF ALLERGOLOGY

Child's name: _____ Date of plan: _____
Date of birth: ____/____/____ Age: _____ Weight: _____ kg

Child has allergy to _____

Child has asthma: Yes No (If yes, higher chance severe reaction)
Child has had anaphylaxis: Yes No
Child may carry medications: Yes No
Child may give him/herself medicine: Yes No (If child refuses/unable to self-treat, an adult must give medicine)

IMPORTANT REMINDER:
Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine.

For Severe Allergy and Anaphylaxis What to look for If child has ANY of these severe symptoms after eating the food or having a sting, give epinephrine. • Shortness of breath, wheezing, or coughing • Skin color is pale or has a bluish color • Swell outside • Fainting or dizziness • Tight or hoarse throat • Trouble breathing or swallowing • Swelling of lips or tongue that bother breathing • Stumbling or dizziness (if severe or combined with other symptoms) • Many hives or redness over body • Feeling of "dorm," confusion, altered consciousness, or agitation SPECIAL SITUATION: If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s) _____. Even if child has MILD symptoms after a sting or eating these foods, give epinephrine.	Give epinephrine! What to do 1. Inject epinephrine right away! Note time when epinephrine was given. 2. Call 911. • Ask for ambulance with epinephrine. • Tell rescue squad when epinephrine was given. 3. Stay with child and: • Call parents and child's doctor. • Give a second dose of epinephrine, if symptoms get worse, continue, or do not get better in 5 minutes. • Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on his or her side. 4. Give other medicine, if prescribed. Do not use other medicine in place of epinephrine. • Antihistamine • Inhaler/bronchodilator
For Mild Allergic Reaction What to look for If child has had any mild symptoms, monitor child. Symptoms may include: • Itchy nose, sneezing, itchy mouth • A few hives • Mild stomach nausea or discomfort	Monitor child What to do Stay with child and: • Administer antihistamine (if prescribed). • Call parents and child's doctor. • If symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy and Anaphylaxis.")

Medicines/Doses
Epinephrine, intramuscular (list type): _____ Dose: 0.10 mg (7.5 kg to 15 kg)
 0.15 mg (15 kg to 25 kg)
 0.30 mg (25 kg or more)

Antihistamine, by mouth (type and dose): _____
Other (for example, inhaler/bronchodilator if child has asthma): _____

Parent/Guardian Authorization Signature _____ Date _____ Physician/ICP Authorization Signature _____ Date _____

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<http://www.aap.org/aaep>

47


TIME FOR QUESTIONS



48

Next Webinar

- **COVID-19: Ongoing Stress & Virus Variants**
- June 16, 2021
- 4:00 PM ET



49

For More Information

Visit Allergy & Asthma Network
at
www.allergyasthmanetwork.org



50