

# Allergies

Last Reviewed January 2003

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**Definition:** An Allergy is ‘an immune response to a foreign antigen resulting in inflammation and organ dysfunction’. An allergic response ranges from mild to life threatening and can include anaphylaxis, laryngeal edema, bronchospasm, urticaria, and rhinitis. (Taber’s Cyclopedic Medical Dictionary) The more common allergies found in a school setting are to food, insect bites and latex, and to indoor allergens such as chalk dust, pesticides, animal dander, indoor mold.

In an allergic reaction, the immune system recognizes a specific protein as a problem and initiates a response resulting in the release of chemical mediators such as histamine. These chemicals trigger inflammatory reactions in skin (itching, hives, rash), the respiratory system (cough, difficulty breathing, wheezing), the GI system (vomiting, diarrhea, abdominal pain) and the cardiovascular system (decrease in BP, heart rate, shock). Anaphylaxis is a systemic response.

## Role of the School/School Nurse:

- The School Nurse should be familiar with the school food service policies at their school.
- The Student Individual Health Record must be current with the PCP’s verification of the allergy, severity of the allergy and recommended treatment.
- Establish a 504 plan as needed.
- An IHP and Emergency Plan should be prepared for students with severe allergies.
- The decision of whether or not the student is able to carry and self-administer epinephrine, should be made jointly by the student’s provider, family, student and school nurse.
- Key staff should be familiar with the Emergency Plan and emergency drills held as needed.
- A full-time school nurse should be available in the school when there is a student with a life-threatening allergy. If that is not possible, appropriate staff must be trained by the school nurse in the care of the student and must be competent to respond to the emergency situation.
- Auto-injectable epinephrine (or epinephrine by vial per standing orders if there is a full-time school nurse available), should be **readily available** for students in case of an emergency.
  - The medication orders must be renewed annually,
  - The epinephrine should have a shelf life for at least one year,

- The expiration date should be checked periodically,
  - All staff that may come in contact with the student should know where the medication is kept, how to retrieve, and how to administer,
  - For student's who have had an anaphylactic reaction, staff should be taught that they should administer the medication after the student has had contact with the harmful allergen, even before symptoms appear.
- Obtain from the parents,
    - Provider documentation of the allergy,
    - Permission forms to administer medication,
    - EpiPens
    - Information about the student's allergy,
    - Emergency contact information,
    - Physician contact information.
- Encourage the family to obtain a medic alert bracelet for the student.
  - Provide education and training on allergies to all staff in contact with the student. This should include staff such as teachers, food services staff, bus drivers, custodial staff, coaches, recess staff, after school staff. Educate new personnel as they come into school during the school year. The education should include:
    - A basic understanding of allergies and symptoms,
    - How to handle emergencies,
    - Eliminating the use of allergens as much as possible (for food allergies - student's food and educational tools) (for insect bites – awareness of insects in school and on school grounds), and
    - Law for school personnel responding to an emergency.  
(MSRS 20-A §4009(4) "Emergency medical treatment. Notwithstanding any other provision of any public or private and special law, any non-licensed agent or employee of a school or school administrative unit who renders first aid, emergency treatment or rescue assistance to a student during a school program may not be held liable for injuries alleged to have been sustained by that student or for the death or that student alleged to have occurred as a result of an act or omission in rendering such aid, treatment or assistance. This subsection does not apply to injuries or death caused willfully, wantonly or recklessly or by gross negligence on the part of the agent or employee.")
    - Encourage students to educate their friends/peers.
    - Provide classroom health education as appropriate.
- Preparation for field trips must be made in advance.
    - Hand wipes should be available for use after eating.
    - Teachers, chaperones, and school bus drivers should be provided information about the student's allergy and precautions they must take.

- A responsible person must be trained in the administration of epinephrine and a system for responding to an emergency must be available.
- It must be clear, where the epinephrine will be stored.
- Emergency forms should accompany all students on the field trip.
- School bus drivers should be trained in recognizing allergic reactions, in the administration of epinephrine and in responding to emergencies. The bus driver must have a method of communication for emergency calls. The epinephrine should either be kept on the student's person or on the bus.
- Local Emergency Medical Services should be informed of any student with a life-threatening allergy at the beginning of the school year.
- Students with allergies should be included in school activities and not excluded because of allergy.
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### **Specific Information regarding Food Allergies**

- Develop school guidelines commensurate with the severity of the student's allergy including allowable foods within the classroom or school, separate allergen-free cafeteria table or room, or allergen free school. Guidelines should be established with cooperation of the family, student, food service, and school administration. Guidelines for the student's school bus should also be included.
- Education of food services staff should include:
  - Developing allergy safe menus and snacks
  - Vending machines and food content
  - Food produces and ingredients
  - Food handling
  - Cleaning and sanitation
  - Retaining labels for each food served for 24 hours after the meal in case of an allergic reaction.
- The parent or guardian of a student with food allergies should be responsible for providing classroom snacks for their child. These should be kept in a separate area.
- Sharing or trading foods should be prohibited.
- Custodial or other staff should be educated about the need for cleaning and the type of cleaning solutions appropriate for use. Tables and desks to which the student has access, should be washed following the last evening activity of the day or in the morning before class as well as washing cafeteria tables after meals.
- Parents should be notified that there is a student with life-threatening food allergies in the class/school and identify the restrictions in bringing certain foods to school including lunches, parties, and snacks.
- Students should be instructed to use proper hand washing techniques.

## **Specific Recommendations for Insect Stings**

Schools must have in place an Integrated Pest Management Plan that includes the identification and removal of insect nests, management of garbage, etc. to reduce the presence of insects.

### **Latex Allergies:**

It is recommended that latex gloves, balloons or other latex products, not be used in schools.

### **Resources:**

The Food Allergy and Anaphylactic Network  
[www.foodallergy.org/](http://www.foodallergy.org/)

Asthma and Allergy Foundation of America  
[www.aafa.org/](http://www.aafa.org/)

American Academy of Allergy, Asthma and Immunology  
<http://www.aaaai.org/>

Managing Life Threatening Food Allergies in School, Massachusetts State Agencies  
[www.doe.mass.edu/cnp](http://www.doe.mass.edu/cnp)

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