

TIPS ON MANAGING CHILDREN WITH LIFE THREATENING ALLERGIES

FOR ALL THOSE RESPONSIBLE
FOR THE CARE OF CHILDREN

All those who are responsible for the care of children in a school setting - administrators, teachers, nurses, cafeteria staff or school bus drivers - need to know not only how to help children with life threatening allergies in an emergency, but also how to protect them from exposure to their allergens. The following are suggestions to safeguard all children in your care.

IDENTIFY STUDENTS WITH LIFE-THREATENING ALLERGIES: Create an action plan data sheet (asthma/allergy action plan) for each child affected with life threatening allergies and keep it where it is accessible by all. Locking action plans in a file in the nurse's office won't help if an emergency occurs in the classroom, on the playground or on the school bus. It's suggested each sheet have a current photo of the child as well as the allergens to be avoided, a management plan for emergencies and emergency contact information. All school personnel should be notified of all children who could have an anaphylactic reaction. Children should be encouraged to wear medical alert jewelry.

EPINEPHRINE AUTO-INJECTORS: Texas law allows children to carry and self-administer their own epinephrine medication on school campus or at school events with both parental and physician approval. Even though a child can carry a device it doesn't mean they know how to administer it or can self-administer the medication in an emergency. What the law does is provide for the medication to be with the child when and where it may be needed. Because of the potential severity of the allergic reaction, no child should be expected to be completely responsible for the administration of their epinephrine. They may know how to administer the device but fear or shock may prevent self-injection. Assistance must be provided by a teacher or other caregiver.

ALL adults in the school environment – administrators, office staff, teachers, nurses, classroom aides, lunchroom personnel and bus drivers – should know what to do in case of a life threatening emergency and how to use an auto-injector (always inject in the thigh; they can be used right through clothing although try to avoid the seam on jean fabric). Learn specific instructions for each brand of injector available as they are not all the same.

PARENTAL WAIVERS: The parents should sign a waiver allowing the school to use epinephrine when they consider it necessary.

Parents should be advised never to sign a waiver absolving the school of responsibility if epinephrine was not injected.

MEDICAL BAGS: Every child who has been prescribed an epinephrine auto-injector should have two devices labeled with his or her name and kept in a readily available location or in an individual medical bag if there is no parental/medical permission for that child to carry the device on their person. Many allergic reactions are biphasic meaning a second injection may be required as soon as 5-10 minutes after the first injection. IF epinephrine is administered and not needed, there are no harmful lasting side effects. If a life-threatening allergic response occurs and epinephrine isn't administered within minutes, this can cause death.

ANAPHYLAXIS EDUCATION: Staff and students should be educated to understand and treat anaphylaxis. Health classes should include information regarding the recognition and treatment of life threatening allergic reactions even in the younger grades.

MANAGEMENT OF SPECIFIC ALLERGENS:

Insect sting and peanut allergy are the most common causes of anaphylaxis at school although medications can also cause anaphylactic reactions. Fire ants are a serious threat to some.

Allergy to latex, stinging insects, medications or peanuts requires avoidance.

To avoid stinging insect allergy including fire ant bites:

- 1) Schools should regularly look for and remove nests or hives of stinging insects, including fire ant mounds which pop up after rainy periods.
- 2) Garbage should be stored in well covered containers.

To avoid peanut and nut allergy reactions:

- 1) In the nursery, day care setting and earlier public school grades where there are peanut allergic children, no peanuts, peanut butter or peanut containing foods should be allowed, since it is extremely difficult to avoid accidental ingestion. It should be recognized that this **will reduce but not eliminate the risk** of accidental exposure.
- 2) In middle school and high school avoidance policies, while desirable, may be impractical. If there are common eating areas, no peanut foods should be allowed if there are peanut allergic children. Allergy free classrooms may need to be instituted when appropriate. Public education (to all school parents) of the dangers of peanut allergy and requests for compassion and cooperation restricting peanut use at school is important.
- 3) Educating all teachers, staff and students regarding anaphylactic allergies and in particular peanut and nut allergy should be incorporated into first aid and health classes. In the absence of health classes this information can be shared during physical education classes.
- 4) Foods served by the school / nursery / day care for snacks, lunch, special programs, etc., should be free of peanuts and other nuts if peanut allergic individuals are present.
- 5) Latex: the school should switch as much as possible to latex-free products when making supply purchases.

STEPS TO TAKE IF THERE IS SUSPECTED OR ACTUAL CONTACT WITH KNOWN ALLERGENS:

The child should be under close and constant supervision for 4 hours after the suspected / actual sting or ingestion. If no serious reaction occurs within 4 hours it is unlikely to occur.

Administer the epinephrine auto-injector as soon as the child develops any one of the following symptoms and take him or her immediately to hospital. Follow emergency anaphylaxis instructions. ANY one or more of these symptoms can indicate anaphylaxis:

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| Hives | Coughing |
| Itching (of any part of the body) | Wheezing |
| Swelling (of any body parts) | Throat tightness or closing |
| Red watery eyes | Difficulty swallowing |
| Runny nose | Difficulty breathing |
| Vomiting | Sense of doom |
| Diarrhea | Dizziness |
| Stomach cramps | Fainting or loss of consciousness |
| Change of voice | Change of skin, nail color |

Younger children won't or can't verbally express all their symptoms for a severe allergic reaction. Supervising adults have to learn body language and "child-speak" and then act quickly to save a life. Some "signals" of a child in allergy distress:

- 1) Very young children MIGHT put their hands into their mouths, or pull or scratch at their tongues when experiencing an allergic reaction

- 2) Sometimes a child's voice might change, getting squeaky or hoarse, even slurring their words because the tongue is swelling
- 3) A child old enough to verbalize might say something as innocent as "this food is too spicy"
- 4) Other things they may say is that their tongue (or mouth) feels hot, or even burning, or something is poking their tongue or its tingling or itches or feels like it has hair on it, feels funny, heavy, or full
- 5) Other phrases a child might use is that it feels like there's a frog in their throat, or something is stuck in their throat
- 6) A child could say his lips feel tight, or his throat feels thick, or they have a bump or lump on the back of the tongue or in their throat
- 7) Sometimes a child will start scratching or pulling at their ears and say it feels like there are bugs in their ears. **If you see any of these signs** after a child is exposed to their allergic trigger, **follow emergency anaphylaxis procedures.**

Additional epinephrine should be available during transport and may be administered every 15 to 20 minutes. (Not all ambulances are required or have injectible epinephrine). This should only be given in situations where the allergic response is not under adequate control: i.e. the patient's breathing becomes more labored or the patient has a decreasing level of consciousness. The need for multiple injections indicates the need for other emergency drugs, therefore **it is important when planning trips or camping outdoors that a hospital is within an hour travel time** or there is easy access to police, fire or ambulance emergency services.

NOTE: FOLLOW INDIVIDUAL HEALTHCARE PROVIDER INSTRUCTIONS

- 1) In the event of a child having had an earlier life threatening reaction or because of the severity of a potential allergic reaction, their physician may elect to have the epinephrine administered immediately after the suspected / actual sting / ingestion and before any reaction occurs. This should be indicated on the individual child's action plan.
- 2) Some healthcare providers may recommend administering Benedryl antihistamine instead of or along with an epinephrine injection. Follow the instructions on the individual child's action plan.
- 3) If the child has asthma, it may be necessary to administer a dose of their albuterol. Follow the individual child's action plan.

Other Life Threatening Allergies

In addition to stinging insect and peanut allergy, some children in the school setting may have life threatening allergy to a number of other allergens. The approach is similar to that outlined for peanut and stinging insect allergy.



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