FOOD ALLERGY MANAGEMENT IN THE SCHOOL SETTING

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A LOOK AT THE CURRENT LANDSCAPE:

- Food allergies are an emerging concern
- Affects an estimated 4% - 6% of children in the United States (CDC, 2013)
  - Worldwide prevalence: as high as 10% in preschoolers in developed countries
  - Emerging societies: approximately 7% in the preschool population (Prescott et.al., 2013)
- A high impact health issue that is worldwide, increasing and requires focused consideration
ON AVERAGE:

1 – 2 students in every classroom, in every school in our country are at risk for a life-threatening reaction to a food allergy.
THE SCHOOL ENVIRONMENT

- Large numbers of children
  - Differing chronological ages and developmental stages
  - All chronic health concerns come to school
- Staff members issues with health concerns
  - Knowledge base
  - Comfort level
- Care Coordination
  - Access to school health professional often limited
FOOD ALLERGY MANAGEMENT IN THE SCHOOL SETTING

PREVENTION • EMERGENCY RESPONSE • EDUCATION
**PREVENTION / CARE COORDINATION**

- Schools should develop a Food Allergy Management & Prevention Plan (FAMPP) - Outlined by CDC
- Identify students with allergies
- Develop care plans
  - Emergency Care Plan (ECP)
  - Individualized Healthcare Plan (IHP)
- Assess student’s ability to self-medicate and self-manage
- Communicate with parents, private healthcare provider(s)
EMERGENCY RESPONSE

- Develop school wide emergency response – assign roles to staff
- Teach staff to administer ECP
- Have epinephrine available & accessible
  - ✓ expiration date of medication
- Train staff to administer epinephrine using auto-injector
- Stock epinephrine? – Know the state laws
- Debrief
# EDUCATION

<table>
<thead>
<tr>
<th>Staff</th>
<th>Student</th>
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<tbody>
<tr>
<td>- Signs &amp; symptoms</td>
<td>- Self-management skills</td>
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<tr>
<td>- Prevention</td>
<td>- Recognize signs &amp; symptoms</td>
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<tr>
<td>- Emergency response</td>
<td>- Use of epinephrine auto-injector</td>
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<td>- Add food allergy lessons to curriculum</td>
<td>- Know how to notify an adult when needed</td>
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<td>• Approach all subjects in a respectful &amp; confidential manner (FERPA)</td>
<td><strong>Parent/Guardian:</strong></td>
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<td>- Offer food allergy education for parents at school</td>
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<td>- Connect families</td>
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<td>- Help communicate policies and practices</td>
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CHALLENGES AND BARRIERS TO FOOD ALLERGY MANAGEMENT IN THE SCHOOL SETTING

- AWARENESS
- PROGRAMMING
- STOCK EPINEPHRINE
STOCK EPINEPHRINE LAWS

[Map showing state laws and legislation as of June 1, 2015]
Differences in State Policies

- Each state has their own laws, regulations and policies
  - Some mandate stock epinephrine
  - Some allow for stock epinephrine
  - Nursing delegation laws differ state to state
  - Hard to find a prescriber to write the prescription for the school – entity not individual
- Federal law – School Access to Emergency Epinephrine Act
  - Encourages states to adopt laws requiring stock epinephrine
STOCK EPINEPHRINE - CHALLENGES

Hard to get information out to schools – Get policies approved

Nurses hesitant to teach unlicensed staff to give injection

Don’t stock because of cost and/or fear

Amidst the challenges – the lives of children are being saved!
38 people were saved by stock epinephrine in Chicago alone in 2012 – 2013.
221 doses of stock epinephrine were given in Virginia in 2014 – 2015.
BEST PRACTICE RESOURCES

States with Exemplary Policies & Resources
- Virginia
  - Guidance
  - Reporting
- Massachusetts
  - Guidance
  - Reporting
- Maryland
  - Protocol

Legislative and Practice Information
- AAN
  - Advocacy Resources
  - Allergy Publications
  - Annual Summits
- NASN
  - Staff Training Resources
  - Sample Policies & Protocols
- FAACT
  - Civil Rights Information
- FARE
  - Research Results
- FAME
  - Full Educational Program
NEED FOR COMPREHENSIVE PROGRAMMING

- Many schools need:
  - Comprehensive school policies
  - FAMPP
  - A school nurse all day, every day
    - Creates student healthcare plans
    - Takes the lead on educating and training
  - Sound protocol to follow in the event of an anaphylactic episode