

FOOD ALLERGY AND ANAPHYLAXIS IN SCHOOLS

(Adopted by Convention Delegates May 2004)

Reviewed by Board of Managers February 2014

- WHEREAS, The California State PTA seeks to promote public policy and actions that protect the health and safety of all children; and
- WHEREAS, Severe food allergies currently affect three to eight percent of children (representing an estimated 203,000 to 541,000 children in California), and the prevalence of food allergies among children in the U.S. has increased substantially with the incidence of peanut allergies doubling in the last five years; and
- WHEREAS, Eight foods cause 85 to 90 percent of all food allergic reactions, namely milk, egg, wheat, peanut, soy, tree nuts, fish and shellfish; and
- WHEREAS, Accidental ingestion or exposure, by children, occurs most often at school where one in five children with food allergies will have a reaction, and in some cases a reaction in school may be the first sign of an allergy; and
- WHEREAS, In California there are about 9,000 public schools but only 2,700 credentialed school nurses working in those schools, so the majority of schools will not have a school nurse on hand when an emergency occurs; and
- WHEREAS, An allergic reaction to food could include inflammatory reactions in the skin, the respiratory system, the gastrointestinal tract and the cardiovascular system and when these symptoms are widespread and systemic, the reaction is termed anaphylaxis, a potentially life threatening event which can occur within minutes of exposure to the allergen; and
- WHEREAS, Epinephrine is the first medication of choice for use in the emergency management of a child having a potentially life threatening allergic reaction, and California law authorizes school districts to provide emergency epinephrine auto-injectors to trained personnel and authorizes the trained personnel to use epinephrine auto-injectors to provide emergency medical aid to persons suffering from an anaphylactic reaction; and
- WHEREAS, The use of effective policies on the management of food allergies in schools addressing the three components of: information and awareness, avoidance, and emergency response, is likely to save the lives of children with allergies; now therefore be it

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- RESOLVED,** That the California State PTA urge its units, councils and districts to inform students, parents, school personnel and the community about the prevalence of food allergies and ways in which danger to students with food allergies can be minimized; and be it further
- RESOLVED,** That the California State PTA encourage the development and adoption of a comprehensive set of guidelines for managing life threatening food allergies in schools and that these guidelines be made available to local school districts and child care settings to guide them in developing local policies and procedures; and be it further
- RESOLVED,** That the California State PTA urge its units, councils and districts to work with their local school districts to ensure that policies are put into place regarding the management of life-threatening allergies and that such policies address three components: information and awareness, avoidance, and emergency response; and be it further
- RESOLVED,** That the California State PTA urge its units, councils and districts to encourage schools and school districts to have policies and procedures in place that provide adequate training of designated school personnel in the signs and symptoms of an allergic reaction according to California Education Code 49414, include the availability of emergency epinephrine auto-injectors, include the training of designated school personnel in the use of the auto-injectors to provide emergency medical aid to persons suffering from an anaphylactic reaction, and that grant students authorization to self administer epinephrine, if appropriate safeguards are put into place; and be it further
- RESOLVED,** That the California State PTA encourage other state PTAs to adopt a similar resolution.

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BACKGROUND SUMMARY

For some students with severe food allergies, school attendance can be risky. Food allergy is the leading cause of anaphylaxis, accounting for an estimated 30,000 emergency room visits and 100 to 200 deaths in the United States each year. Adequate plans and staff, who are knowledgeable regarding preventative measures and well prepared to handle severe allergic reactions, can save the life of a child. There is no cure for food allergies. The only means to prevent food allergy reactions is total avoidance of the substance to which the child is allergic. The risk of accidental exposure to foods can be reduced in the school setting if schools work with students, parents and physicians to minimize risks and provide a safe educational environment for food-allergic students.

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Food Allergy and Anaphylaxis In Schools — continued

In addition to the importance of preventing exposure, schools must ensure that staff members are adequately trained to respond to a severe food allergic reaction, including anaphylaxis.

Epinephrine is the first medication that should be used in the emergency management of a child having a potentially life-threatening allergic reaction and there are no known contraindications for use of epinephrine for a life-threatening allergic reaction. Epinephrine should be kept in locations that are easily accessible to trained school personnel. School districts must also consider policies which would authorize students to self-administer epinephrine in response to a potential anaphylaxis episode.

Given the severity of food allergy reactions, including anaphylaxis and given the rising incidence of food allergies among children in the U.S., it is imperative that proactive rather than reactive action be taken. Education of students, parents, school staff members and the community to promote a greater level of awareness of the severity of food allergy concerns will make a significant contribution to promoting safe environments in our schools. In addition, it is clear that schools have a responsibility to provide a safe educational environment for all students, including those suffering from severe food allergies, and that this can be achieved through adequate planning, training of staff to recognize the signs of a severe allergic reaction and the appropriate responses. Finally, the availability of epinephrine in our schools is deemed critical to ensure that we take every step possible to save the lives of our children.