

Schools, parents must prepare for the dangers of allergens

September 11, 2012| Dana Wallace, South Florida Sun-Sentinel

For families with children with food allergies or asthma, the start of the school year presents new challenges. Allergic students will have to begin managing their allergies differently than they did during the summer.

Their parents will need to collaborate with and often educate the school staff about how to recognize that his or her child is starting to have symptoms of food, insect or medication-induced anaphylaxis.

Anaphylaxis is a life-threatening allergic reaction involving multiple body systems -- skin, nose, eyes, lungs, gastrointestinal tract, and heart -- which can result in shock or even death within minutes of exposure to an allergen.

Among all age groups, teenagers are the most at risk for fatal anaphylaxis and for being the victims of deliberate exposure to an allergen because of bullying. We know that anaphylaxis can start at any age, but we don't know why or when it will develop.

Most exposures to food allergens at school can be prevented with measures less restrictive than requiring allergen-free zones. Within the first two weeks of school, the child's physician should develop an Anaphylaxis Action Plan, preferably by a board-certified allergist.

The Anaphylaxis Action Plan is an educational prescription that involves the patient, the family and all school personnel who have contact with the allergic child.

It is imperative that the child's physician discusses with the family the best way to avoid the identified allergens and how to recognize and to treat allergic emergencies wherever they may occur, including at the school. The physician must ensure that patient and family know the signs and symptoms of anaphylaxis and can demonstrate the use of the epinephrine auto-injector.

The patient must agree to carry two epinephrine auto-injectors at all times, since in 35 percent of anaphylaxis episodes more than one injection is required.

The key message to remember is if you think that you are having an allergic reaction, use your epinephrine auto-injector immediately.

The Anaphylaxis Action Plan should not be overly complex. The school already should have a School Safety Plan for Food Allergic Students. Likewise, parents need to be assured that there is a School Anti-bullying Plan & Policy in place, as food allergic children and teenagers are frequently victims of bullying.

If there is no such plan, the parent should contact the principal and insist that one be developed. All school personnel, not just the nurse, must be trained to recognize the signs and symptoms of anaphylaxis.

The School Safety Plan for Food Allergic Students should C-R-E-A-T-E safety for all children and/or teenagers with food allergies:

C -- Collaboration of parents, students and school personnel

R -- Response to community concerns

E -- Education of all students and staff

A -- Avoidance of allergenic foods

T -- Treatment at the first signs and symptoms of anaphylaxis

E -- Evaluation of the effectiveness of the plan on a regular basis

Diagnosing and treating anaphylaxis should become an automatic response, as there is no time to look up the plan or call the parents. Delay can be fatal.

Every school should stock at least two unidentified epinephrine auto-injectors for use on any child who experiences their first episode of anaphylaxis at school.

Dr. Dana V. Wallace is at the Florida Center for Allergy and Asthma Care, Fort Lauderdale.

#