



ALL SAINTS CATHOLIC SCHOOL

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Allergy Management Policy

Food Allergy

People with allergies have over-reactive immune systems that target otherwise harmless elements of our diet and environment. During an allergic reaction to food, the immune system recognizes a specific food protein as a target. This initiates a sequence of events in the cells of the immune system resulting in the release of chemical mediators such as histamine.

These chemical mediators trigger inflammatory reactions in the tissues of the skin (itching, hives, rash), the respiratory system (cough, difficulty breathing, wheezing), the gastrointestinal tract (vomiting, diarrhea, abdominal pain), and the cardiovascular system (decreased blood pressure, heartbeat irregularities, shock). When the symptoms are widespread and systemic, the reaction is termed “anaphylaxis,” a potentially life-threatening event.



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Common Allergens

Eight types of food are responsible for more than ninety percent of allergic reactions. These foods are: milk, eggs, peanuts, tree nuts, fish, shellfish, soy, and wheat. Non-food items, such as arts and crafts materials, may contain trace amounts of these foods.

There is no cure for food allergy, and strict avoidance is the only way to prevent a reaction. Other allergic reactions are known to occur from insect venom (e.g. bee stings), medications, and latex. An allergic reaction can occur within minutes or up to hours upon exposure.



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Anaphylaxis

Anaphylaxis is a potentially life-threatening medical condition occurring in allergic individuals after exposure to their specific allergens. Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body. These symptoms may include one or more of the following:

- Hives
- Difficulty swallowing
- Vomiting
- Wheezing
- Itching
- Difficulty breathing, shortness of breath
- Diarrhea
- Throat tightness or closing
- Swelling
- Stomach cramps



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Anaphylaxis Symptoms (cont.)

- Itchy scratching lips, tongue, mouth or throat
- Red, watery eyes
- Fainting or loss of consciousness
- Change of voice
- Dizziness, change in mental status
- Runny nose
- Flushed, pale skin cyanotic (bluish) lips and mouth
- Coughing



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Anaphylaxis (cont.)

The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock, which are potentially fatal. Common examples of potentially life-threatening allergies are those to foods and stinging insects. Life-threatening allergic reactions may also occur to medications or latex rubber and in association with exercise.

Anaphylaxis can occur immediately or up to two hours following allergen exposure. In about a third of the anaphylactic reactions the initial symptoms are followed by a delayed wave of symptoms 2-4 hours later. This combination of an early phase of symptoms followed by a late phase of symptoms is defined as biphasic reaction.



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Anaphylaxis (cont.)

While the initial symptoms respond to epinephrine the delayed biphasic response may not respond at all to epinephrine and may not be prevented by steroids.

Therefore it is imperative that following the administration of epinephrine, 911 is called and trained emergency personnel examine the student. When in doubt, it is better to give the Epi-Pen/Twinject Auto-Injector (epinephrine) and seek medical attention. Fatalities occur when epinephrine is withheld or delayed.



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Anaphylaxis (cont.)

For those students at risk for food induced anaphylaxis the most important aspect of the management in the school setting should be prevention and prompt response to a possible reaction. Children with severe food allergies have a higher rate of other allergic diseases including asthma and eczema.

Anaphylaxis is more common in children whose food reactions have had respiratory features such as difficulty breathing and throat tightness. Anaphylaxis appears to be much more probable in children who have already experienced an anaphylactic reaction. Anaphylaxis does not require the presence of any skin symptoms such as itching and hives.



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Lunch/Recess Volunteers Must:

- Read through food allergy information and become familiar with the students' allergy action plans
- Thoroughly clean all allergy-free tables and chairs **before** lunch and between each lunch session
- Post the students' action plans in the eating/serving area; know where the emergency medication is located and ensure easy accessibility during the lunch period
- Work with lunchroom supervisors to enforce hand-washing practices
- Check buddy lunches
- Be informed that there is an allergic child in the school/classroom
- Encourage their own child to respect all students regardless of allergies



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Procedures for Peanut Free Table

- The allergy-sensitive table will be clearly distinguished. The tables will be wiped down using separate “allergy-sensitive” cloth (white cloth) and separate spray bottles. These items will be located on the milk cooler next to the kitchen.
- Students sitting at the peanut free table need to wash hands before and after lunch. Parent volunteers working at the allergy sensitive table should wash hands before helping any student at the table.



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Emergency Plan

To respond effectively during an emergency, a routine has been established and practiced, similar to a fire drill. During an emergency:

- Administer the auto-injector
 - Be prepared to administer the epinephrine auto injector, immediately, at the first sign of an anaphylactic sign or symptom
 - One person stays with the individual to monitor the person until medical aid arrives
 - One person goes for help or calls for help
- Call 911
 - Call person is to inform the emergency operator that a student/individual is having an anaphylactic reaction. (Note: use the terminology anaphylactic reaction.) The call person should know the address of the school, the names of the closest cross streets and the entrance location
 - Inform the principal and/or first aid provider
 - Access the students other auto-injector and bring it to the location of the anaphylactic person



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Emergency Plan (cont.)

- Contact parents, as soon as reasonably possible, informing them of their child's medical situation and the hospital their child was taken
- Transfer care to paramedics
 - Have an individual meet the ambulance at the appropriate entrance and take the ambulance personnel to the location of the student
 - Provide the paramedics with a copy of the child's Anaphylaxis Emergency Treatment Plan
 - Notify the paramedics of the time(s) that the medication was administered



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Emergency Plan (cont.)

Notes:

- A person should stay with the child at all times
- It is important to note the time of administration of the first epinephrine auto-injector so that you know how long it has been since the child received the first dose of epinephrine
- The use of epinephrine for a potentially life-threatening allergic reaction will not harm a normally healthy child, even if epinephrine was not required
- If an anaphylactic emergency occurs, both the school anaphylaxis plan and the child's Anaphylaxis Emergency Plan should be reviewed and amended as necessary



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