

Managing Food Allergies In A School Environment

A Guide For Parents & School Administrators

How to create a system that maximizes student protection in an environment of increasing rates of anaphylactic allergies and improved access to "stock" or "non-designated" epinephrine auto-injectors.

By Brandon Wilson

This guide was written at the time of the passing of new national legislation, The School Access to Emergency Epinephrine Act. To read the law itself: <https://www.govtrack.us/congress/bills/112/s1884/text>

My hope is that this guide will stimulate conversations between parents and school administrators. Food allergies, if we let them, can become a huge wedge between us. Like with other serious social issues, we can find ourselves discussing things at the outer extremes. The purpose of this guide is to cover territory in the middle of the issue – where agreement can come relatively easy and disruption and special accommodations are tolerable.

All Employees of a school should know what the symptoms and signs of an allergic reaction are, and how to use an Epinephrine Auto-Injector.

There Is No Reason To Hesitate To Give EpiPen

The first step is training. Every employee in a school building should have basic training on identifying a potentially life-threatening allergic reaction and the proper administration of both an EpiPen and an Auvi-Q auto-injector. A key part of this training is breaking through the fear of giving an epinephrine shot to someone who may not "need" it.

You must make everyone aware of how bad things can go if you they need a shot and do not get it and how unlikely negative outcomes are if they get a shot that they did not end up needing (in a panic you overreact or misdiagnose).

Always Call 911 Simultaneously

Another important detail in training is the emphasis on calling 911 in every allergic incident as a matter of regular policy and procedure. Getting trained paramedics to the scene can end up looking like an overreaction in minor cases, but that is not why you call them – you call them in case your minor reaction changes into one of the rarer, but very scary severe reactions where additional life saving techniques could become very necessary, very fast. Training is more effective when it has an end game. If Benadryl and the first EpiPen shot are given by school staff and paramedics quickly arrive, all subsequent decisions and steps can be made by paramedics in conversation with a hospital emergency room. We would never let a person who just gave us a cardiac arrest scare go back to the classroom, right? As part of planning, it is better that a separate individual make the 911 call while the nurse or other staff member is administering Benadryl/EpiPen.

Epinephrine Has To Move From A Little Known Prescription Medication To A Critical Lifesaving Device like An AED or Fire Extinguisher

Obtaining “Stock” Epinephrine

The second step is to obtain “stock” epinephrine auto-injectors or what we call “non-designated” EpiPen or Auvi-Q epinephrine auto-injectors that your school staff can use on any child that is identified as having a severe allergic reaction. In other words, EpiPens that don’t belong to a specific student. This is a two step process:

Prescription for Stock Epinephrine

Contact a physician or allergist amongst your students’ parents or in your local community and request a prescription to be made out preferably in the name of the school itself or if necessary “in care of” the name of the school nurse or principal. This will be an annual process since EpiPens have one-year expiration dates.

Discounted EpiPens

You can order Epinephrine through school nurse catalogs or obtain from your local pharmacy but the best way to get epinephrine at the moment is

through a generous program sponsored by Mylan Specialty (maker of the EpiPen) through their distributor Bioridge Pharma called EpiPen4Schools. You can visit their web site and download forms here: <http://www.epipen4schools.com/> This program allows you to get a certain number of free EpiPens for your school, and additional pens at a significant discount. This is a wonderful program.

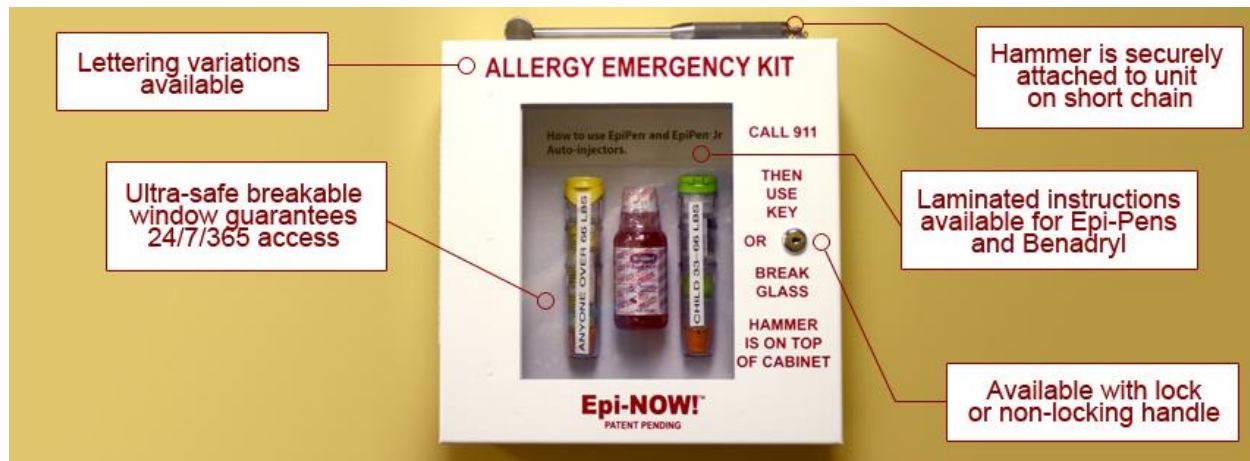
The “1 Minute Rule”

The third step is to use the “1 minute rule” in locating EpiNOW [emergency EpiPen cabinets](#) throughout your school buildings so that classroom teachers and athletic coaches at outdoor athletic fields are never more than a one-minute walk from an EpiPen. In an anaphylaxis emergency seconds count. If you are counting on your faculty or staff to run three or four minutes down to a nurse’s office and then three or four minutes back to a classroom you will most certainly be dealing with an advanced stage anaphylaxis emergency but you could also be endangering the teacher or good samaritan who may not be accustomed to running so far and fast under such stress.

The EpiNOW Allergy Emergency Cabinet

Like an AED Defibrillator, Epinephrine has excellent chances of saving a life. But only if everyone knows where it is and it can be accessed in a timely manner.

The design of an EpiNOW cabinet is an important part of ensuring access to emergency epinephrine in a public setting. The cabinets have clear signage, fail-safe access, a Velcro loop internal mounting panel that is compatible with every auto-injector and allergy supply on the market and clear, laminated instructions for EpiPens, Benadryl etc. The kits also include labels to help a good Samaritan distinguish between an EpiPen (over 66 lbs) and an EpiPen Jr (33-66 lbs). You can configure your cabinet based on your student population and treatment preferences. In other words, you can put all adult EpiPens, all child EpiPens or a mix, include or exclude Benadryl – these are your decisions.



The cabinet is locked, protecting the school from vandalism, tampering and opportunistic theft of the expensive EpiPens. Unlike an AED or fire extinguisher, an EpiPen or Auvi-Q is easily stolen by just slipping it in a pocket – this is why we believe a “locked” cabinet is the best approach. But don’t worry, we’re not talking about a locked cabinet that can only be opened with a key! The cabinet is designed for emergency access by breaking a plastic clear window with an attached hammer -the cabinet is actually accessible by anyone 24/7. This makes it likely to pass muster in states that have used terms like “secure but unlocked” OR “secure, locked” in their legislation. The EpiNOW cabinet is what we call “locked, but not really ☺” Petty theft may go unprosecuted in some cases, but breaking the window of this cabinet is a clear instance of criminal damage to property. A broken clear plastic window will clearly indicate that a cabinet has been used – or tampered with. The clear plastic windows are inexpensive replacement parts. Epinephrine cannot be stored outdoors in extreme temperatures so you will want to locate your EpiNOW cabinets in climate controlled buildings. Certainly it is ok for EpiPens to be brought out to athletic fields in coach or athlete’s bags etc. but you wouldn’t want them permanently stored outside.

It is not recommended to use a cabinet alarm on your epinephrine cabinet for two reasons: First, it is extremely important that a user of the epinephrine be fully able to concentrate on reading the included instructions and focusing on the symptoms of the victim. Second, calling 911 is an imperative part of the emergency response in an anaphylactic emergency. A 911 operator should not have to discern an address or location within a large building over the wail of a siren.

When deciding where to put your EpiNOW cabinets, you will want to use common sense along with the “1 minute rule”. If your school has three floors, certainly you will want at least one unit on each level. If your campus has five buildings, certainly you are going to want an absolute minimum of one EpiNOW cabinet per building. If you have athletic fields near one wing of the school, the EpiNOW for that area should be closer to the door so that in an outdoor emergency someone can run, open the door, get the EpiPen, and get quickly back out to the victim. Of course in athletic field scenarios coaches will need to have keys to get into the building if it is an evening or weekend event.

What I have noticed first hand in schools is that frequently there are “wings” of the building that make for very long corridors. I recommend putting EpiNOW cabinets at half-way points in these long corridors. Many modern school buildings can be well protected with 5 or 6 cabinets.

Better Policies About Food In School Can Minimize Unnecessary Emergencies

Update your school procedures and policies for the allergy-prone world that we now live in. This includes:

Self-Carry is a Given

Your students must have the right to self-carry Epinephrine and Albuterol inhalers if they have a known allergy and a doctor’s order for that school year. This is the law in 49 of 50 states. Age doesn’t matter – young children may not be able to be trusted with the administration of the medication – but having it with them (backpack, lunchbox, etc.) will sure help a caregiver.

Proper Storage and Organization of EpiPens and Inhalers

School nurse offices need to have an organized, labeled method of storing medication so that correct doses can be administered with a moment’s notice. Our [EpiSHED](#) and [InhalerSHED](#) are one method for creating this system. If a school does not have a full-time nurse, and for hours outside of

a normal nurse's schedule school administrators have to look very closely at how LOCKED DOORS negatively impact an emergency response scenario. It doesn't matter if your school has one EpiPen or fifty – if they cannot be located and accessed immediately. If you want to do the best possible job organizing medication, it may be necessary for allergy parents to sign HIPPA waiver so that medication can be stored conspicuously with a photo of your child, dosage and allergy details etc. In case of fire drill or other evacuation, EpiNOW offers [nurse's bags](#) for easy portability of the entire stock of EpiPens and Inhalers. It must be noted that fire drills are a very popular time for bee stings.

Foodservice

Your foodservice or cafeteria personnel need to have safety measures in place to ensure that allergic children are not exposed to allergens in school-prepared (lunch entrees) or school-provided foods (packaged goods) sold in lunch lines. The foodservice kitchen and cafeteria has to be the most thoroughly educated place in the building. It would be unacceptable, for instance, to have an "allergy skeptic" running a school kitchen.

Nut Free Zones

Your cafeteria, especially in younger grades, should have "nut free" tables where lunches are inspected and where separate cleaning supplies are used by janitorial staff after each lunch period. In a school setting where peanut butter and jelly is a staple, residue is actually a very understandable risk factor. Over time, schools may find a need to create other zones because we are seeing additional anaphylactic allergies in the youngest children today such as anaphylactic milk allergies. Weaknesses in "nut free" zone policies are poor inspection practices and "bring a friend" concepts. The younger the children, the more it is necessary to have a hovering aide to monitor lunch contents. One idea can be considered if an always-nut-free lunch entrée is available and that is the idea of putting nut-free kids with the hot lunch kids and instead creating a separate section for "sack lunches" – the sack lunch group will inevitably be larger than any nut-free group – leading to less need for "bring a friend" and inspections. Hand washing procedures are cumbersome in a large group, no doubt – but peanut butter is one of the stickiest, stubbornest substances on earth – making these kids walking time bombs for their nut allergic peers.

Do They Really Need A Classroom Snack?

A big question I have been thinking about recently is the place of “food” in the academic classroom. Daily classroom-consumed snacks add exponential risk factors (airborne, residue, proximity, lack of a nut free section) – almost making every day of the school year as risky as a Halloween or Christmas party. The most recent incident in my own district was a classroom snack in a third-grade classroom. I don’t think I had a snack in third grade and if I had to eliminate one risk factor it would be classroom-consumed snacks. I think this may be where the rubber hits the road with liberty vs. protection. The lunchroom is so far gone that the idea of eliminating all allergens is draconian. But every kid should be able to do their classwork without constant fear of what the kid next to them is bringing to eat.

Keep Your School Out Of The Nut Business

Your school should have strict rules in place regarding allergen-containing and poorly-labeled food items and homemade baked goods being sent into the school for school parties, PTA events, fundraisers or treat days. (This is a huge perpetual problem) In the last year in my children’s schools I have witnessed a “Peanut Butter & Jelly” themed food drive for the poor; a taffy apple sale in which every product sold either contained nuts or had serious cross-contamination; and PTA events where PTA moms were proudly pushing homemade baked goods with seemingly no thought at all of food allergies. The PTA leaders need to be in every meeting about food allergies, just like the nurses, teachers, administrators etc. Planning events around high risk allergen foods is a thumb-in-the-eye of worried parents. At the end of the day school has nothing to do with food – it is about learning.

Chaperoning Parties & Field Trips

Schools need to enlist the help of food allergy parents to minimize the risk factors of special field trips and classroom parties. No one would want to make field trips and class parties less fun or suggest not having them! If you are the parent of a highly allergic child you need to think seriously about becoming the world’s coolest and most involved room mom/dad. Be the one that is there for the parties and field trips. Make it your business to ensure a fun party that is free of allergens. If you are there, and there is an incident anywhere with any child in the school – you can be there to help!

Food Allergy Bullying

Food allergy bullying has to be taken seriously. Last year a little boy came up to my tree nut allergic daughter during classroom snack time and shook a bag of walnuts in her face and said “hey, want a nut?” This is the first grade version. You can see how this type of behavior could get very dangerous with age. Here is an [adult allergy bullying incident](#) that illustrates the seriousness of this problem. (Will Ferrell putting nuts in his co-stars breakfast burrito on a movie set, sending Zach Galfianakis into anaphylaxis.)

Field Trips

Field trips are another big worry for out-of-the-ordinary exposure to allergens. Often the change in routine leads to a breakdown in ordinary “nut-free” table procedures and introduces different foods, different adult chaperones and other environmental exposures such as more bees! The EpiNOW company also makes [field trip bags](#) for conspicuous storage of EpiPens and Inhalers while away from the school building.

Athletic Field Emergencies

EpiNOW also offers “[athletic coach allergy emergency bags](#)” for athletic fields and off-site athletic events. Athletic events and recess are high susceptible to allergic reactions because there can be asthma, bee/insect stings, protein bars etc. Coaches and PE teachers need to be amongst the most savvy about allergic reactions. Just like an allergic student cannot be sent to the office alone during a reaction, an athlete or student can’t be expected to “play anyway” when they think they are having a reaction. There has to be a clear protocol for this. The most recent anaphylaxis fatality in a school was a high school football player stung by a fire ant whose coach told him to “go rinse it off with your water bottle”.

School Bus Emergencies

EpiNOW offers portable [school bus allergy emergency bags](#) for student transportation (buses) etc which is admittedly more practical for drivers that carry purses or bags every day. The bus is the final frontier of anaphylaxis coverage and a very tricky one since Epinephrine really should not be left on a bus in the extreme heat and cold.

Deal Breakers For Parents

504 Plans and An Environment of Concern

If you encounter administrators or teachers that are hostile to food allergy safety or very ignorant about allergy issues, it is incumbent on the parent to find a way forward that protects the children. In many cases you will find your school administrators to be helpful and concerned – but that does not mean they will know what to do. They may need a lot of initial guidance.

If you encounter major resistance, or what I call “allergy skeptics” you may need to familiarize yourself with your legal rights as the parent of a child with a disability (anaphylactic allergies are considered a real disability). Difficult cases may require [504 plans](#), ADA attorneys (Americans With Disabilities Act) or serious work with school boards and long phone conversations and in-person meetings.

Some parents will have choices as to where to send their kids to school. When you don't have the option of putting your child in a safer school, you must educate, insist and follow up to ensure that your child's school changes with the times. The time you put in may seem like a burden if your child sails through their school years with no problems. But you could be saving a life of another child that will someday attend that school.

If your school does not have nursing staff or is geographically far from paramedics and hospitals, all problems are amplified. Even states like Texas that do not have progressive legislation on stock epinephrine in general have guidelines that acknowledge the need for stock epinephrine in remote areas.

Many people would naturally still look at epinephrine and allergic reactions as being in the medical domain. Fear of liability can cause administrators to make ridiculous choices. Using this guide, and your instincts as a parent – a way forward must be found. “Go along and get along” is not the way to do it. Food allergies are a complex problem, and it may stretch the limits of your diplomacy skills to put a sustainable arrangement in place. First you must cover the emergency response needs in case of a serious allergic reaction. This is the most important part of the food allergy plan. With all remaining energy and time you can work with minimizing exposures and risks through evolved policy.

This document is written by a concerned parent and avid researcher of allergy and anaphylaxis issues. Nothing in this document should be interpreted as medical or legal advice. The contents of this article are suggestions to guide school procedures in a positive direction, but of course it is not possible to know the extent to which any advice contained herein could conflict with specific laws, in specific jurisdictions or your own existing school board policies.

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