

Accommodating Students With Food Allergies In An Age Of Increasingly Complex Health Conditions and COVID-19

Presented by

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Goal of this presentation

- To explain the complexities of accommodating students with food allergies in a school setting
- To provide concrete actions that participants can take to ensure that their child or patient is appropriately accommodated in the school setting



Agenda

- What Does a School Nurse Do All Day?
- IDEA, Section 504, and today's classroom
- Accommodating Students With Food Allergies
 - The School Nurse's Role
 - The MD/NP's Role
 - The Parent's Role
- Additional considerations and questions



What Does Your Child's School Nurse Do All Day?

- Care Coordination
- Classroom observations/consulting with teachers and administrators
- Doing home visits
- Classroom Teaching
- Policy development and staff In-service
- Attending meetings (staff, parent, IEP, 504)
- Paper work (health forms, documentation, developing IHPs)
- Screenings
- Assessment and care of Ill students
- Medication Administration (scheduled and prn)
- Procedures (wound care, colostomy care, tube feedings, catheterizations, nebulizer treatments, vaccinations)
- First Aid

Take away: School Nurses are busy! They need your help in ensuring your child's safety! We are a team: Student, Parent, Physician, Nurse and School Personnel



- Ensure that children with disabilities receive a free and appropriate education in the least restrictive environment



What does this mean?

- Students with disabilities who were once educated in separate special education classrooms or even in separate schools now receive services in general education classrooms.



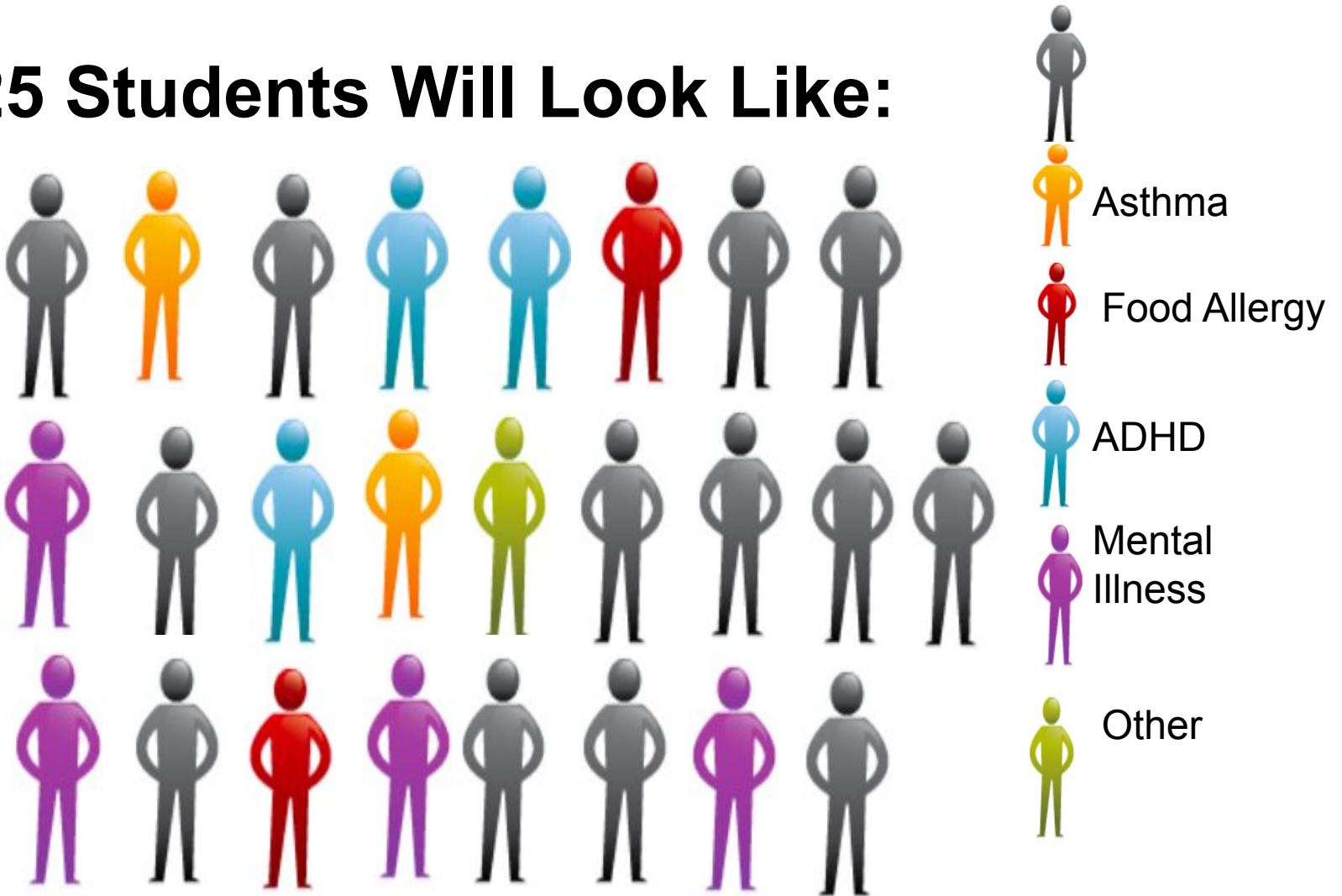
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This Is What a Typical Class

of 25 Students Will Look Like:





Sometimes Disabilities Result in Competing Priorities

- Accommodating so many different disabilities in one classroom can be complex.
- You most likely will not be aware of others in the classroom who require accommodations.
- We can't share their diagnosis with you, but we are equally responsible for accommodating them.



Examples of conflicts

Infantile/juvenile anorexia





Children With Autism Often Have Feeding Challenges

“After reading this and realizing that I’m not alone, I’m literally crying because I carried the burden of thinking that I did something wrong with my 4 year old daughter who is on the spectrum and will only have liquids.

I tortured myself thinking I was a bad mom even though I’ve been doing everything possible ... you have no idea how much you have all just helped me.” – from Facebook comment thread on the launch of the Autism Speaks

ATN/AIR-P Feeding Behaviors Tool Kit, 10 Jan 2014



Children With Food Allergies Are Protected By IDEA and Section 504

A child's education should not be negatively affected by their food allergy. **Reasonable accommodations** should be made to ensure that children with food allergies can participate safely in school and school sponsored activities.



What Are Reasonable Accommodations?

- Having epinephrine available at all times while at school or on school sponsored trips (individually prescribed)
- Ensuring that staff are provided the child's action plan and are trained in the signs of anaphylaxis and in epinephrine administration
- Allergen labeling in cafeterias
- Safe seating arrangements
- Hand washing after eating
- Not requiring a student with food allergies to assist in clean up after meals
- Advance notice of parties/celebrations when possible
- Ensuring that the child is not exposed to allergens during art, science, or other activities.





Food service in schools will be different during Covid

- Current guidance from CDC and Departments of Health is for students to eat in their classrooms with their cohorts.
- This can be done safely but will require additional training for teachers
- All teachers and staff should be trained in the signs and symptoms of Anaphylaxis and in administering epinephrine!



Clearly labeled tables designated for those eating foods containing allergens

- This contains allergens to particular areas of the room
- Students with food allergies know not to sit at these desks/tables



Examples of Lower School Signs



nuts



peanut butter



eggs



mayonnaise



egg salad

PLEASE EAT HERE
IF THESE FOODS ARE IN YOUR LUNCH OR SNACK



PLEASE EAT HERE
if these foods are in your
lunch or snack.



Example of Middle School Signs

Please eat at this table if you are eating anything containing PEANUTS, TREE NUTS, or EGGS.



Remember to wash your hands after your meal and clean the table thoroughly.



TABLES/DESKS

Tables are cleaned with disposable towels and allergen tables are cleaned a second time by a teacher



Students with food allergies never clean tables



No Food Sharing

- Strict policy of not sharing food
 - Extra food should be available if lunches/snacks are forgotten
 - Everyone washes their hands after eating
 - If a sink is not available in the classroom hand wipes are provided



The School Nurse's Role

- Work with the family and physician/NP to obtain the appropriate orders and medications
- Ensure that the students' epinephrine is stored appropriately and in a secure yet accessible location and track its expiration date
- Alert appropriate **school faculty and staff including subs** to the student's allergies
- Ensure that protocols are in place to ensure that students are kept away from allergens. **Develop strict protocols for classroom service during Covid**
- Educate school faculty and staff regarding the signs and symptoms of allergic reactions and anaphylaxis
- Train staff in epinephrine administration
- Ensure that there is a back up plan for epinephrine administration if the school nurse is absent or unavailable
- Teach the student to self advocate and work to create an environment where the student can safely do so





The Physician/NP's Role

- Document allergies on the child's physical!!
- Automatically complete a food allergy action plan for school and keep F.A.R.E plans in your office
- When prescribing epinephrine, ask whether the school prefers a particular brand
- Write for multiple packs
- Alert patients to reduced price programs/coupons
- Be careful about writing for Benadryl on action plans for schools

FARE FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: _____ FAX: _____ PLACE PICTURE HERE

Address: _____ The Digital Hub for a safer school. No

9070 The real allergen information is located throughout the form and on the back of the form.

Emergency response to the following foods: _____

REMARKS:
If checked, you specify the medication(s) for ALL symptoms if the allergen was truly eaten.
If checked, you specify the medication(s) if the allergen was touching skin, even if no symptoms are noted.

FOR ONE OF THE FOLLOWING SEVERE SYMPTOMS

LUNG Wheezing, shortness of breath, trouble breathing	HEART Pale, weak, faint, dizziness, lightheaded	THROAT Hoarse, "lump" in throat, trouble swallowing	MOUTH Swelling of lips, tongue, or throat
SKIN Hives, redness, swelling, itching	GUT Vomiting, diarrhea, stomach pain	OTHER Swelling of face, lips, or tongue	OR A COMBINATION of symptoms from different body areas

MILD SYMPTOMS

NOSE Runny nose, sneezing	MOUTH Itchy mouth	SKIN Itchy, hives, redness	GUT Nausea, vomiting
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FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, USE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Use with caution, and monitor for side effects.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine brand: _____
Epinephrine dose: 0.1 mg 0.3 mg 0.5 mg

Antihistamine brand or dose: _____
Antihistamine dose: _____

Other medications/other instructions: _____



Benadryl should not be delegated to non-medical providers

- In severe food allergy reactions the median time from the time of exposure to respiratory or cardiac arrest is approximately 30 minutes
- Benadryl reaches its peak effect at 1 hour
- Epinephrine takes effect almost immediately
- **Benadryl will not stop anaphylaxis!**





Childhood Anaphylaxis

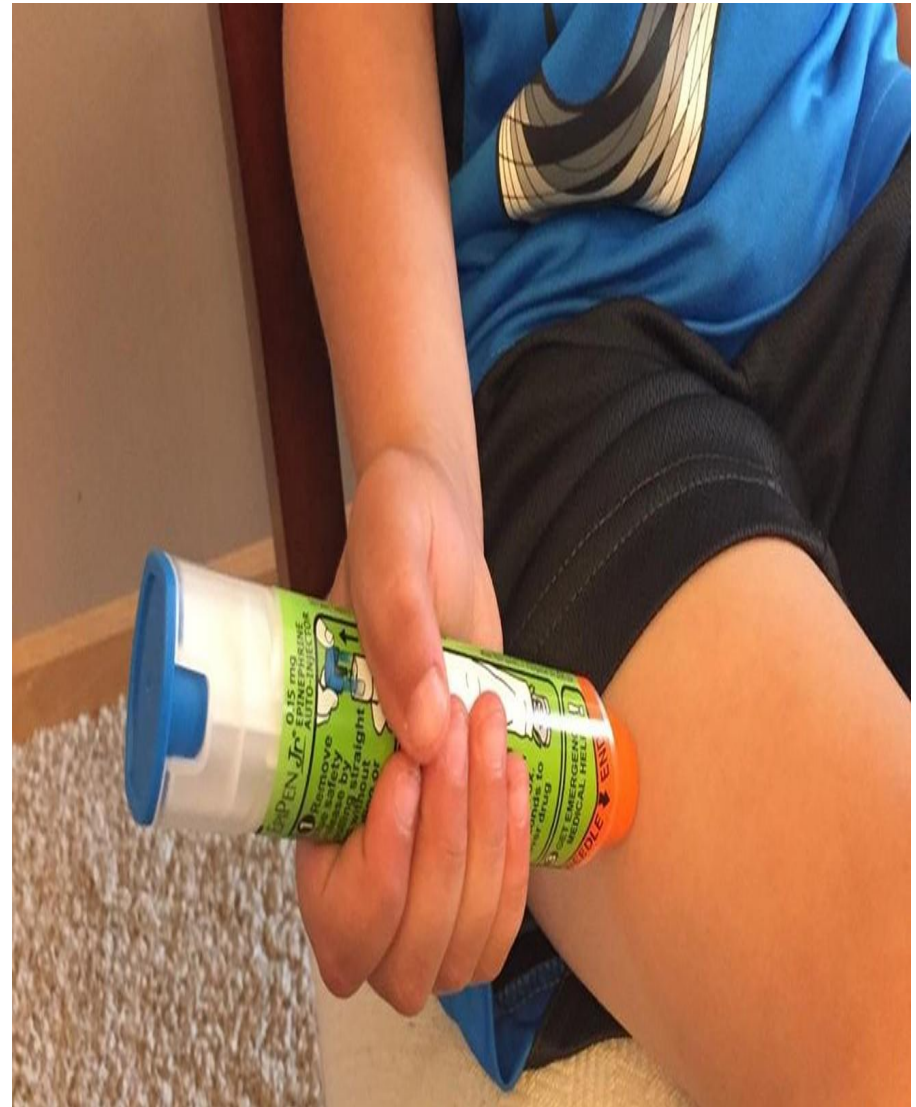
Role of the Parent



Educating Your Child

This is not the time to be subtle or ambiguous. You need to advocate for your child, and your child needs to understand how to advocate for themselves. The more they know and understand, the safer they will be.

We will return to this in more detail a bit further on.





Total Transparency

- What **exactly** is your child allergic to (to the best of your knowledge)?
- When have they had a reaction?
- What do they say when they are having a reaction?
- What does it look like?
- How sensitive are they when exposed to the allergen? Do they have to ingest it or does skin contact trigger a reaction?
- Every child is different – be as specific as you can.
- Children may be eating in the classroom; answer these questions in writing and share with teacher, nurse, aides, substitute teacher book.



Symptoms – Each Child is Unique

Typical Symptoms

- Short of breath, wheezing
- Tight or hoarse throat
- Difficulty swallowing
- Hives
- Vomiting
- Swelling of tongue or lips

Your Child May Say:

- Itchy tongue
- Stomach Ache or cramps
- “Think I’m having an asthma attack”
- Eyes itch
- “I just don’t feel right”



An Anaphylactic Reaction Can Look Like

- This

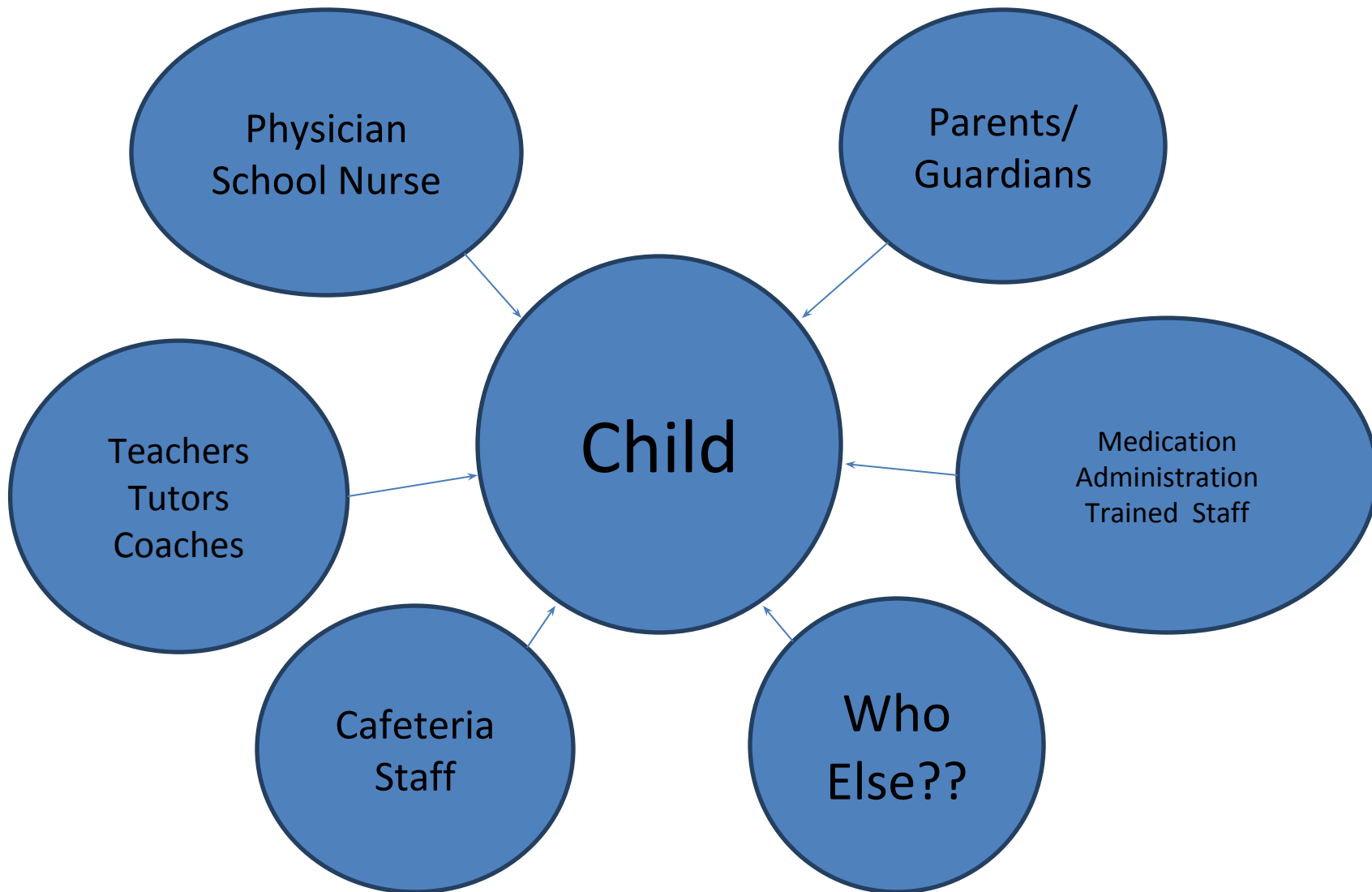


- Or This





The A Team





Conversations with School Nurse

- Specifics about allergies
- Additional diagnoses?
- All orders, health forms and medications up-to-date; Consent to Share Information
- Has your child had a recent visit to an ED or hospital
- 2nd Epi-pen – not all ambulances carry them
- During COVID, will your child's schedule change? Class schedule, after school care?



Medical Orders



- Which medication – Epi, Auvi-Q
- Correct dose for child's weight
- When to give
- Discuss protocol
 - EMS will be called first
 - Parent second

- Your child's picture on the Medication Plan is worth a thousand words





The 504

- Can be initiated by you, nurse, 504 Coordinator
- Bring all medical information to meeting
- Attendees: You, 504 Coordinator, School Nurse, Teacher(s), other AOMs if possible (Use ZOOM attendance as resource)
- Ask: Has the classroom teacher been trained to give Epinephrine? Who else has been trained?



Discussion Points for 504

- Education of staff – posters for classroom, cafeteria, special subject rooms
- Your child's specific signs and symptoms of a reaction
- Safe snacks for classroom
- Are there ever food projects (macaroni pictures!)
- Seating in cafeteria **or will it be classroom during COVID?**
 - Designated table?
 - What are tables cleaned with?
- Plan B – when the nurse is not in the school



Additional Accommodations

- Again, 2nd Epi-Pen
- Emergency (disaster) planning
- Field trip policy
 - Early notification of field trips
 - Where is the trip; what are potential exposures
 - Who will go to administer medication if necessary
 - School Nurses rarely go on Field Trips



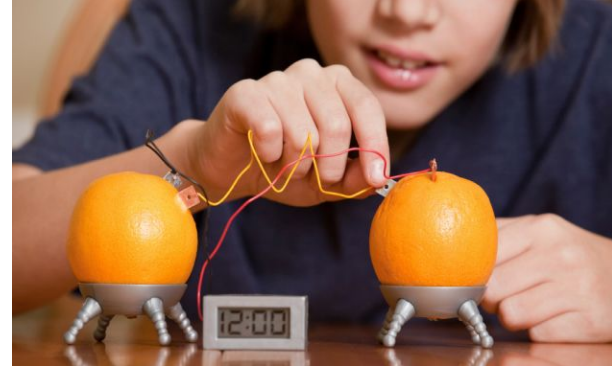


Notes about Special Subjects

- Allergens in Art/Music
 - Empty egg cartons, yogurt containers, etc.
 - Paper Mache (wheat)
 - Food art (e.g./ mosaics from beans, seeds)
 - Instruments made from shakers with rice, beans, etc.

■ **Consult with teacher – special subjects may be done in classroom during COVID**

- Allergens in Science
 - Counting, sorting beans, grains, M & Ms
 - Planting seeds
 - Bird Feeders



■ **Consult with teacher**



Informed Classroom

- Informing other parents of allergy (personal choice)
- Working with (or as) room parents
- Parties and class events
 - Will food be part of event?
 - Birthdays – are treats brought from home?
 - Field Day – refreshments, where will students eat if not in the cafeteria



Beyond the School Day

- Will your child be in before or after care?
- After school sports, clubs, activities
 - Is someone there trained in Epinephrine administration?
- Play dates – do other parents know your child's allergies? Epinephrine available?
- Carpools, busses



Parents need to keep in mind...



- Health Records, medication orders do not necessarily transfer from school to school. **ALWAYS** meet with your school nurse when going to a new school
- Stock Epinephrine in schools is meant for children with undiagnosed allergies
- The world is not allergen-free and many situations are unpredictable, so.....



Educate your child

Speak up!
If you feel something, say something!



Anaphylaxis Education and School

- Partner with your school nurse
- Gear education to your child's age and developmental stage
- Health literacy doesn't necessarily mean understanding medical jargon, it means understanding your condition



Your child should know:

- Their signs and symptoms
- **Not** to share food
- To notify an adult if they think they may have been exposed to an allergen or if something feels wrong
- Avoidance strategies
- Hands away from mouth, nose, eyes
- Handwashing, not just antibacterial gel
- To report food-related bullying

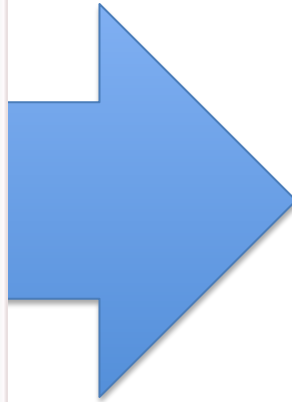


Food Labels – Yikes!

Allergy Moms do better research than the FBI. True story.



someecards
user card



INGREDIENTS: SUGAR, UNBLEACHED ENRICHED FLOUR (WHEAT FLOUR, NIACIN, REDUCED IRON, THIAMINE MONONITRATE {VITAMIN B1}, RIBOFLAVIN {VITAMIN B2}, FOLIC ACID), HYDROGENATED COCONUT AND/OR HYDROGENATED SOYBEAN OIL, DEFATTED SOY FLOUR, CORNSTARCH, MOLASSES, MALTED BARLEY FLOUR, SALT, PEANUT OIL, VANILLIN - AN ARTIFICIAL FLAVOR, CARAMEL COLOR, SOY LECITHIN.

CONTAINS: WHEAT, SOY.

MANUFACTURED ON EQUIPMENT THAT PROCESSES PEANUT, MILK.

**Labels
have
changed**



Other considerations

- Children who are developmentally delayed
 - Simplify and repeat the message

- Medic Alert



- Enlist more support from school staff – the A-Team

- Teens

- Have highest risk of fatal food-induced anaphylaxis
- New challenges





Questions

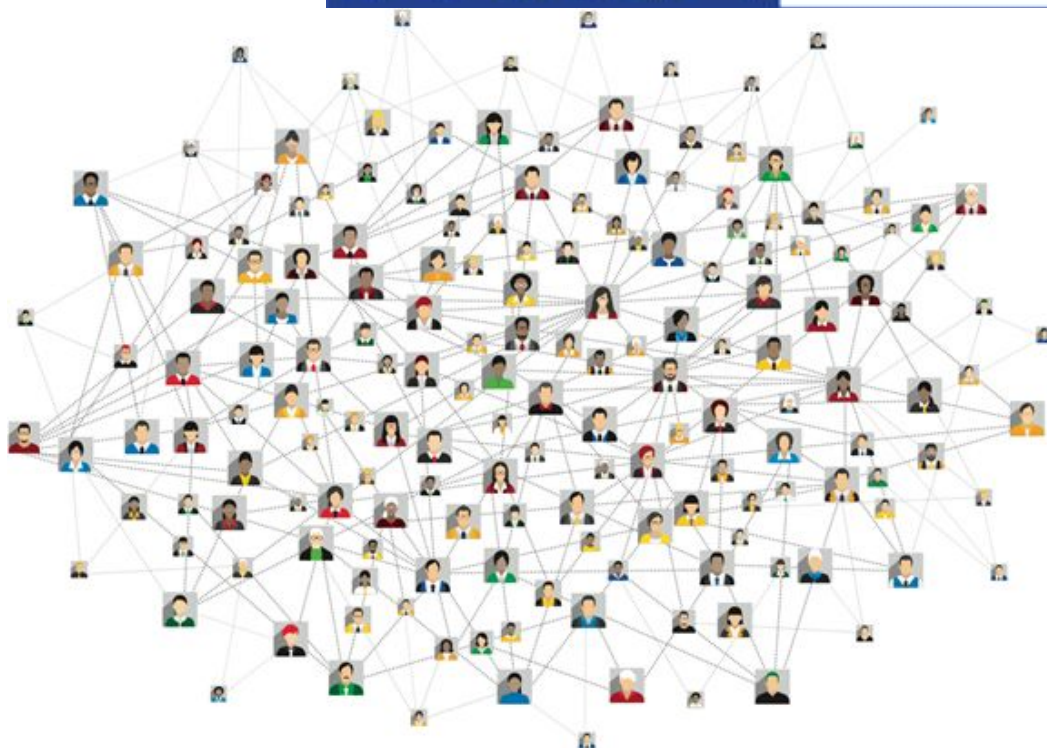
- I just wondered...





Your Food Allergy Story Drives Research Forward

FARE Patient Registry[®]



The FARE Patient Registry connects people living with food allergies to researchers seeking answers.

Join in 3 easy steps:

1



Enroll for free

2



Create your confidential patient profile

3



Take our surveys

Thank you!

