Partnerships for Progress

A School Nurse’s Perspective on Supporting Students with Food Allergy

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Food allergies and School

A school nurse’s perspective on how to keep children safe at school

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What would you do??

- A student (or your child) comes into the health office
- They are having difficulty breathing and have swelling on their lips and tongue
- They have no known allergies
- They have no medication
- 911 has been called but has not arrived
- They are gasping for air....

What would you do??!

What do you want your school to do??
Anaphylaxis....

Are you prepared?

Is your school prepared?
The case for stock epinephrine

Life over law

School nurse takes a risk to save student; medical professionals applaud her actions

DEANNA GLICK
STAFF WRITER

MURRIETA — Cathy Owens is being hailed as a hero. Sixteen-year-old Corey Lohman and his family credit the registered nurse employed by the Murrieta Valley Unified School District with saving the Murrieta Valley High School sophomore’s life Monday.

Lohman was diagnosed with asthma when he was 3, but the disease took a turn for the worse only recently when Lohman had two severe attacks within a little more than a week. Monday’s attack was the one that came close to ending his life.

“It just felt like my lungs closed down and I couldn’t breathe at all,” Lohman said of Monday’s attack. “All I could say was ‘I can’t breathe.’ ... I thought I was going to die.”

But Owens had to act against federal law to do what she knew would save Lohman — adminis-
SB 1266 passed Sept 15, 2014!!
Anaphylaxis-brief overview

• Anaphylaxis is a severe, potentially life-threatening allergic reaction. It can occur within seconds or minutes of exposure to something you're allergic to, such as a peanut or the venom from a bee sting. It has even occurred from exercise or other causes.

• Signs and Symptoms include (but are not limited to):
  – swelling of the throat, wheezing, difficulty breathing (respiratory)
  – drop in blood pressure, abnormal heart beat, chest pain (cardiac)
  – hives, swelling (skin)
  – nausea, vomiting, diarrhea (gut/abdominal)
  – sweating, itching, faintness, anxiety (generalized)
What we know...

- According to the CDC (2013), the prevalence of food among children increased **50%** during 1997–2011.
- In 2006, about **88% of schools had one or more** students with a food allergy.
- Nearly **20%** of school aged children with food allergies had their first reaction in school!
- Children spend almost **half their waking hours in school-out of their parents’ care**.
- Failure to promptly treat anaphylaxis without epinephrine is a risk factor for fatalities.
If untreated or not treated with epinephrine immediately, anaphylaxis can rapidly escalate and cause death within minutes...
The Duty of Schools

• Provide a safe environment for children
• Act appropriately in an emergency
• Does your school have:
  – A food allergy plan
  – A stock epinephrine program
  – Emergency plans for anaphylaxis
So, what are some of the challenges?

- Lack of school nurses
- Lack of trained staff
  - Resistance of staff to administer it
- Age factors—very young/teens
  - Classroom/cafeteria issues
- Lack of school wide food allergy plans/stock epinephrine
- Need for Administrative and Legislative support
Food allergy plan

Every school should have a plan in place to address food allergies

- Plan should include:
  - Classroom snacks/treats/food
  - Medication storage/access
  - Kitchen/cafeteria issues
  - Field trips
  - Training
  - Emergency response plan

- CDC has an excellent guideline for schools and anaphylaxis
  - [http://www.cdc.gov/healthyyouth/foodallergies/pdf/13_243135_A_Food>Allergy_Web_508.pdf](http://www.cdc.gov/healthyyouth/foodallergies/pdf/13_243135_A_Food_Allergy_Web_508.pdf)
**504 vs IHP**

- When developing a food allergy plan, consideration to whether a student needs an IHP or 504 plan is important!

**IHP-Individualized Healthcare Plan**
- Developed by school nurse with input from physician and parent
- Plan to address medical issues/needs/emergencies

**504 Plan-Federal Law-Rehabilitation Act**
- Federal law (civil rights) that protects the rights of individuals with disabilities
- “No otherwise qualified individual with a disability....shall, solely by reason of his/her disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance”
Classroom issues

- There should be a classroom policy on food/snacks
  - Parents should be notified PRIOR to any party/snacks!

- Unfortunately, there is no guarantee of Peanut Free
  - Peanut/peanut products are often ‘hidden’
  - Unable to screen every child’s lunch
  - Cannot restrict what other children eat

- Parents and students are often are given false sense of security

- Classrooms are often used by outside groups (churches, girl scouts, etc.-food may be eaten on desks)
Storage/Access

• Medication should be kept in an UNLOCKED, but secure cabinet/place

• CLEARLY marked on outside of cabinet
Medication storage/access

- Students and backpacks are ‘moving targets’
- Classroom may be locked at times of highest risk (lunch/recess)
- Teacher may not be ‘on duty’ (lunch) and if stored in classroom-WHERE??
- Backpacks all ‘look’ the same-critical seconds could be lost
Cafeteria/Kitchen issues

- All peanut product food should be prepared/served away from other food
- NO cross contamination
- Food preparation-Kitchen Staff should be fully trained and aware
- Paper placemats
Field Trips

- Plans should be developed for off campus activities
- Epinephrine auto-injector should always go along for students with identified allergies/prescribed medication
- Staff needs to be trained for signs and symptoms and how to act in an emergency
Who should be Trained?

Important to work together with School Nurses and Administration to ensure staff are trained

- Office/Health staff
- Teacher/classroom staff
- Playground supervisors
- Transportation staff
- Kitchen/cafeteria staff

• NASN has an excellent training program “Get Trained”
Emergency Plan

- Schools should have an emergency plan
  - for known and UNKNOWN cases of anaphylaxis
- People with a prescription for epinephrine do not always carry/provide an auto-injector
- Studies show that they only have them approximately 55% of the time
Stock epinephrine

Stock epinephrine-SAVES lives!

• Every school should have it available for an emergency!

• Get parents involved...they are our greatest asset and they WANT their children safe at school!
What Parents Can Do

• Contact your local representatives
  – Encourage legislation to support school health

• Address need for standing orders with:
  – Administration/School Nurse
  – Parent/teacher organizations
  – School boards
  – Community groups
  – Local medical providers

• Rally for additional nurses in schools
What Schools Can Do

- Emergency care plan with standing orders should be developed
  - Written protocol created for recognizing signs and symptoms and treating anaphylaxis
  - Procedures for calling 911 should be in place
- Every school should identify trained personnel
  - School nurses should train other staff to recognize and treat anaphylaxis
- Epinephrine auto-injectors should be available at all sites
  - Free epipens  www.epipen4schools.com
What students can do

- Carry self-injectable epinephrine at all times
  - if appropriate
- Be educated and trained on use of epinephrine
- Avoidance (label reading)-DON’T eat it if you do not know what is in it
- Wear a MedicAlert bracelet
Education Is Paramount

• Educate School Board, Staff, and the Community at large for the need for a plan to address food allergies/anaphylaxis in school!

• Train and educate students and staff to be knowledgeable of allergies, symptoms, and serious reactions

• Know how to act or train others on how to act

• Work to ensure that standing orders/epinephrine is available for the treatment of anaphylaxis
And Remember....

If untreated

or

not treated with epinephrine immediately,

anaphylaxis can rapidly escalate and cause death within minutes...
And finally....

Schools need to be prepared for students with anaphylaxis

One life lost is one too many.
QUESTIONS?
Our Next Webinar

Your Passport to Safe Travel
Traveling the Globe with Food Allergies

Lori Enriquez, MPH, RD, LDN, CHES, FAND
Wednesday, March 11
1:00 – 2:00 PM ET

Member registration opens
Friday, February 20

General registration opens
Monday, February 23

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