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Protecting Children With Allergies

By Micah Jones

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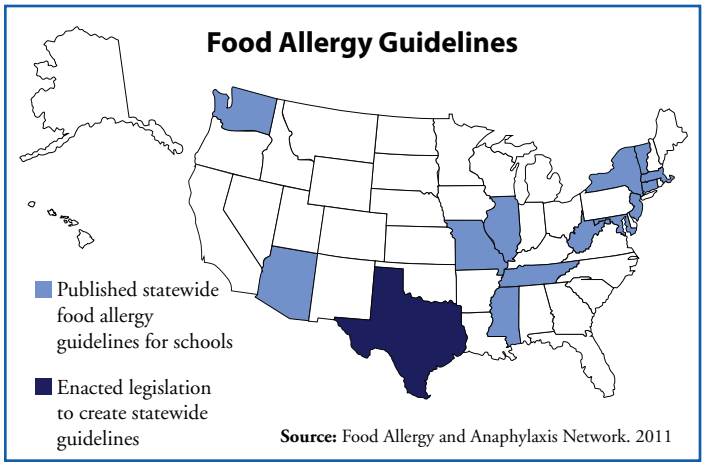
More than 11 million Americans have food allergies, including between 4 percent and 8 percent of children. The most common foods to trigger reactions include peanuts, tree nuts, eggs, milk, soy, shell fish and fish—all common foods in the American diet. Among children, 0.8 percent are allergic to peanuts and 0.2 percent to tree nuts. An additional 4 percent of Americans have allergies to stinging insects.



The greatest risk of eating trigger foods for children is while at school.

Food allergies can significantly alter children's lives—affecting how and what they eat away from home and limiting their social activities. Several studies show that the greatest risk of eating trigger foods for children is while at school. In addition to school breakfast and lunch, there are frequent school activities that involve food and other times when home-made snacks are shared, making it even more difficult to identify ingredients. And it's not just food that poses risks at school, stinging insects can find kids during outdoor recess and gym classes.

Trigger foods and stinging insects, to those who are allergic, can cause anaphylaxis, a severe reaction that constricts the airway, drops blood pressure, and swells the throat. Without prompt treatment, anaphylaxis can kill. Allergies to peanuts and tree nuts are the leading cause of fatal and near fatal allergic reactions. And although not eating trigger foods is the only sure way to avoid a reaction, preventing all accidental ingestions is nearly impossible.

Treating anaphylactic reactions quickly by injecting epinephrine is currently the best way to ensure survival. Many school districts have regulations to prevent accidental ingestion of trigger foods, and to promptly treat students who do. But schools don't always know who has allergies. Data collected from Massachusetts and New York indicate that 20 percent of the students who received an epinephrine injection had allergies unknown to the school.

Federal Action The Food Safety Modernization Act, passed in January 2011, directs the Department of Health and Human Services (HHS) to develop voluntary food allergy and anaphylaxis management guidelines by the end of this year for schools and early childhood education programs run or regulated by the state.

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The act specifies that the guidelines address who may administer epinephrine, what kind of training is required, how the school plans to respond to incidents, and what plans the school has for when children are involved in extracurricular activities. The act also authorizes HHS to award grants to local education agencies to help them develop guidelines described in the act.

The Food Safety Modernization Act authorizes HHS to award grants to local education agencies to help them develop guidelines.

State Action

Most state legislatures have enacted some type of law related to anaphylactic reactions in children.

- Forty-seven states and the District of Columbia allow students to carry and self-administer their own prescribed epinephrine.
- All 50 states allow trained school nurses to administer epinephrine.
- Fifteen states authorize teachers, principals, or other trained school personnel delegated by a school nurse to administer epinephrine. This authority usually does not extend to school contractors, such as bus drivers.
- Six states grant wide discretion to trained school personnel to administer epinephrine to any student that the school nurse or trained employee believes is having a life-threatening anaphylactic reaction.
- Seven states authorize schools to maintain a general supply of epinephrine, to use in an emergency involving a student unknown to have food allergies. These states also grant immunity to school districts, schools and school officials as long as there is no negligence.
- Almost all states also provide immunity from lawsuits for police officers, fire fighters, schools, school districts and employees.

States that allow schools to carry a supply of Epinephrine

1. California
2. Florida
3. Kansas
4. Missouri
5. Utah
6. Illinois
7. Georgia

Some state legislatures have addressed treatment for anaphylactic reactions in before- and after-school programs, day camps and summer camps as well. This year, Arkansas, Florida, Maine, New York and South Carolina passed legislation allowing trained camp employees to administer epinephrine. The New York law authorizes camps to purchase their own supplies of the drug. And Connecticut lawmakers passed a bill requiring trained camp employees or volunteers to supervise children with medically diagnosed allergic conditions at the request of a parent or guardian.

Since anyone observing someone suffering an anaphylactic reaction should call 9-1-1, New York, Kentucky and Washington lawmakers have passed bills requiring ambulances to carry the drug. And Connecticut and Washington now require all emergency medical technicians be trained specifically on how to respond to anaphylactic shock. Usually local officials decide the appropriate level of training and what medicines ambulances may carry.

Resources

American Academy of Allergy Asthma & Immunology, Allergies.

The Food Allergy and Anaphylaxis Network, Schools and Camp.

National Institute of Allergy and Infectious Diseases, Food Allergy, Guidelines for the Diagnosis and Management of Food Allergy in the United States

Ruchi S. Gupta, et al. "The Prevalence, Severity, and Distribution of Childhood Food Allergy in the United States," Elk Grove Village: Illinois, June 20, 2011.

U.S. Food and Drug Administration, Food Facts.

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