



SCHOOL NURSE ORGANIZATION OF WASHINGTON

POSITION STATEMENT

The Role of School Nurses in Allergy/Anaphylaxis Management

HISTORY:

Anaphylaxis can be deadly to children as well as adults. Among the general population, one to two percent are described as at risk for anaphylaxis from food and insects and a somewhat lower percentage are at risk from drugs and latex. Approximately five to six percent of the general pediatric population have an incidence of food allergy, with eight foods (peanuts, shellfish, fish, tree nuts, eggs, milk, soy, and wheat) accounting for 90% of allergic reactions. Food allergies are, in fact, the leading cause of anaphylaxis outside the hospital setting.

DESCRIPTION OF ISSUE:

Care must be taken to differentiate between a true allergic response and an adverse reaction. True allergies result from an interaction between the allergen and the immune systems. Anaphylaxis is a potentially fatal reaction of multiple body systems. It can occur spontaneously. Data clearly demonstrate that fatalities associated with anaphylaxis occur more often away from home and are associated with the absence or delayed use of epinephrine.

RATIONALE:

Education and planning are key to establishing and maintaining a safe school environment for all students. Those responsible for the care and well being of children must be aware of the potential dangers of allergies. Prevention of allergy symptoms involves coordination and cooperation within the entire school team and should include parents, students, school nurses, and appropriate school personnel. According to Washington State law all students with life threatening health conditions (where the condition would put the child in danger of death during the school day) must have medication and/or treatment orders, the medication provided by the parent at school, and a nursing care plan in place in order to attend school. Early recognition of symptoms and prompt interventions of appropriate therapy are vital to survival.

CONCLUSION:

It is the position of SNOW that schools have a basic duty to care for students, utilizing appropriate resources and personnel. School nurses are uniquely prepared to develop and implement individualized health care plans and to coordinate the team approach required to manage students with the potential for experiencing allergic reactions.

References/Resources:

American Academy of Allergy, Asthma and Immunology Board of Directors (1998). Position Statement-Anaphylaxis in schools and other child-care settings. *Journal of Allergy Clinical Immunology*: 102(2), 173-175.

Food Allergy Network (2001). *Information about anaphylaxis: Commonly asked questions about anaphylaxis*. <http://www.foodallergy.org/>.

Mudd, K. E. & Noone, S. A., (1995). Management of severe food allergy in the school setting. *Journal of School Nursing*: 11(3), 30-32.

National Association of School Nurses (2000). *Position Statement-Epinephrine use in life-threatening emergencies*. Scarborough, ME: Author.

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