المدرسة العالمية الأمريكية
UNIVERSAL AMERICAN SCHOOL
Al-Futtaim Education Foundation

NUTS and ALLERGIES POLICY

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Food allergies can be life threatening. The risk of accidental exposure to foods can be reduced in the school setting if schools work with students, parents, and physicians to minimize risks and provide a safe educational environment for food-allergic students.

The symptoms of allergic reactions to food vary both in type and severity among individuals and even in one individual over time. Symptoms associated with an allergic reaction to food include the following:

• Mucous Membrane Symptoms: red watery eyes or swollen lips, tongue, or eyes.

• Skin Symptoms: itchiness, flushing, rash, or hives.

• Gastrointestinal Symptoms: nausea, pain, cramping, vomiting, diarrhea, or acid reflux.

• Upper Respiratory Symptoms: nasal congestion, sneezing, hoarse voice, trouble swallowing, dry staccato cough, or numbness around mouth.

• Lower Respiratory Symptoms: deep cough, wheezing, shortness of breath or difficulty breathing, or chest tightness.

• Cardiovascular Symptoms: pale or blue skin color, weak pulse, dizziness or fainting, confusion or shock, hypotension (decrease in blood pressure), or loss of consciousness.

• Mental or Emotional Symptoms: sense of “impending doom,” irritability, change in alertness, mood change, or confusion.

Children with food allergies might communicate their symptoms in the following ways:

• It feels like something is poking my tongue.

• My tongue (or mouth) is tingling (or burning). •

My tongue (or mouth) itches.

• My mouth feels funny. There’s a frog in my throat; there’s something stuck in my throat.

• My tongue feels full (or heavy) or my lips feel tight.

• It feels like there are bugs in there (to describe itchy ears).

• It feels like a bump is on the back of my tongue (throat).

Family’s Responsibility:

- Notify the school of the child’s allergies.
- Work with the school team to develop a plan that accommodates the child’s needs throughout the school including in the classroom, in the cafeteria, in after-care programs, during school-sponsored activities, and on the school bus, as well as a Food Allergy Action Plan.

- Provide written medical documentation, instructions, and medications (including Epi-Pen) as directed by a physician, using the Food Allergy Action Plan as a guide.
- Provide properly labeled medications and replace medications after use or upon expiration.
- Educate the child in the self-management of their food allergy including:

- safe and unsafe foods
- strategies for avoiding exposure to unsafe foods
- symptoms of allergic reactions
- how and when to tell an adult they may be having an allergy-related problem
- how to read food labels (age appropriate)

School's Responsibility:

- UAS is a nut free school. All nuts and derived products are not served in the school cafeteria. Parents are asked to avoid packing to school any foods containing nuts. Students are encouraged not to share foods.
- Review the health records submitted by parents and physicians.
- Include food-allergic students in school activities. Students should not be excluded from school activities solely based on their food allergy.
- Assure that all staff who interact with the student on a regular basis understands food allergy, can recognize symptoms, knows what to do in an emergency, and works with other school staff to eliminate the use of food allergens in the allergic student's meals, educational tools, arts and crafts projects, or incentives.
- The school doctor trains teachers during orientation session on how to properly use Epi-Pen.
- Epi-Pens and anti-histamine suitable for a particular student, with student name are appropriately stored in school clinic. Students are allowed to carry their own epinephrine, if age appropriate after approval from the student's physician/clinic, parent and school doctor.
- During planned school trip, teachers who have students with allergies in their class borrow Epi-Pen for the trip if required.
- Enforce a "no eating" policy on school buses.
- Epinephrine can quickly improve a person's symptoms, but the effects are not long lasting. If symptoms recur, additional doses of epinephrine are needed. Even when epinephrine is used, 999, emergency medical services (EMS) must be called so the person can be transported quickly in an emergency vehicle to the nearest hospital emergency department for further medical assistance.

Student's Responsibility:

- Should not trade food with others. •
- Should not eat anything with unknown ingredients or known to contain any allergen.
- Should be proactive in the care and management of their food allergies and reactions based on their developmental level.
- Should notify an adult immediately if they eat something they believe may contain the food to which they have allergy.

Reference:
https://www.cdc.gov/healthyschools/foodallergies/pdf/13_243135_a_food_allergy_web_508.pdf

FOR THE CLINIC STAFF

Differences between Anaphylaxis and Faint (Vasovagal reaction):

	FAINTING	ANAPHYLAXIS
ONSET	Usually at the time or soon after	Usually onset is 5-10mnts after exposure
SYSTEM		
1.Skin	Pale sweaty, cold and Clammy	Red, raised, itchy generalised rash; red, swollen eyes and face
2.Respiratory	Normal to deep breaths	Noisy breathing from airways obstruction (Stridor or wheeze)
3.Cardiovascular	Bradycardia, transient hypotension	Tachycardia and hypotension followed later by bradycardia.
4. GI System	Nausea, vomiting	Abdominal cramps
5.Neurological	Transient loss of consciousness(1-2mnts) Good response once prone(lying flat and elevating lower limbs)	Deterioration in the level of consciousness, little response once prone

TREATMENT OF ANAPHYLAXIS:

1. **Call for help/call ambulance 998**
2. Lay the patient flat on a firm surface and raise legs
3. Assess Breathing airway and circulation. If required start CPR. Maintain patent airway, Oxygen administered if required to keep saturation above 94% at high flow rates.
4. Inject Epipen into the anterolateral aspect of IM- 0.3mg for adults>30Kgs-(1:1000soln,0.3ml) or 0.15mg for children 15-30 Kgs(1:2000 soln-0.3ml)

If Epipen not available, then use Injection Adrenaline 1:1000 solution-1mg/ml IM/SC as follows:

AGE	DOSE
12 Months	0.10ml
18 Months	0.15ml
5 years	0.2ml
6-9 years	0.3ml
10-13 years	0.4ml
14 years and above	0.5ml

If required, the dose can be repeated every 10-15 minutes for up to 3 times.

3. Start IV Line with 0.9% saline or ringer lactate. Aggressive fluid resuscitation is needed. A rapid infusion of -2 L or even up to 4L may be needed.

4. Administer inhaled Beta adrenergic agents- Albuterol as MDI or Nebulisation. Inhaled ipratropium may be especially useful in patients receiving B blockers.

5. Administer Hydrocortisone <12yys- 50mg IM

>12years-100mg IM

5. Administer Antihistamines, chlorpheniramine maleate (10mg/ml) IM/IV)

1-5 yrs. - 2.5- 5mg (0.25ml-0.5ml)

6-12 yrs. - 5-10mg (0.5ml-1ml)

>12yrs- 10-20mg (1ml-2ml)

6. Patients receiving beta blocker, who are unresponsive to adrenaline may benefit with Glucagon administration. Dose <25Kg-0.5mg and >25mg 1-2 mg every 5 minutes IM/IV.

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