



Allergies in Schools policy of AFSA, ALLSA, Allergy Alive and Equal Education Law Center

With the increase of allergies in South Africa, it is becoming more common for schools to have children under their care who suffer from asthma, allergic rhinitis, food allergies, insect allergies, anaphylaxis and atopic dermatitis. Inadequate guidelines exist for addressing the needs of such children and existing legislation does not cover many of the issues, is vague or is inadequate.

Since children spend a large proportion of their time at schools, it is inevitable that schools will encounter children with chronic care needs and also experience events where children experience allergy emergencies. School authorities have the responsibility to ensure that learners are able to achieve their full potential, despite barriers to learning, and that they are able to be taught and cared for in a safe environment.

The following document outlines a practical and implementable policy aimed at reducing the impact on learning of children with chronic health conditions and ensuring the safety of children with severe allergies in schools. The fundamental aspects of the policy include:

- Establishing an “allergy action committee” (or “chronic illness action committee”) at every school.
- Ensuring every child with a chronic health condition is identified and has a chronic treatment plan and an emergency treatment plan, signed by their doctor and including a photo ID.
- Measures to reduce exposures to identified allergens are implemented for those with severe allergies.
- Emergency medication is available and accessible at all times.
- Staff undergo online training in identification and treatment of severe allergic reactions.

Introduction

The Constitution guarantees every child the right to education. This right is unqualified and immediately realisable, and it is to be enjoyed by all learners. Closely linked to the right to education is the right of learners to a safe learning environment, the right to dignity, the right to life and the right to access health care services.

The growing epidemic of allergic conditions affects 25% of all school going children. Life threatening chronic conditions, such as asthma, diabetes, and food allergies provide a challenge to schools and the education system. A comprehensive and coordinated approach is required to address the issue of chronic health conditions in schools that is agreed to by schools, families, and healthcare providers.

This policy focuses on allergies in schools. However, many of the recommendations are applicable to other chronic health conditions.

This document was devised by the authors under the auspices of the Allergy Foundation of South Africa. The draft document was reviewed by Dr Michael Pistiner, a paediatric allergist at Harvard Vanguard Medical Associates, co-founder of AllergyHome and consultant for Massachusetts Department of Public Health, School Health Services as well as Mrs Laurie Harada, executive director of Food Allergy Canada and Mrs Carla Da Silva, head of Montreal Anaphylaxis Support Group.

Allergies as a barrier to learning

Every day millions of learners across South Africa get ready for school. Bright eager minds looking ahead to a day full of learning and new adventures. However, for an increasing number of learners the idea of going to school fills them with dread; for others it remains an unattainable dream. Many children suffer from allergies, which constitutes a huge barrier to learning. These children have to overcome great difficulties to access education.

Allergies are common and contribute to a large burden of disease that leads to failure to learn, absenteeism, need for emergency care and death. Learners with allergies require regular medical care in order to achieve and maintain control of their symptoms, leading to absenteeism. Failure to control allergies results in symptoms causing inadequate learning or further absenteeism. Many allergic diseases are inadequately treated because of the perception that they are not able to be controlled.

Asthma. Asthma is the commonest life threatening chronic disease of childhood. Asthma cannot be cured, however with regular treatment asthma can be controlled and symptoms prevented. Asthma causes absenteeism through its requirement for regular preventative doctors' visits as well as unscheduled absenteeism if symptoms occur. Asthma may limit children's participation in classroom activities, sports and academic events.

Allergic Rhinitis. This is not a trivial disease. It is a major cause of failure to learn. Inadequate control of allergic rhinitis has been proven to reduce school achievement, with sedating antihistamines exacerbating the learning disability, but treatment with intranasal steroids and second generation antihistamines abolishing it.

Anaphylaxis. Anaphylaxis is a severe, life threatening allergic reaction that is rapid in onset and requires immediate medical attention and may result in death. It can be caused by exposure to a variety of allergens such as food, insect stings, medications and latex, amongst others. Learners at risk of anaphylaxis suffer from lack of access to treatment and care which limits their freedom to attend school safely.

Food Allergies. A food allergy occurs when the immune system identifies a food protein as dangerous and releases substances into the blood which results in the symptoms of a food allergic reaction. Reactions can vary from mild rashes and swelling to life threatening anaphylaxis. The amount required to trigger a reaction varies between individuals, however some individuals react to tiny "trace amounts". Those students who struggle with both food allergy and asthma are more at risk of a fatal allergic reaction

Atopic Dermatitis. Atopic eczema is a common, chronic, itchy skin rash that tends to affect people with other allergies like hayfever and asthma. These children do not sleep well at night and may not focus optimally at school. The rash often impacts on their cosmetic appearance and may become offensive when infected. Atopic dermatitis sufferers are frequently teased, bullied and excluded from social groups. They suffer physical and emotional consequences resulting in failure to learn to their full potential. Eczema requires frequent regular preventative emollient therapy to achieve optimal control.

Insect Stings and Bites. Severe, life threatening allergic reactions (anaphylaxis) to insects are caused by the learner having an allergy to the insect venom. Bee venom is the most common cause of anaphylaxis due to insect stings in South Africa.

Allergies in schools

Allergy management in schools should be aimed at avoiding exposure to allergens and preparing for managing allergic emergencies. Avoidance and preparedness strategies should cater for multiple settings (class room, cafeteria, playground, etc.) and multiple care providers (teacher, sports coach, school nurse, etc). This necessitates well thought out and worked through guidelines.

Chronic treatment plans

Schools should update policies to routinely include information on allergies and other health conditions on currently enrolled students and for future applicants, subject to privacy laws where applicable. Access to regular medication in schools for children is necessary to ensure optimal control of allergies which reduces morbidity, learning barriers and absenteeism. Every child at school that has asthma and / or an allergy should have a chronic treatment plan signed by a specialist. The plan should include a photograph of the child and be updated yearly.



Practice points for schools:

- 1) Every school should allocate a minimum of 3 staff members to form an “allergy action committee” (or “chronic illness action committee”). This committee should gain a better understanding of allergic disease and champion the school’s support to allergy sufferers.
- 2) Ask about allergies on the registration form for every child, every year.
- 3) Every affected child must have a chronic treatment plan, signed by their doctor, including a photo ID.
- 4) The chronic treatment plan should document which medications the school personnel are mandated to administer, and when they are to be administered, and be signed by parents / legal guardians.
- 5) On receipt of the chronic treatment plan, the class teacher and “allergy action committee” must meet to review the plan.
- 6) Class specific records, accessible to the class teacher, should be kept of learners with severe allergies and asthma, and what they are allergic to.
- 7) Schools must maintain a record of all medications administered.

Access to care: Emergency treatment plans

Access to emergency treatment of severe allergic reactions is necessary to ensure a safe learning environment. The Medicines and Related Substances Control Act requires a named patient be prescribed (schedule 4 and above) medication, which can be dispensed to the parent who can mandate the school to administer such medicines when required.

Parents should sign an indemnity form for ill-effects caused by medication if administered in cases of suspected need. School teachers (or allergy action committee) should receive adequate training and agree to administer medication by following the prescribed procedure.

Although current legislation does not allow for the administration of medication to subjects who have not completed such paperwork, it may be an ethical imperative to treat a learner undergoing a suspected severe allergic reaction even if their own medication is not available.

Practice points for schools

- 1) Every affected child must have an official allergy society emergency treatment plan (www.allergysa.org), signed by their doctor, containing a photo ID.
- 2) Specific teachers / staff (minimum 3) should be designated as responders. These staff should form the core of an “allergy action committee” for the school.
- 3) Those at risk of having severe reactions or their friends, should be educated to report such a reaction to the nearest available teacher or adult. All adults at the school should be informed as to the identity of these responders and how to locate them.
- 4) A designated place for storage of emergency medication under correct conditions is necessary and must be accessible at all times. This should preferably be not locked up but securely out of reach of young children. Stored medications must be examined periodically by the allergy action committee (or their delegate) for expiry dates and parents notified to refill with “in-date” medication.
- 5) The emergency treatment plan should document which medications the school personnel are mandated to administer, when they should be administered and be signed by legal guardians.
- 6) The emergency treatment plan should document the learner’s permission to carry and self-administer prescribed medications where developmentally appropriate.
- 7) Schools must maintain a record of all medications used in an emergency, notify parents immediately and document circumstances of the incident.
- 8) In the instance of an anaphylactic reaction, a member of the staff or the allergy action committee should administer adrenaline via autoinjector and the child should be transported by emergency services to the nearest emergency department.

Allergen safety strategies

Avoidance of allergens is the cornerstone of preventing life threatening allergic reactions. The risk of anaphylaxis is reduced when avoidance strategies are implemented. General recommendations to reduce the risk of exposure for learners with food and insect allergies are recommended below.

Practice points for schools

- 1) Elicit the support of co-learners, their families and school staff to limit or exclude the presence of specified food allergens (usually peanut, tree nut and sesame) on the school premises, in tuckshops and at after class activities, parties, trips and sport events.
- 2) Avoid using common food allergens in classroom projects or activities, as rewards or incentives and during school events, parties or celebrations.
- 3) Ensure learners with severe food allergies are able to eat in a safe environment. Options include
 - a. Discouraging food sharing especially amongst young children
 - b. Establishing a specified allergen free area for those with severe or multiple allergies. Such an area should be maintained and cleaned regularly.
 - c. Encourage all learners to wash their hands thoroughly prior and after food consumption.
- 4) Implement insect sting avoidance measures to ensure that both identified and unidentified insect venom allergic children are protected.
- 5) Allergy related teasing or bullying should be treated seriously with activation of school’s anti-bullying policies.



Training

Schools should encourage all teachers to complete training in allergy awareness (Module: Food allergy awareness for your school community), available on-line via www.allergyfoundation.co.za with a certificate obtainable after completion of a quiz. Members of the “allergy action committee” must complete training in allergy awareness, prevention and response (Module: Management of food allergy in schools, production in progress) and maintain records of yearly completion of such training.

- 1) Ensure teachers, sports coaches, secretaries, cafeteria/lunch staff, drivers, and other staff are trained in allergy awareness at schools.
- 2) Members of “allergy action committee” are to be supported on an ongoing basis and allowed time for training in allergen avoidance measures, recognition of severe reactions, and implementing emergency management plans.
- 3) Train teachers, cafeteria/lunch staff and other staff in basic food handling and cleaning procedures to prevent cross-contamination from hands, surfaces and utensils if foods containing known allergens are prepared and/or served in a classroom.
- 4) Establish regular practice drills to test if staff can identify severe allergic reactions and know their role in the emergency protocol. Ensure the drill assesses whether medication is accessible and can be given appropriately and timeously
- 5) Education for learners regarding allergies can be built into school curriculums e.g. health, science or life skill programmes.

Conclusion

Providing a safe school environment for students with life-threatening food allergies is essential in allowing children with barriers to learning to achieve their full potential in a healthy and safe learning environment.

