

## 11.22 Allergies and Asthma

*Resolution passed 2013; amended 2019*

**Whereas**, allergies among youth continue to increase every year, with more than half of the over 5.6 million youth with food allergies developing the food allergy in the last 12 months; and

**Whereas**, one out of 25 children have a food allergy, and hospitalization of children for food allergies has also increased, and children with food allergies are two to four times more likely to have asthma or other allergic diseases; and

**Whereas**, children with both food allergies and asthma are at greater risk to suffer a near-fatal or fatal anaphylaxis reaction, and their airways are more sensitive to allergic triggers; and

**Whereas**, food allergies are a health concern in the school environment, with about 18 percent of children with food allergies having allergic reactions to accidental ingestion of food allergens while in school; and

**Whereas**, twenty-five percent of anaphylaxis reactions in schools occur among students without a previous food allergy diagnosis and the FDA confirms that symptoms first presenting as mild upon ingesting food allergen, if not treated promptly, can quickly become severe and lead to anaphylaxis; and

**Whereas**, asthma is one of the most common chronic disorders in childhood, with more than 6.2 million children suffering an asthma attack or episode with the odds of having asthma increasing by 23% for children in low-income families; and


**Whereas**, many schools do not have a full-time nurse or licensed healthcare professional available on-site to handle medical emergencies, and nursing duties are often performed by other school personnel, and this impacts the timely development of appropriate Section 504 plans which impacts a student's ability to access school; and

**Whereas**, according to the primary manufacturer, the prices of some prescribed epinephrine auto-injectors (EpiPen) have increased 400% since invented in 2007; and

**Whereas**, Washington state now allows schools to keep their own supply of epinephrine injectors provided and maintained at the school's expense that can only be administered by the school nurse, but no physicians statewide will write a standing-order prescription for the injectors.

**Therefore, be it**

**Resolved**, that Washington State PTA and its local PTAs and councils urge all school districts across the state to develop model policies and follow an indoor air quality management plan that protects the health of the students and staff occupants, and also to develop teacher and staff training on signs and symptoms of asthma and allergic reactions; and be it further



**Resolved**, that Washington State PTA and its local PTAs and councils support ongoing efforts and requirements that an appropriate number of staff per school obtain specific training on allergy and asthma care, anaphylaxis emergency protocols to include the use of epinephrine delivery and identification and treatment of symptoms of allergy, asthma, and anaphylaxis as allowed by individual state statutes and licensures; and be it further

**Resolved**, that Washington State PTA and its local PTAs and councils promote awareness of allergy and asthma care, anaphylaxis emergency protocols to include the use of epinephrine delivery, and identification and treatment of symptoms, of allergy, asthma, and anaphylaxis, and development of timely Section 504 plans; and be it further

**Resolved**, that Washington State PTA and its local PTAs and councils advocate for equitable access to affordable quality healthcare, medical supplies, and medications for all children and youth.