



Jeffrey M. Hanks, Ph.D.
Superintendent, Weatherford ISD
1100 Longhorn Dr.
Weatherford, TX 76086

Dear Dr. Hanks,

I am writing on behalf of the Asthma and Allergy Foundation of America (AAFA), representing the 70 million Americans with asthma and allergies, to express our concern regarding the Weatherford, Texas, Independent School District's recent decision regarding treatment of severe allergic reactions. The district recently announced that personnel will administer Benadryl, rather than epinephrine, to some students displaying symptoms of anaphylaxis.¹ While we appreciate the district's efforts to address food allergies in school, we are deeply concerned that this protocol – which is directly contradicted by medical evidence – could unnecessarily place many children in the Weatherford Independent School District in potentially deadly situations.

Anaphylaxis is a severe, life-threatening reaction to an allergen.² Although insect bites and drug allergies can cause anaphylaxis, the most common type of allergic reaction in children is to food – including peanuts, tree nuts, milk, eggs and shellfish which may be present on a daily basis in school cafeterias.³ Symptoms of anaphylaxis include itching, hives, airway obstruction, hypotension, shock and, in severe cases, death. However, anaphylaxis can be relieved if epinephrine is administered as soon as it becomes apparent that an individual may be undergoing anaphylaxis.⁴

Some children with known food allergies have their own epinephrine auto-injectors (EAI's). Others may lack access to EAI's or may have undiagnosed food allergies. A quarter of reactions in schools occur among students who did not previously have an allergy diagnosis.⁵ Regardless, if a child in a school setting has an anaphylactic reaction, prompt administration of epinephrine is crucial.

The school district's decision to have personnel administer Benadryl instead of epinephrine is deeply inconsistent with medical advice for two key reasons. First, a vast body of evidence has demonstrated that Benadryl should never be used as a primary response to anaphylaxis.^{6,7} When administered to an individual suspected of experiencing anaphylaxis as a result of an allergy, antihistamines – like Benadryl – may relieve discomfort and itching but *cannot* relieve life-threatening respiratory symptoms, hypotension or shock. Additionally, as every minute following the presentation of anaphylaxis is critical, delayed epinephrine administration is associated with increased risk of hospitalization and potential death.⁸

¹ Bloom D. Texas School District Adopts “Benadryl Protocol” Over Use of Stock Epinephrine. 2019 <https://snacksafely.com/2019/01/texas-school-district-adopts-benadryl-protocol-over-use-of-stock-epinephrine/>

² Anaphylaxis. *MedlinePlus*. <https://medlineplus.gov/ency/article/000844.htm>

³ Sicherer SH, Estelle F, Simons R. Epinephrine for First-aid Management of Anaphylaxis. *Pediatrics*. 2017.

⁴ *Id.*

⁵ Sicherer SH, Muñoz-Furlong A, Godbold JH, Sampson HA. US prevalence of self-reported peanut, tree nut, and sesame allergy: 11-year follow-up. *Journal of Allergy and Clinical Immunology*. 2010.

⁶ Fineman SM. Optimal treatment of anaphylaxis: antihistamines versus epinephrine. *Postgrad Medicine*. 2014.

⁷ Andrae DA, Andrae MH. Should antihistamines be used to treat anaphylaxis? *British Medical Journal*. 2009.

⁸ Sicherer SH, Estelle F, Simons R. Epinephrine for First-aid Management of Anaphylaxis. *Pediatrics*. 2017.



Furthermore, the district's stated reasoning misrepresents the nature of EAI training. Officials reportedly cited a new Texas Department of State Health Services regulation requiring an individual trained to administer epinephrine be present at all times the school is open as reason for not being able to provide epinephrine – claiming that the training burden would be too high.⁹ In fact, training both medical and lay personnel to administer EAIs is quite simple, and the state of Texas provides linkages to multiple training resources.¹⁰ We are concerned that the district's announcement could misleadingly discourage other districts from undertaking the relatively simple step of ensuring sufficient personnel are trained to administer EAIs.

We urge the Weatherford Independent School District to reverse the new policy and implement appropriate, epinephrine-based protocols for addressing anaphylaxis. AAFA would be happy to work with district personnel to help identify appropriate resources or local experts to develop such a policy. Thank you for your time and attention.

Sincerely,

Kenneth Mendez
President and Chief Executive Officer
Asthma and Allergy Foundation of America

⁹ Edwards M. "Weatherford ISD introduces Benadryl protocol." *Weatherford Democrat* (Jan 2, 2019). https://www.weatherforddemocrat.com/news/local_news/weatherford-isd-introduces-benadryl-protocol/article_62255bdd-ec3a-5963-a625-6e2a0335e9c1.html

¹⁰ Epinephrine Auto-Injector Resources for Schools. Texas Department of State Health Services. <https://www.dshs.texas.gov/schoolhealth/allergiesandanaphylaxis/epi-resources/>