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Oak Grove School District 68

# **PROCEDURES ON THE MANAGEMENT OF FOOD ALLERGIES AND ANAPHYLAXIS**

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## **District 68 Procedures for the Management of Food Allergies and Anaphylaxis**

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## **Introduction**

District 68 recognizes the necessity to create district guidelines to help our principals, teachers and school community protect anaphylactic students. Food allergies can be life threatening. The risk of accidental exposure to foods can be reduced in the school setting if the schools work together with students, parents and physicians to minimize risk and provide a safe educational environment for students with food allergies.

The prevalence of anaphylaxis due to food allergies and other substances is increasing and children are the largest group of the population affected. Presently, there is no cure for food allergies; avoidance of the allergic substance is the key to preventing devastating outcomes. That said, all schools can expect to have students with life threatening food allergies or other anaphylaxis.

Students with life-threatening allergies are protected by federal laws prohibiting discrimination on the basis of disability (as determined by an educational team). The American Academy of Pediatrics and the American Academy of Allergy, Asthma & Immunology have issued position statements for the treatment of anaphylaxis in schools.

The Anaphylaxis Procedure has been created with the objective of striking a balance between the right and convenience of all students to eat what they like and the allergic child's right to relative health, safety and social normalcy in the school setting. In addition, interventions will foster developmentally appropriate increased independence so that our students will reach the long-term goal of self-management of their allergic conditions.

Outlined in this Anaphylaxis Procedure, are the key elements to the safe management of anaphylaxis:

- Information and Awareness
- Avoidance Measures
- Emergency Response

## **Overview of Anaphylaxis and Food Allergies**

### **Anaphylaxis – What Is It?**

Anaphylaxis, sometimes called allergic shock is a potentially life threatening medical condition occurring in allergic individuals after exposure to an allergen. Anaphylaxis occurs when the body's immune systems reacts to harmless substances as though they were harmful invaders. During an anaphylactic reaction, the body releases chemical mediators such as histamine that trigger an inflammatory reaction in the tissues of the skin, respiratory system, gastrointestinal tract and cardiovascular system. When the inflammatory symptoms are widespread and systemic, the reaction is termed anaphylaxis.

### **Symptoms of anaphylaxis may include:**

<b>Organ</b>	<b>Symptoms</b>
Skin	Swelling of any body part Hives, rash on any body part Itching of any body part Itchy lips
Respiratory	Runny nose Cough, wheezing, difficulty breathing, shortness of breath Throat tightness or closing Difficulty swallowing Change in voice
Gastrointestinal (GI)	Itchy tongue, mouth and/or throat Vomiting Stomach cramps Abdominal pain Nausea Diarrhea
Cardiovascular	Heartbeat irregularities Flushed, pale skin Coughing, cyanotic (bluish) lips and mouth area Decrease in blood pressure Fainting or loss of consciousness Dizziness, change in mental status Shock
Other	Sense of impending doom Anxiety Itchy, red watery eyes

**Anaphylaxis may occur in the absence of any skin symptoms such as itching and hives. Typical substances causing anaphylaxis include:**

- food
- bee stings
- medications
- latex
- vigorous exercise (rarely)

Fatal anaphylaxis is more common in children who present with respiratory symptoms, or GI symptoms such as abdominal pain, nausea or vomiting. In many fatal reactions, the initial symptoms of anaphylaxis were mistaken for asthma or mild GI illness, which resulted in delayed treatment with epinephrine auto-injector.

**Fatal anaphylaxis is also more common in children with food allergies who are asthmatic, even if the asthma is mild and well controlled.** Children with a history of anaphylaxis or those whose prior food reactions have included respiratory symptoms such as difficulty breathing, throat swelling or tightness are also at an increased risk for severe or fatal anaphylaxis.

Anaphylaxis typically occurs within minutes of exposure, although the onset may occur one to two hours after ingestion. **In the event of an anaphylactic reaction, epinephrine auto-injector (EpiPen) is the treatment of choice and should be given immediately.** Sometimes, if symptoms do not subside, a second epinephrine auto-injector is necessary.

Studies (Sampson, 1992, and Bock, 2001) show the fatal and near-fatal anaphylactic reactions are sometimes associated with not using epinephrine auto-injector or delaying the use of epinephrine treatment. When in doubt, medical advice indicates that it is better to give the student's prescribed EpiPen and seek medical attention. Fatalities occur when epinephrine is withheld.

In about one third of anaphylactic reactions, the initial symptoms are followed by a late phase of symptoms two to four hours later. This combination of an early phase of symptoms followed by a late phase of symptoms is defined as biphasic reaction.

**It is imperative that following the administration of epinephrine, the student be transported by emergency medical services to the nearest hospital emergency department even if the symptoms appear to have resolved.**

### **Food Allergies and Anaphylaxis**

Food allergies occur when the body's immune system reacts to the protein component in certain foods as if it were harmful. The immune system releases chemicals, such as histamine, to protect the body. These chemicals trigger an inflammatory response in tissues including respiratory system, gastrointestinal tract, skin and cardiovascular system.

Allergic reactions to foods can range from mild to severe life threatening anaphylactic reactions. Some students, who are very sensitive, may react to just touching or inhaling the allergen. For other students, consumption of as little as one five-thousandth of a teaspoon of an allergenic food can cause death. The severity of a reaction is not predictable. **Every food allergic reaction has the possibility of developing into a life threatening reaction.**

A life threatening reaction can occur within minutes or even hours after exposure to the allergen.

Although an individual can have a life-threatening allergy to any food, including fruits, vegetables, and meats, over 90 percent of allergic reactions are caused by the following eight foods:

- Peanut
- Tree nut (walnut, cashew, pecan, hazelnut, almond, etc.)
- Milk
- Egg
- Fish
- Shellfish
- Soy
- Wheat

Most, *but not all*, childhood allergies to milk, egg, soy and wheat, are outgrown by age 5.

**Peanut and tree nuts typically cause the most severe allergic reactions, and approximately 90 percent of fatal and near-fatal reactions are due to these foods.** Allergies to peanut, tree nuts, fish and shellfish are often life-long.

## **Legislation**

### **Federal Legislation**

Certain federal laws may be relevant to the school district's responsibilities for meeting the needs of students with severe food allergies and other forms of anaphylaxis.

**Section 504 of the Rehabilitation Act of 1973** prohibits all programs and activities receiving federal financial assistance, including public schools, from discriminating against students with disabilities, as defined in the law. A student with a disability under Section 504 is defined as one who has a physical or mental health impairment (in this case, life-threatening anaphylaxis) that "substantially limits a major life activity," such as walking, seeing, hearing, speaking, breathing, learning, working, caring for oneself, and performing manual tasks (29 U.S.C 794 § 504; 34 C.F.R. § 104 et seq.).

"Substantially limited" is not defined in the law or Section 504 regulations. It is the responsibility of the Section 504 team to determine eligibility criteria as outlined in the regulations. In order to determine a child's qualification, an individual assessment of the child is required. If qualified, the child is entitled to receive a free, appropriate public education, including related services. These services should occur within the child's usual school setting with as little disruption as possible to the school's and the child's routines, in a way that ensures that the child with a disability is educated to the maximum extent possible with his non-disabled peers.

**The Americans with Disabilities Act (ADA) of 1990** also prohibits discrimination against any individual with a disability, and extends the Section 504 requirements into the private sector. The ADA contains a definition of "individual with a disability" that is almost identical to the Section 504 definition. The ADA also provides a definition of substantially limits (42 U.S.C. § 12101 et seq.; 29 C.F.R. § 1630 et seq.).

**The Individuals with Disabilities Education Act of 1976 (IDEA)** provides financial assistance to state and local agencies for educating students with disabilities that significantly interfere with learning. Children are eligible if they fit into one or more of the 13 categories of disability defined in the law and if, because of the disability, they require specialized instruction (20 U.S.C. § 1400 et seq.; 34 C.F.R. § 300 et seq.).

### **Illinois State Legislation**

**Public Act 096-0349** amends the School Code to require that no later than July 1, 2010, the State Board of Education in conjunction with the Department of Public Health, develop and make available to each school board guidelines for the management of students with life-threatening food allergies. Not later than January 1, 2011, each school board shall implement a policy based on these guidelines.

**Public Act 094-0792** allows for self-administration of medication by a pupil with asthma or the use of an epinephrine auto-injector by a pupil, provided that the parents or guardians of the pupil provide to the school written authorization for the self-administration of medication or use of an epinephrine auto-injector; and a written statement from the pupil's medical provider.

## **School District 68 Documentation Outline**

The following documents will be completed for any child with a history of anaphylaxis. The documents will ensure that the correct medical information is obtained on the student's anaphylaxis condition and utilized to educate staff, establish necessary avoidance precautions for risk-reduction and emergency response procedures. The following documents may need to be completed:

**Oak Grove School District 68 Allergy History**

**Oak Grove School District 68 Medication Authorization Form**

**Food Allergy Action Plan**

**Medical Alert for Teachers and Substitute Teachers**

**Medical Alert/Food Allergy Alert to Parents**

### **Food Allergy Action Plan**

The Food Allergy Action Plan is a written document, accompanied by photo identification of the student that outlines identifying information, the anaphylactic allergies, potential signs and symptoms of an allergic reaction and emergency response procedures that must be taken in the event of an emergency. It also includes emergency contact information for parents/family and medical provider. This document should be completed by parents prior to entry into school or immediately following a new diagnosis of a life-threatening allergic condition and updated annually. This is a document that requires review and signature authorization by both parent and medical provider.

### **Individual Health Care Plan**

An Individual Health Care Plan (IHCP) is a written document developed for students whose health needs require daily intervention. These plans describe how to meet an individual student's daily health and safety needs in the school setting. The information in the IHCP may be distributed to all school staff that has responsibility for the student.

An individual health care plan includes diagnoses, interventions, accommodations and the respective persons responsible and, student objectives for promoting self care and age appropriate independence. The IHCP should address student needs both during the normal school day and school sponsored activities outside of the normal school routine (e.g. field trips, extracurricular school activities). This document should be completed prior to entry into school or immediately following a new diagnosis. The IHCP is established by a collaborative process between parents/guardians, school nurse, school administrator, and teacher.

Specific considerations to be included in the IHCP and accommodation plans for students with life-threatening food allergies may include:

- **Information and awareness** – identification measures, locations of Food Allergy Action Plans, allergy awareness posters and where they will be posted, substitute teacher subfolders, parent communications, peer education (age appropriate), school personnel education and training
- **Avoidance precautions** – classroom interventions (snack and food celebration policies, curriculum modifications, hand washing), cafeteria interventions (allergy awareness zones, cleaning and sanitation protocol for reducing cross-contamination, cleaning of tables and chairs, lunch and recess monitoring, etc.) field trip and school sponsored extra-curricular activity precautions, bus safety measures, etc.
- **Emergency Response Procedures** – location of emergency medications and Food Allergy Action Plan with instructions, emergency communication devices, staff training of administration of epinephrine auto-injectors, etc.

The IHCP should be updated at least annually, and more frequently as necessary to keep pace with changing student needs and school environment. Review of the IHCP should also take place after any emergency event involving the administration of emergency medications to determine why the incident occurred, the effectiveness of the process and areas for improvement.

#### **504 Plan**

The 504 plan is a legal written document completed after a school 504 team has determined that a child meets the definition of disability under Section 504 of the Rehabilitation Act of 1973. It is similar to the IHCP in that it outlines the condition resulting in disability, educational strategies (specific accommodations, related services, or supplementary aids) needed by the child to benefit from his or her education and responsible staff, placement issues and review plans.

There are substantial differences across the country in legal interpretations and school district practices regarding section 504, its definition of a qualified person with a disability, and the eligibility of students with life-threatening anaphylaxis. Eligibility determinations must be made on a case-by-case basis by the 504 team. Nevertheless, school districts have an obligation to provide reasonable safe environments for all students. Whether students with life-threatening anaphylaxis are identified under Section 504 as disabled individuals or not, District 68 will provide these students with Individual Health Care Plans whenever needed to address their health and safety needs.

## **Food Allergy and Anaphylaxis Management Plan**

### **Information and Awareness**

#### **➤ *Identification of anaphylactic students to school authorities***

- ◆ It is the responsibility of the family to notify the school of any allergies, complete required and requested forms and provide medication as needed. (see page 8)
  - Student Health History Form, required for annual registration, includes information on life-threatening food allergies and other causes of anaphylaxis
  - Food Allergy Action Plan – with written medical documentation, instructions, and medications as directed by a physician; photo of child included on form
  - Individual Health Care Plan
  - Medication Authorization Form from the licensed provider
  - Provision of Epi-Pens and other necessary medications that will last the entire school calendar year

#### **➤ *Identification of anaphylactic students to staff***

- ◆ Appropriate staff members (teaching and non-teaching) should be made aware of anaphylactic students either individually or at a staff meeting, **before** the school year begins
- ◆ Food Allergy Action Plans with photo ID will also be placed in the student's cumulative file and in key locations, such as the nurses office, the cafeteria, substitute-teacher sub-folders★(see below and page 14), and wherever the child's epinephrine auto-injector is stored
- ◆ The students IHCP will stipulate whether or not the Food Allergy Action Plan is posted in classrooms; parents are always included in the planning; for younger children it may be advisable to post in classrooms; for older children, issues of personal privacy should be considered
- ◆ Substitute Teacher subfolders should include the student's Food Allergy Action Plan with photo ID along with instructions for the substitute teacher to immediately contact the school nurse for education and instruction
- ◆ Food allergy posters (not identifying the specific students) may be placed outside classrooms and in specific allergen-free areas as reminders.
- ◆ Instructions on the use of the auto-injector, along with a list of symptoms and emergency procedures, should be posted in a clearly visible location in the child's classroom, whether or not the child's picture is posted
- ◆ The student is encouraged to wear a Medic Alert® bracelet or necklace that identifies specific allergens
- ◆ Field trip protocol will involve identification of the anaphylactic student to all staff and parent volunteers prior to departure
- ◆ Parents should identify their food allergic child to appropriate staff and review the Food Allergy Action Plan prior to any after school program or school sponsored extracurricular activity

- ***In-service for teachers and other school staff***
  - ◆ The principal, along with the school nurse, should ensure that in-service is provided annually to school personnel, substitute teachers, custodians, cafeteria staff, volunteers, and others who are in regular contact with anaphylactic children
  - ◆ In-service training should focus on:
    - Education and Awareness – what is a food allergy/anaphylaxis, symptom recognition
    - Avoidance Precautions – school policies to reduce accidental exposure, concept of cross-contamination and importance of reading ingredient labels, non-food sources of food allergens
    - Emergency Response – how to treat an anaphylactic reaction, chain of command, auto-injector training
  - ◆ Review of any accidental exposure incidences should be conducted with pertinent school personnel (nurse, principal, and teacher) and the parents of the anaphylactic student; when deemed appropriate by the principal, findings may be shared with the general staff throughout the district
  
- ***Sharing information with parents and parent organizations***
  - ◆ At the **beginning of the school year**, the school should send home letters to parents with the following communications:
    - The presence of a student with life-threatening allergies in their child’s class.
    - Request strict adherence to snack lists which are peanut/nut free and minimize other allergens; inform parents they will be notified for any lapse in procedure; the snack lists will provide parents with suggestions for alternate foods
    - Provide parents with information about food labeling as it applies to the allergen in question
  
- ***Maintaining open communication between parents of anaphylactic students and the school***
  - ◆ Parents need to be involved in the establishment of the Individual Health Care Plan and Food Allergy Action Plan
  - ◆ Parents of anaphylactic students may be given the option to accompany their child on field trips when a parent volunteers are requested

## **Avoidance Measures**

The goal of implementing avoidance measures is to reduce risk of accidental exposure to allergens without depriving the anaphylactic child of normal peer interactions or placing unreasonable restrictions on the activities of other children in the school.

Avoidance measures should be somewhat flexible, taking into consideration the anaphylactic child's age, maturity and social-emotional development, the organizational and physical environment in different schools, and the properties of the allergen itself. As children mature, they should be expected to take increasing personal responsibility for avoidance of their specific allergens.

### ➤ ***Anaphylactic students***

- ◆ Do not trade or share foods, utensils and containers
- ◆ Wash hands or use hand wipes before and after eating
- ◆ Do not eat anything with unknown ingredients or ingredients known to contain an allergen
- ◆ Always read ingredients before eating food
- ◆ Eat at designated allergy awareness areas (several options should be available)
- ◆ Avoid sitting in areas where students are known to have unsafe foods
- ◆ Do not participate in general clean-up of cafeteria tables, garbage disposal and playground areas that might bring you in contact with the allergen
- ◆ Medic Alert® bracelets are expected and strongly encouraged
- ◆ Do not share musical instruments that are placed in the mouth with other students
- ◆ Self-advocate with peers and staff in situations that they might perceive as compromising their health (i.e. asking a peer to move from an allergen-free area if food is unsafe)

### ➤ ***Non-anaphylactic Students***

- ◆ Do not trade or share foods, utensils and containers
- ◆ Wash hands or use hand wipes before and after eating
- ◆ Respect allergy awareness areas and be prepared to move if your food is felt to be potentially dangerous to an anaphylactic student

### ➤ ***Cafeteria Avoidance Measures***

- ◆ Keep common allergens off the school's lunch menu (i.e. no peanut products)
- ◆ Train cafeteria staff on the symptoms of anaphylaxis, the major food allergens, label reading, cleaning and separating to avoid cross contamination with food allergens, personal hygiene to avoid cross contamination, and procedures to document and monitor allergen free measures and preparation areas within the kitchen
- ◆ Enforce safe eating practices (as above) in the cafeteria
- ◆ Enforce hand-washing practices in the cafeteria
- ◆ Ensure that tables and other eating surfaces are washed clean after eating, using a cleansing agent approved for school use; this is particularly important for peanut-allergic students because of the adhesive nature of peanut butter

### ➤ ***Classroom Avoidance Measures***

- ◆ Permit only approved allergen-safe snacks with ingredient labels into the classroom, especially if indicated by an individual healthcare plan

- ◆ Visually identify classrooms with anaphylactic students as allergen-free zones using posters outside of the classroom door
  - ◆ Encourage hand-washing practices before and after snacks
  - ◆ Ensure tables and eating surfaces are washed clean after eating
  - ◆ Curriculum materials should be reviewed for sources of common allergens (i.e. allergens are sometimes found in play dough, beanbags, counting aids, toys, science projects, seasonal activities such as garden projects)
  - ◆ Food procedure for holiday parties and special celebrations includes:  
Encourage activities and non-food items rather than food to mark special occasions
    - Prior to special celebrations send letters home to classroom parents reminding them of the procedure on allergen-safe foods with ingredient labels and consider including ideas
    - Permit only approved allergen-safe foods with ingredient labels into the classroom
    - If unsafe foods are brought in by a parent, explain the safety issues for why they are not allowed; provide suggestions for alternatives
    - Additional clean-ups may be advisable after special occasions such as Halloween, Ice Cream Socials, etc.
- **Substitute Teachers**
- ◆ Substitute teacher subfolders should include the student's Emergency Action Plan with photo ID along with instructions for the substitute teacher to immediately contact the school nurse for education and instruction
- **Field Trips**
- ◆ Have the parent of the anaphylactic student clearly label their child's lunch so as to avoid mix-up
  - ◆ Notify the family of anaphylactic students prior to a field trip so that the family can call the field trip destination to determine risk.
  - ◆ Ensure that the student's emergency medications along with their Food Allergy Action Plan are brought by the supervising school staff
  - ◆ Require all supervisors to be aware of the identity of the anaphylactic student, the allergens, symptoms and treatment per a student's health care plan
  - ◆ Ensure that a supervisor with training in the use of the auto-injector is assigned responsibility for the anaphylactic student
  - ◆ Ensure access to a telephone, cell phone, or radio communication in case of emergency
  - ◆ Consider ways to wash hands before and after eating (e.g. provision of hand wipes)
- **Bus Safety**
- ◆ The bus company will be informed of the presence of an anaphylactic child and drivers will be trained in emergency response procedures per bus company guidelines
  - ◆ Maintain a procedure of no food eating allowed on school buses
  - ◆ Any school bus that carries a child with a life threatening allergy should be equipped with a reliable communication device – radio or cell phone

### ***Other Types of Anaphylaxis***

Information and awareness procedures apply fully for students with other types of anaphylactic allergies. These include an Allergy Action Plan and Individual Health Care Plan.

Specific avoidance measures will depend on the anaphylactic condition, such as:

#### ➤ ***Avoidance Measures for Insect Venom Anaphylaxis***

- ◆ Avoid wearing loose, hanging clothes, floral patterns, blue and yellow clothing, fragrances
- ◆ Check for the presence of bees and wasps, especially nesting areas, and arrange for their removal
- ◆ Ensure garbage is properly covered and away from play areas
- ◆ Caution students not to throw sticks or stones at insect nests
- ◆ If required by an Allergy Action Plan, allow students with anaphylactic insect allergies to remain indoors for recess during bee/wasp season
- ◆ Immediately remove a child with allergy to insect venom from the room if a bee or wasp gets in
- ◆ In case of insect stings, never slap or brush the insect off, and never pinch the stinger if the child is stung. Instead, fling the stinger out with a fingernail or credit card

#### ➤ ***Avoidance Measures for Latex Anaphylaxis***

- ◆ Inform school administrators and teachers of the presence of students with latex allergies
- ◆ Identify areas of potential exposure and determine student risk
- ◆ Screen instructional, cafeteria and maintenance department purchases to avoid latex products
- ◆ Do not use latex gloves or other latex products in nurses office
- ◆ Do not allow the use of latex balloons for celebrations in schools where a student has a latex allergy
- ◆ When medically indicated, consider posting signs at school entry ways "Latex precautions in place here"

### **Emergency Response Plan**

Despite our best efforts at avoiding situations that may result in anaphylaxis, students may come into contact with an allergen while at school. The following Emergency Response Plan will highlight two areas of preparedness:

School Emergency Response Plan:

- The School Emergency Response plan is intended to prepare all staff for an emergency response to anaphylaxis

Individual Student's Food Allergy Action Plan:

- The Individual Student's Food Allergy Action Plan will be developed for each allergic student in conjunction with the student's parents and physician and will be kept in a readily accessible location.

## School Emergency Response Plan

### ➤ **Preparation for Anaphylaxis**

- ◆ All school nurses and substitute nurses will be adequately trained to respond to anaphylaxis and additional education and training will be available when deemed necessary
- ◆ Each school shall identify volunteer staff members willing and able to be trained in response to anaphylaxis
- ◆ Each school will ensure that enough staff members have been trained in emergency response to ensure adequate coverage for such an emergency
- ◆ Staff members shall be trained annually by the school nurse or an appropriate health professional in the response procedures for anaphylaxis and the use of an auto-injector. Staff members uncomfortable with such training will not be expected to participate
- ◆ If deemed necessary by the principal a school may perform a mock anaphylaxis response procedure for further training purposes
- ◆ Auto injectors (EpiPens) should be kept in a covered and secured area in the nurse's office or school office, but unlocked for quick access in the event of an emergency
- ◆ Additional EpiPens should be provided by the student's parents for use in the child's classroom and/or cafeteria or other school event areas that are deemed an anaphylaxis risk area
- ◆ All staff should be aware of the location of available EpiPens

### ➤ **Response to Anaphylaxis**

- ◆ An **emergency call to 911 will be placed** and the operator should be notified of the location of the emergency and that an anaphylactic reaction is occurring
- ◆ **The student's Food Allergy Action Plan and medication will be located and the plan followed until emergency medical services assume care**
- ◆ The location of a child undergoing anaphylaxis should be rapidly communicated to the school nurse or a staff person trained for response and the use of an auto-injector
- ◆ Staff trained in the use of an auto injector will administer the auto-injector (EpiPen or equivalent) – it should not be assumed that the student will be capable of administering his or her own auto-injector in the event of anaphylaxis
- ◆ In the event the student is having difficulty breathing or is unresponsive or emergency response is delayed, any staff member or emergency respondent may administer the auto injector according to the students Food Allergy Action Plan and the instructions listed on the side of every auto-injector
- ◆ Follow Physician's orders/Food Allergy Action Plan, in regards to re-administering the auto injector every 10 to 20 minutes while waiting for emergency medical services or while en route to the hospital
- ◆ A trained staff member with an emergency kit containing auto injectors should stay with the child until emergency medical personnel arrive. This staff member should stay with the child until his/her parents or legal guardian arrives
- ◆ Telephone the parents of the child as soon as possible and notify them of the situation and response plans

➤ **Monitoring Effectiveness and Incident Review**

- ◆ School nurses will conduct an annual review of the district anaphylaxis plan and procedures; they will consider changes to reflect new research and practices
- ◆ An incident review should occur after each emergency event involving the administration of medication to determine why the incident occurred and the effectiveness of the process; what worked and did not work and areas for improvement
- ◆ Any auto-injectors used in an emergency response must be replaced immediately
- ◆ The principal will consider a simulation of an anaphylactic emergency, similar to a fire drill, to ensure that all elements of the emergency response plan are in place

## **Review of Responsibilities**

### **Responsibilities of the Parent/Guardian of an Anaphylactic Student**

- Review the District Anaphylaxis procedure and direct any questions to the school nurse
- Inform the school nurse of your child's allergies prior to the start of school or immediately following a new diagnosis
- Provide the school nurse with health information from your health care provider for inclusion on required school district documentation forms
- Provide the school nurse with medication orders from the licensed provider **Oak Grove School District 68 Medication Authorization Form**
- Provide the school with written permission to communicate with your health care provider
- Medications supplied should be up-to-date. Replace any medication due to expire prior to the expiration date
- Participate in developing an **Individualized Health Care Plan** with the school nurse and school team. This should include policies and procedures for educating the school community, reducing risk to your child and emergency responsiveness
- Participate in the development of a **Food Allergy Action Plan** for the school nurse and school team
- Provide the school nurse with at least annual updates on your child's allergy status and after any allergic reaction that occurs outside of the school setting
- Notify the school nurse of conditions that may increase the likelihood of a severe allergic reaction (i.e. exacerbations of asthma)
- If requested participate in in-service training for staff or assist in school communication plans regarding food allergies
- Participate in incident reviews following accidental exposures in school
- Provide the school nurse with the licensed provider's statement if the student no longer has allergies
- Provide the school with a way to reach you (cell, phone, beeper, etc.)
- Be willing to provide safe foods for snacks and special occasions
- Introduce your child to the bus driver and explain your child's allergies
- Communicate with supervisors of before-and-after school activities of your child's allergy and provide necessary medication
- Provide a Medic Alert® bracelet for your child
- Review the list of student responsibilities with your child and be sure he/she understands his role. \*See Student Responsibilities

### **Responsibility of the Parent Regarding Field Trips**

- Be willing to go on your child's field trips if possible and if requested
- Review field trip plans and assess risk
- Carefully manage situations in which lunch or snacks are needed
- If risk factors are too great consider asking that your child not participate

## **Responsibilities of Students with Life Threatening Food Allergies**

The role that students with life threatening allergies play in staying safe will increase as they become older. Younger children cannot be expected to assume the same responsibility for their safety as older children can. Goals toward becoming more independent in the management of their food allergies include:

- Understand the seriousness of their food allergy and recognize the first symptoms of an anaphylactic reaction
- Know where medication is kept, and who can get it
- Recognize potentially dangerous situations and make good safety decisions (Avoid sitting in areas where students are known to have unsafe foods)
- Inform an adult as soon as accidental exposure occurs or symptoms appear; ask a friend to get help you if you cannot get to an adult
- Follow safety measures established by your parents/guardians and school team at all times
- Do not share or trade foods, drinks, utensils or containers
- Wash hands or use hand wipes before and after eating
- Read ingredient labels before eating
- Do not eat anything with unknown ingredients or ingredients known to contain an allergen
- Do not participate in general clean-up of cafeteria tables, garbage disposal and playground areas that might bring you in contact with the allergen
- Do not share musical instruments that are placed in the mouth with other students.
- Wear a Medic Alert® bracelet
- Carry his/her own EpiPen and be trained in how to administer his/her own EpiPen, when this is an age appropriate task★
- Develop a rapport with the school nurse and/or another trusted adult in the school to assist you in the successful management of the allergy in school
- Inform others of your allergy and specific needs and self-advocate in situations perceived as possibly dangerous (i.e. ask a peer to move from an allergen-free area if food is unsafe)
- Report teasing, bullying and threats to an adult authority

**★In an emergency situation, no child or adolescent should be relied upon to self-administer their auto-injector. The anaphylactic reaction itself may compromise their ability to do so.**

## **Responsibilities of the School Administrator**

**The role of the school administrator is to support faculty, staff and parents in the implementation and follow-through of all aspects of the anaphylaxis management plan.**

- Ensure that all necessary forms are completed, implemented and reviewed annually
- Ensure that school staff is aware of students with anaphylaxis
- Communicate with parents when a child with life threatening allergies is attending the school and ask for their support in terms of risk reduction strategies
- Introduce the student to cafeteria staff if noted in Individual Health Care Plan
- Provide education and training for faculty, staff and substitute teachers regarding:
  - ◆ District 68 Anaphylaxis Procedure
  - ◆ Anaphylaxis and anaphylactic reactions to foods, insect stings, medications, latex
  - ◆ Risk reduction procedures
  - ◆ Emergency response procedures
  - ◆ How to administer an epinephrine auto-injector in an emergency
  - ◆ Cafeteria management and food preparation for food service personnel
  - ◆ Custodial duties for risk reduction (cafeteria tables, classroom cleaning, etc.)
- Ensure substitute teacher subfolders indicate the presence of a food allergic child and the need for immediate instruction by the school nurse
- Establish safe procedures for field trips and extra-curricular activities
- Provide emergency communication devices for all school activities, including gym, lunch recess and transportation that involve a student with life-threatening allergies
- Inform parents/guardians if any student experiences an allergic reaction and set up an incident review meeting
- Review annually the district anaphylaxis plan and procedures; this should include new research and practices

## Responsibilities of the School Nurse

- Identify students with anaphylactic allergies through annual medical registration forms and inform school administrator
- Schedule a meeting with parents/guardians, classroom teacher, and principal to develop an **Individual Health Care Plan** and **Food Allergy Action Plan** prior to the start of the school year (or immediately after the diagnosis of a life-threatening allergic condition)
- Individual Health Care Plans and Food Allergy Action Plans should include the student's contact information with photo ID, clinical history of allergies, symptoms, avoidance precautions (risk reduction strategies), emergency procedures, and responsible parties (see forms)
- Review and finalize all IHCP and Action Plans with parents/guardians and student at the start of school
- Review all IHCP and Action Plans with teachers who will have students with anaphylactic allergies
- Other staff members who have contact with students with life-threatening allergies should be familiar with their IHCP and Action Plans on a need-to-know basis including physical education teachers, specialist teachers (music, art, technology, etc.), food service personnel, aides, substitute teachers, etc.
- Provide/post all IHCP and Action Plans in the nurse's office and other designated areas depending on the consent and specifics of the IHCP (i.e. classroom, cafeteria)
- Label and locate emergency medications in the nurse's office and other designated areas depending on the specifics of the IHCP (i.e. classroom, with physical education teacher, cafeteria monitors)
- Periodically check medications for expiration dates and arrange for them to be current
- Assist the school administrator in education and training of school staff, faculty and substitute teachers regarding:
  - ◆ Anaphylaxis and anaphylactic reactions to foods, insect stings, medications, latex
  - ◆ Risk reduction procedures
  - ◆ Emergency response procedures
  - ◆ How to administer an epinephrine auto-injector in an emergency
  - ◆ Cafeteria management and food preparation for food service personnel
  - ◆ Custodial duties for risk reduction (cafeteria tables, classroom cleaning, etc.)
- Assist school administrator in tracking education and training of school personnel
- Develop a rapport with the anaphylactic student to foster good communication, and a supportive environment that facilitates growth in independence
- Ensure a contingency plan for emergency procedures in the case of absence or substitute building nurse
- If requested by school principal conduct a drill, simulating an anaphylactic emergency, to ensure that all elements of the emergency response plan are in place
- Participate in annual and incident review meetings

## Responsibilities of Classroom Teacher

- Review the District Anaphylaxis procedure and direct any questions to the school nurse
- Participate in all in-service training on the identification of anaphylaxis, risk-reduction and emergency response procedures
- Participate in the development of the anaphylactic student's IHCP and Food Allergy Action Plan as requested
- Review and follow the IHCP and Food Allergy Action Plan of any student(s) in your classroom with life-threatening allergies
- Keep accessible the student's IHCP and Food Allergy Action Plan with photo in the classroom with parental approval and regard to the privacy needs of older children
- Be sure "specials" teachers, student teachers and classroom aides are informed
- Leave information in an organized, prominent and accessible format for substitute teachers with clear instruction for reporting to the school nurse
- **Always act immediately and follow the Food Allergy Action Plan if a student reports signs of an allergic reaction**
- Visually identify classrooms with anaphylactic students as allergy awareness zones using posters outside of the classroom door (i.e. No Nut-zone)
- Work with school nurse to inform all parents of the allergic student at the start of the school year and request support of classroom food-policies
- Coordinate with principal and nurse prior to special celebrations; to send reminder letters to parents regarding procedure on allergen-safe foods with ingredient labels
- Inform parents of allergic students in advance of class events where food will be served
- Permit only approved allergy-safe snacks with ingredient labels into the classroom
- If unsafe foods are brought to class, explain the safety issues for why they are not allowed; provide alternative suggestions
- Encourage activities and non-food items rather than food to mark celebrations
- Ensure curriculum materials are free of common allergens
- Prohibit students from sharing or trading foods, drinks, utensils and containers
- Reinforce hand washing before and after eating
- Foster peer support in keeping the allergic student safe
- Enforce school rules about bullying, teasing and threats
- Plan appropriately for field trips

### **Responsibility of Classroom Teacher Regarding Field Trips**

- Inform the school nurse and parent of field trip destinations in advance
- Ensure that the child's Food Allergy Action Plan and emergency medications are brought by the supervising school staff
- Ensure access to a telephone, cell phone, or radio communication in case of emergency
- Ensure that supervisors are aware of the identity of the anaphylactic child, the allergens, symptoms and treatment
- Ensure that a supervisor with training in the use of the auto-injector is assigned responsibility for the anaphylactic child
- Have the parent of the anaphylactic child clearly label their child's lunch so as to avoid mix-up
- Consider ways to wash hands before and after eating (e.g. provision of hand wipes)

## **Responsibilities of School Food Service Manager**

- Review the District Anaphylaxis procedure and direct any questions to the school nurse
- Participate in all in-service training on the identification of anaphylaxis, risk-reduction and emergency response procedures
- If requested meet with parent to discuss student's allergy
- Ensure that all food service staff is trained to recognize the signs and symptoms of an allergic reaction and what to do in the event of a reaction
- Post the student's labeled emergency medications in a safe and accessible location if required by the IHCP
- Follow cleaning and sanitation protocol to prevent cross-contamination
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- Support lunch room monitors in the enforcement of allergy awareness eating arrangements and hand-washing/wiping practice
- Support custodians in cafeteria cleaning of tables, chairs and floors
- Have a functioning intercom, walkie-talkie or other communication device to support emergencies
- Be prepared to take emergency action and follow the student's Food Allergy Action Plan

### **Responsibilities of Lunch Room and Recess Monitors**

- Review the District Anaphylaxis procedure and direct any questions to the school nurse
- Participate in all in-service training on the identification of anaphylaxis, risk-reduction and emergency response procedures
- Enforce allergy awareness eating arrangements
- Enforce hand-washing/wiping practices before and eating
- Have a functioning intercom, walkie-talkie or other communication device to support emergencies
- If required, carry the student's emergency medications along with the Food Allergy Action Plan
- Be prepared to take emergency action and follow the student's Food Allergy Action Plan

### **Responsibilities of Custodial Staff**

- Review the District Anaphylaxis procedure and direct any questions to the school nurse
- Participate in all in-service training on the identification of anaphylaxis, risk-reduction and emergency response procedures
- Cafeteria cleaning of tables and chairs should be done routinely after each sitting with school approved cleaning agents with special attention given to designated allergen-free eating areas
- Cleaning of classrooms, desks, computer keyboards, doorknobs should be done routinely with school approved cleaning agents, with special attention to areas attended by anaphylactic students. Of note, peanuts are the most common allergen associated with accidental exposure in part due to the stickiness of peanut butter

### **Responsibilities for Coaches and Staff in Charge of After-School Activities**

- Review the District Anaphylaxis procedure and direct any questions to the school nurse
- Participate in all in-service training on the identification of anaphylaxis, risk-reduction and emergency response procedures
- Review the IHCP and Food Allergy Action Plan of participating anaphylactic students
- Make certain that an emergency communication device (e.g. walkie-talkie, intercom, cell-phone, etc.) is always present
- Require all supervisors, both staff and parents, to be aware of the identity of the anaphylactic child, the allergens, symptoms and treatment
- Clearly identify who is responsible for keeping the EpiPen and emergency medication and where it will be kept
- Ensure that a supervisor with training in the use of the auto-injector is assigned responsibility for the anaphylactic child
- Avoid the presence of allergenic foods at activity sites. This may involve communications to parents ahead of time when snacks will be needed
- Be prepared to take emergency action and follow the student's Food Allergy Action Plan

### **Responsibilities of All Parents**

- Respond cooperatively when requested from school to eliminate allergens from packed lunches, snacks and foods brought in for parties/celebrations
- Consider participation in parent information sessions
- Encourage children to respect anaphylactic child and school policies

### **Responsibilities of All Students (as developmentally appropriate)**

- Follow school rules about keeping allergens out of the classroom
- Wash hands before and after eating, especially important if nuts are eaten
- Respect allergy awareness areas and be prepared to move if your food is felt to be potentially dangerous to an anaphylactic student
- Respect all classmates, never bully or tease a child with a food allergy or other type of anaphylaxis (bee stings, latex, etc.)

## **References**

### **Anaphylaxis**

*Anaphylaxis: A Handbook for School Boards*, 2001, Canadian School Boards Association  
[http://www.safe4kids.ca/content/schools/anaphylaxis\\_eng.pdf](http://www.safe4kids.ca/content/schools/anaphylaxis_eng.pdf)

*District 39 Resource Guide for Supporting Children with Life-Threatening Allergies*, 2005, Wilmette, Illinois School District 39  
<http://www.wilmette39.org/specialservices/D39allergyguide.pdf>

*Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools*, 2006, Connecticut State Department of Education  
[http://www.sde.ct.gov/sde/lib/sde/PDF/deps/student/health/Food\\_Allergies.pdf](http://www.sde.ct.gov/sde/lib/sde/PDF/deps/student/health/Food_Allergies.pdf)

*The School Food Allergy Program*, 2001, The Food Allergy and Anaphylaxis Network  
<http://www.foodallergy.org>

*Managing Life Threatening Food Allergies in Schools*, 2002, Massachusetts Department of Education  
<http://www.doe.mass.edu/cnp/news02/allergy.pdf>

*School Guidelines for Managing Students with Food Allergies*, The Food Allergy and Anaphylaxis Network  
<http://www.foodallergy.org/school/SchoolGuidelines.pdf>

### **Latex Allergies**

School Health Resources, Latex Allergies and Schools: <http://www.schoolhealth.org>

Latex Allergy Resources: <http://www.latexallergyresources.org>

Allergy in Schools: <http://www.allergyinschools.org>

Latex Precautions at School, Lincoln NE Public Schools: <http://www.lps.org>

## **Additional Resources**

### **American Academy of Allergy, Asthma and Immunology (AAAAI)**

555 East Wells Street  
Suite 1100  
Milwaukee, WI 53202-3823  
(414) 272-6071

<http://www.aaaai.org>

[http://www.aaaai.org/patients/resources/fact\\_sheets/food\\_allergy.pdf](http://www.aaaai.org/patients/resources/fact_sheets/food_allergy.pdf)

Fact Sheets and Statistics from AAAAI

[http://www.aaaai.org/members/allied\\_health/tool\\_kit/ppt/](http://www.aaaai.org/members/allied_health/tool_kit/ppt/)

Power Point Presentations on food allergies and anaphylaxis

### **Food Allergy and Anaphylaxis Network (FAAN)**

10400 Eaton Place, Suite 107  
Fairfax, VA 22030-2208  
(800) 929-4040

*Educational materials including facts and statistics, sample plans, books, presentation tools, posters, etc., for staff, parents and students*

<http://www.foodallergy.org>

### **FANKids**

*Food allergy news from kids from FAAN*

<http://www.fankids.org>

### **FANTEen**

*Food allergy news from teens from FAAN*

<http://www.faanteen.org>

### **The Food Allergy Project**

*A charitable organization dedicated to increasing federal resources dedicated to food allergy research and to funding scientific studies that will lead to a cure for food allergy.*

<http://www.foodallergyproject.org>