

Verona Area School District Life-Threatening Allergy Procedure

Introduction: Protecting a student from exposure to offending allergens is essential in preventing life-threatening anaphylaxis. Most anaphylactic reactions occur at school when a child is accidentally exposed to a substance to which he/she is allergic, such as foods, medicines, insects, and latex. Accordingly, the district adopts these policies and procedures in an effort to keep all students in the district as safe as possible.

Background:

Accidental exposure of the offending allergen occurs most often at school. School is a high risk setting due to such factors as a large number of students, increased exposure of the allergic student to allergens, as well as cross contamination of tables, desks, and other surfaces. Other high risk areas and activities for the student with allergies include: the cafeteria, food sharing, hidden ingredients, craft, art and science projects, bus transportation, fundraisers, bake sales, parties/holiday celebrations, field trips, frequent community activities in the building and substitute teaching staff being unaware of the allergic student.

Food Allergies: The most common allergen foods are peanuts and tree nuts, fish and shellfish, milk, eggs, wheat, and soy. Ingestion of the food allergen is the principal route of exposure; however, it is possible for a student to react to tactile (touch) exposure or inhalation exposure. The amount of food needed to trigger a reaction depends on multiple variables. Each food allergic person's level of sensitivity may fluctuate over time. Not every ingestion exposure will result in anaphylaxis, though potential always exists. Another variable that has been recently investigated is how the food is prepared. Raw egg is more allergenic than cooked egg. Roasted peanuts are more allergenic than boiled or fried. (Virtually all peanut products in the U.S. are roasted). In addition, the symptoms of a food allergy reaction are specific to each individual. Milk may cause hives in one person and anaphylaxis in another. The most typical allergy symptoms affect the skin, gut, respiratory system, cardiovascular system, and the neurological system. These can include itchy skin or eyes, hives, eczema, runny or stuffy nose, itching or swelling of the throat, wheezing, difficulty breathing, coughing, abdominal cramps, nausea, vomiting, diarrhea, drop in blood pressure or increased heart rate. The most serious type of reaction is anaphylaxis. Left untreated or undertreated, anaphylaxis can lead to death.

Success in managing food allergies depends on allergen avoidance techniques. Scrupulous interpretation of ingredient statements on every item with every purchase is vital to prevent accidental exposure. Unfortunately, this is difficult due to manufacturing processes. Accidental exposure occurs due to cross contamination of equipment, omission of ingredients from the ingredient statement, substitution of ingredients, scientific and technical terminology (e.g. sodium caseinate for milk protein), nonspecific food terminology (e.g. natural ingredients) and disregarding precautionary allergen statements, such as "may contain".

Latex Allergies: The most common non-food allergen is latex. "Dipped" latex products most often trigger allergic reactions. These soft, stretchy products contain high levels of the latex protein. Products that most commonly cause reactions include balloons, gloves, and rubber cement. Some of these products like balloons and latex gloves are coated with cornstarch. Latex protein particles stick to the cornstarch and fly into the air when the balloon is popped or the gloves are taken off causing the air to contain high amounts of inhalable latex protein. Products "molded" from hard rubber (i.e. shoe soles, rubber balls) are much less likely to cause a reaction. Allergic reactions can be mild to severe, with such symptoms as itchy, red, watery eyes, sneezing or runny nose, coughing, rash or hives, chest tightness or shortness of breath, and shock. A latex-sensitive person can have a life-threatening allergic reaction with no previous warnings or symptoms.

POLICY AND PROCEDURES

In order to keep all students with life threatening allergies in the district as safe as possible, these procedures shall be in place in all schools in the district. They are in place to address allergy issues in the classrooms and gym, outdoor activity areas, school buses, field trips, and before and after school activities.

CLASSROOMS

- Teachers and staff who work with students must be familiar with Life Threatening Allergy Plan (LTAP) of students in their classes and respond to emergencies as per the emergency protocol documented in the LTAP.
- In the event of an allergic reaction (where there is no known history of reaction), the school nurse/principal should be called and emergency medical services should be activated.
- Information should be kept about student's allergies on Powerschool and on school health concerns lists. These allergens should not be used at all for class projects, parties, holidays and celebrations, arts, crafts, science experiments, cooking, snacks, presentations or other purposes.
- Students and their parents, teachers, administrators, aides, substitutes, volunteers, and other district staff should be educated about the risk of allergies.
- Non-food/non-latex items should be used in place of food for all rewards and prizes.
- Groups using school facilities should be notified of school food policies and are expected to follow all school policies and procedures. It is the group's responsibility to do clean up after activities.
- Sharing or trading food in the class should be discouraged.
- Proper handwashing technique by adults and children should be encouraged before and after the handling/ consumption of food.
- If an animal is present in the classroom, special attention must be paid to the ingredients in its food.
- In school settings where food is served:
 - a. A "peanut/tree nut-free" table can be established and maintained as an option for students with peanut allergies, as this is an extremely potent allergen and often a hidden ingredient. These tables should be designated by a sign or a symbol and it will be the responsibility of lunchroom personnel to take reasonable precautions so that these areas are not contaminated.
 - b. Peanut/tree nut-free tables will be cleaned with an appropriate cleanser after each use.
 - c. The school will not serve products that contain peanuts/ tree nuts or fish.

SCHOOL FIELD TRIPS

- All health information is available on Powerschool. (Click on the red caduceus sign on the students screen)
- The school nurse should be notified/consulted regarding field trips and the safety of the student with life-threatening allergies.
- Medications including epinephrine auto-injector and a copy of the student's LTAP must accompany the student, teacher, or field trip organizer. High school students are responsible for supplying and carrying their own medications.
- A cell phone or other communicating device must be available on the trip for emergency calls.
- In the absence of accompanying parents/guardian or nurse, another individual must be trained and assigned the responsibility of caring for and handling any medical emergency. If an adult is carrying the epinephrine, that person should be identified and introduced to the child as well as the other chaperones.
- Field trips need to be chosen carefully; no student should be excluded from a field trip due to risk of allergen exposure.
- All field trip meals provided by the school will be life threatening allergen free.

SCHOOL BUS

- Eating food should be discouraged on school buses.
- The bus must have a cell phone or other means of communication for emergency calls.
- First Student is a privately owned bus company and must follow its own policies and procedures. Any bus related questions must be directed to First Student.

GYM AND RECESS

- Teachers and staff responsible for gym or recess supervision should be educated by appropriate personnel to recognize and respond to anaphylaxis.
- Staff in the gym, playground and other sites used for recess should have a walkie-talkie, cell phone or similar communication device for emergency communication.
- If for safety reasons medical alert identification (i.e. ID bracelet) needs to be removed during specific activities, the student should be reminded to replace this identification immediately after the activity is completed.

BEFORE OR AFTER SCHOOL ACTIVITIES

- All after school activities must be consistent with school policies and procedures regarding life-threatening allergies.
- If for safety reasons medical alert identification (ID bracelet) needs to be removed during specific activities, the student should be reminded to replace this identification immediately after the activity is completed.
- With written parental permission, the coach or adult staff member in charge will be provided with the LTAP of students who have life-threatening allergies.
- **If there is food distribution, including bake sales held on school grounds, consideration should be given to students with life-threatening allergies.**

DISTRICT FOOD SERVICE DIRECTOR

- Be prepared to discuss: menus (breakfast and lunch), a la carte items, recipes, food products and ingredients, food handling practices, cleaning and sanitation practices, and responsibility of various staff.
- Establish communications and training for all school food service staff and related personnel at the student's school.
- Be prepared to make food ingredient lists used in food production and service available.
- Maintain contact information with vendors and purveyors to access food content information.
- Understand and implement the laws protecting students with food allergies as they relate to food services.

Food Label Reading

- Read all labels for potential allergens. (Manufacturers can change ingredients and production processes.)
- All food service staff should be trained how to read product labels and recognize food allergens.

There are eight major food allergens: milk, eggs, peanuts, tree nuts (such as walnuts and almonds), soy, wheat, fish, and shellfish. These eight foods are the most common food allergens and cause more than 90 percent of all food allergic reactions. Peanuts and tree nuts alone account for 92% of severe and fatal reactions. Among children, allergies to milk and eggs are most common. However, individuals can be allergic to any food. Some children may be allergic to more than one food.

Reading food labels to identify these ingredients in the products used by a school's food service department is an essential and ongoing process in prevention. As food manufacturers continuously refine and improve food products, food labels must be read every time. Each package must be monitored even if there are multiples of the same products.

In the school cafeteria, personnel should know their products and ingredients by carefully reading labels. Some students may react to a minute trace of these ingredients, so complete elimination is essential. Many food manufacturers have consumer response departments to provide information about their products. If there are any questions about a product ingredient, call the consumer hot line number listed on most products' food labels. Be specific. (For example, "Does your product include peanuts? Is there risk of cross-contamination with peanuts in your food manufacturing process?, etc.).

Knowing how to read a food label helps avoid problems caused by ingredients in foods.

Food Handling

- Cross contamination of a food allergen poses a serious risk to a child with food allergies.
- Training for all food service personnel about cross contamination should be part of the regularly scheduled training program.

Cross Contamination

Cross contamination is the cooking or serving of different foods with the same utensils and surfaces. When preparing and serving food, it is critical to make sure that food preparation and serving utensils are not exposed to allergens and then used for another food. Food production surface areas should be cleaned before, during, and after food preparation. Some examples of cross contamination would be:

- a. Lifting peanut butter cookies with a spatula and then using the same spatula to lift sugar cookies.
- b. Using a knife to make peanut butter sandwiches, then wiping the knife and then using the same knife to spread mustard on a peanut allergic child's sandwich.

Cleaning and Sanitation

Any surfaces used for the preparation and service of meals need to be properly cleaned and sanitized. For preparation area, the work surface and all utensils and pots and pans need to be washed with hot soapy water (soap is used because it deactivates the protein that causes the allergy). The work surfaces areas, counters and cutting surfaces, need to be cleaned thoroughly between uses.

- After using a food slicer to slice cheese, the slicer must be cleaned thoroughly before being used to slice other foods to prevent contamination with milk protein.
- Wash trays or cookie sheets after each use as oils can seep through the wax paper or other liners and contaminate the next food cooked on the sheet or tray.

In the Cafeteria

- Utilize an allergen free table (same practice may apply for other allergens) when appropriate.
- Train cafeteria personnel to take note of the situation surrounding a child with allergies and intervene quickly to help prevent trading of food or bullying.
- At the elementary level, all students eating meals in the cafeteria should wash their hands or use hand wipes before and after eating.
- After each table service, tables should be washed with dedicated cleaning supplies.

Food for Field Trips

- Clearly specify any special meals needed before the field trip.
- Avoid meals that may be food allergy related.
- Package foods appropriately to avoid cross-contamination.

RESPONSIBILITIES OF THE STUDENT WITH ALLERGIES/ANAPHYLAXIS

- Take as much responsibility as possible to avoid allergens (age appropriate)
- Do not trade or share foods.
- Wash hands before and after eating.
- Learn to recognize symptoms of an allergic reaction.
- Promptly inform an adult as soon as accidental exposure occurs or symptoms appear.
- Take more responsibility for allergies as one gets older (refer to parent responsibility outline)
- Develop a relationship with the school nurse and/or another trusted adult in the school to assist in identifying issues related to the management of the allergy in school.

RESPONSIBILITY OF THE PARENT/GUARDIAN OF A STUDENT WITH ALLERGIES

- Inform the school nurse of your child's allergies before the child's first day of school (or as soon as possible after a diagnosis).
- Provide the school with a way to contact you (cell phone, beeper, etc)
- Provide a list of foods and ingredients to avoid.
- Consider providing a medical alert bracelet for your child.
- Provide the school nurse with medication orders from the licensed provider and any medications needed.
- Participate in developing the Life Threatening Allergy Plan (LTAP) with the school nurse.
- Provide the school nurse with at least annual updates on your child's allergy status.
- Provide the school nurse with up-to-date epinephrine auto-injectors and other appropriate medications.
- Discuss with the school nurse the possibility of keeping the epinephrine auto-injector in the classroom with instructions (this can also be taken on field trips)
- Decide if the student will carry epinephrine auto-injectors. If not, determine if additional auto-injectors will be kept in areas aside from the nurse's office.
- Provide the school nurse with the licensed provider's statement if student no longer has allergies.
- Parent must provide pertinent medical information to First Student Bus Company.

Participate in team meetings or communicate with all school staff members who will be in contact with the child (preferably before the opening of school) to:

- Discuss implementation of LTAP.
- Establish prevention plan.
- Review prevention and emergency action plans with the team, as needed.
- Determine with child's teacher to develop "snack time" plan.
- Provide information to your child's classroom teacher that will be shared with parents of the students of the class, so that treats and snacks are safe for all students.
- Be willing to go on your child's field trips if possible and if requested.

Periodically teach and review with your child to:

- Recognize the first symptoms of an allergic/anaphylactic reaction.
- Know where the epinephrine auto-injector is kept and who has access to the epinephrine.
- Communicate clearly as soon as s/he feels a reaction is starting.
- Carry his/her own epinephrine auto-injector when appropriate.
- Not share snacks, lunches, or drinks.
- Understand the importance of hand-washing before and after eating.
- Report teasing, bullying and threats to an adult authority.
- Take as much responsibility as possible for his/her own safety.

It is important that children take on more responsibility for their food allergies as they grow older and are developmentally ready. Teach them to:

- Communicate the seriousness of the allergy.
- Communicate symptoms as they appear.
- Consider empowering them to refuse foods of which they are unsure.
- Read labels.
- Carry own epinephrine auto-injector.
- Administer own epinephrine and be able to train others in its use.

Remember, the ultimate goal is that our children eventually learn to keep themselves safe.

RESPONSIBILITY OF THE SCHOOL ADMINISTRATION

- Include in the school's emergency response plan a written plan outlining emergency procedures for managing life-threatening allergic reactions. Modify the plan to meet special needs of individual students.
- Facilitate faculty, staff, and parents in implementing all aspects of the Life-Threatening Allergy (LTA) procedure.
- Provide training and education for faculty and staff regarding:
 - Foods, insect stings, medications, latex
 - Risk reduction procedures
 - Emergency procedures
 - Epinephrine auto-injector administration in an emergency.
- Provide special training for food service personnel.
- Provide emergency communication devices (two-way radio, intercom, walkie-talkie, cell phone) for all school activities, including transportation, that involve a student with life-threatening allergies.
- Inform parent/guardian if any student experiences an allergic reaction for the first time at school.
- Make sure a contingency plan is in place for the substitute teacher, nurse or food service personnel.
- Have a plan in place when there is no school nurse available.
- Ensure that any staff teachers who have the student with life-threatening allergies are trained to administer an epinephrine auto-injector.

RESPONSIBILITY OF THE SCHOOL NURSE OR DESIGNEE

- Prior to entry into school (or, for a student who is already in school, immediately after the knowledge of a diagnosis of a life-threatening allergic condition), meet with the student's parent/guardian and develop a Life Threatening Allergy Plan (LTAP) for the student.
- Assure that the LTAP includes the student's name, photo, allergens, and symptoms of allergic reactions, emergency procedures, and signature.
- Arrange and convene a team meeting (preferably before the opening of school) to develop the plan with staff who come in contact with the student with allergies. This could include, but is not limited to the principal, teachers, specialists, food service personnel, aides, physical education teacher, art and music teacher, custodian.
- Familiarize teachers with the LTAPs of their students by the opening of school, or as soon as the plans are written. Other staff members who have contact with students with Life-Threatening Allergies (LTAs) should be familiar with their LTAPs on a need-to-know basis.
- Train staff in use of epinephrine auto injector.
- After the team meeting remind the parent to review prevention plans, symptoms and emergency procedures with their child.
- Provide information about students with LTAs and their photos (if consent given by parent) to all staff on a need to know basis.

- Conduct inservice training and education for appropriate staff regarding a student's life-threatening allergens, symptoms, risk reduction procedures, emergency procedures, and how to administer epinephrine auto-injector.
- Educate new personnel as necessary.
- Periodically check medications for expiration dates and arrange for them to be current.
- Discuss with parents the need to keep an epinephrine auto-injector and necessary instructions at school or with the student. This auto-injector can be taken on field trips.
- Arrange periodic follow-up to review effectiveness of LTAP.

RESPONSIBILITY OF CLASSROOM TEACHER/SPECIALIST

- Receive/review the Life Threatening Allergy Plan (LTAP) and/or 504 plans of any student(s) in your class with life-threatening allergies.
- Participate in a team meeting for the student with life-threatening allergies and in-service regarding:
 - Allergens that cause Life-Threatening Allergies (LTAs) (such as foods, insect stings, medications, latex.)
 - Steps to take to prevent LTAs and accidental exposures to allergens.
 - How to recognize symptoms of the student's LTA reaction.
 - Steps to manage an emergency
 - How to administer an epinephrine auto-injector.
- Keep the student's LTAP accessible in classroom and with lesson plan.
- Be sure volunteers, student teachers, aides, specialists and substitute teachers are informed of the student's food allergies and necessary safeguards
- Provide information in an organized, prominent and accessible format for substitute teachers.
- Enter allergy information under "Special Instructions" in SubFinder.
- Coordinate with parent on providing a lesson plan about food allergies for the class and discuss anaphylaxis in age appropriate terms, with student's permission.
- Educate classmates (consider FAAN.org as a resource) to avoid endangering, isolating, stigmatizing or harassing students with LTAs. Be aware of how the student with allergies is being treated; enforce school rules about bullying and threats.
- Work with school nurse to educate other parents about the presence and needs of the child with LTAs in the classroom. Enlist their help in keeping certain foods/products out of the classroom.
- Never question or hesitate to act if a student reports signs of an allergic reaction.
- Participate in planning for student's re-entry to school after an allergic reaction.

A. SNACKS/LUNCHTIME

- ✓ Peanut/ tree nut free snack lists will be available.
- ✓ Discourage students from sharing or trading snacks.
- ✓ If student has LTA to peanuts/ tree nuts, a peanut-free lunch table may be used. Other classmates who have hot lunch or safe cold lunches are encouraged to eat with allergic student.
- ✓ Avoid cross-contamination of foods by wiping down eating surfaces with approved cleaning solution before and after eating. Tables should also be wiped down in the morning if an after-school event has been held in the classroom the day before.
- ✓ Encourage hand-washing before and after meals.

B. CLASSROOM ACTIVITIES

- ✓ Use allergen free products for classroom activities (i.e. arts and crafts, counting, science projects, parties, holidays and celebrations, cooking and other projects).
- ✓ Use stickers, pencils or other non-food items as rewards instead of food.

C. FIELD TRIPS

- ✓ Collaborate with the school nurse prior to field trip.
- ✓ Check Powerschool for health concerns prior to field trip.
- ✓ Remind parents/students that common food allergens should be avoided when sending meals on field trip.
- ✓ Encourage epinephrine auto-injectors and instructions to be taken on field trips.
- ✓ Ensure that functioning cell phone or other communication device is taken on field trip.
- ✓ Review plans for field trips; avoid high-risk places. Consider eating situations on field trips and plan for prevention of exposure to the student's life-threatening foods.
- ✓ Invite parents of student at risk for anaphylaxis to accompany their child on school trips, in addition to the chaperone. However, the student's safety or attendance must NOT be conditioned on the parent's presence.
- ✓ One to two people on the field trip should be trained in recognizing symptoms of LTA reactions, trained to use an epinephrine auto-injector, and trained in emergency procedures (this includes telling 911 that epinephrine is needed for an anaphylactic reaction).
- ✓ Encourage students to use hand wipes or bathroom facilities to wash hands before and after eating.

RESPONSIBILITIES OF THE CAFETERIA STAFF (food service personnel and lunch room staff)

- Attend the team meeting with appropriate members before the student's entry to school.
- Review 504 plans, if any, of students in school.
- Post the student's Life Threatening Allergy Plan (LTAP) with consent of parent(s).
- Review the legal protections for a student with Life-Threatening Allergies (LTAs).
- Read all food labels and recheck routinely for potential allergens.
- Train all food service staff and their substitutes to read product labels and recognize food allergens.
- Maintain contact information for manufacturers of food products.
- Review and follow sound food handling practices to avoid cross-contamination with potential food allergens.
- Strictly follow cleaning and sanitation protocol to avoid cross-contamination.
- Set up policies for the cafeteria regarding food allergic students.
- Train lunch room staff regarding label reading.
- Require handwashing for all kitchen staff.
- Thoroughly clean all tables, chairs and floors after each meal.
- After receiving a doctor's note, make appropriate substitutions or modifications for meals served to students with food allergies.
- Plan ahead to have safe meals on field trips.
- Avoid the use of latex gloves by food service personnel.
- Provide advance copies of the menu to parents/guardian and when possible, notification if menu is changed.
- Have at least two people in the eating area trained to administer epinephrine by auto-injector.
- Have epinephrine auto-injector readily accessible.
- Take all complaints from a student with a LTA seriously.
- Be prepared to act in case of emergency.

RESPONSIBILITIES OF COACHES AND OTHER ONSITE PERSONS IN CHARGE OF CONDUCTING BEFORE AND AFTER SCHOOL ACTIVITIES

- Participate in team meetings to determine how to implement student's Life Threatening Allergy Plan (LTAP).
- Conduct activities in accordance with all school policies and procedures regarding life-threatening allergies (LTAs)
- With parent's consent, keep a copy of the LTAP of students with LTAs.

- Make certain that cell phone or other emergency communication device is always present and functioning.
- One to two people should always be present who have been trained to administer epinephrine auto-injector.
- Maintain a current epinephrine auto-injector provided by parent/guardian in the first aid kit.
- Establish emergency medical procedures with EMS.
- Clearly identify who is responsible for keeping the first aid kit.
- If for safety reasons medical alert identification needs to be removed during specific activities, the student should be reminded to replace this identification immediately after the activity is completed.
- **If there is food distribution, including bake sales held on school grounds, consideration should be given to students with life-threatening allergies.**

PLANNING FOR THE INDIVIDUAL STUDENT: ENTRY INTO SCHOOL

Prior to entry into school (or, for a student who is already in school, immediately after the diagnosis of a life-threatening allergic condition), the parent/guardian should meet with the school nurse assigned to the student's building to develop an Life Threatening Allergy Plan (LTAP)*. The parent/guardian should work with the school to create a strategy for management of a child's allergy.

The parent/guardian shall provide the following:

- Licensed provider documentation of allergic disease with potential anaphylaxis.
- Licensed provider order for epinephrine by auto-injector as well as other medication needed. Medication orders must be renewed at least annually and it is recommended that the order be from an asthma and allergy specialist.
- Parent/guardian's signed consent to administer all medications.
- Parent/guardian's signed consent to share information with other school staff.
- A minimum of one up-to-date epinephrine auto-injector (more may be necessary based on the student's activities and travel during the school day).
- The type of allergies (e.g. milk, tree nuts, peanuts, latex, insect stings)
- A description of student's triggers and warning signs, including typical responses during previous allergic reactions.
- A description of the student's emotional response to the condition and need for support.
- Name/telephone numbers of the student's primary care provider and allergist.
- Method to reach parent/designee should an emergency occur.
- Age-appropriate ways to include student in planning for care and implementing the plan.
- Assessment for self-administration (It is important that students take more responsibility for their food allergies as they grow older and are developmentally ready to accept responsibility).
- Parent/guardian/s interest in participating in the student's classroom.

The school nurse will:

- Initiate an LTAP based on the information provided by the parent and/or physician. The plan shall include the student's name, method of identifying the student, specific offending allergens, warning signs of reactions and emergency treatment. The LTAP should be signed by the parent.
- Ensure that appropriate adults should know where the LTAP is (e.g. classroom, cafeteria, etc)
- Based on student's age, class, etc, identify who will be informed of the student's LTAP. These may include, but are not limited to, the principal or designee, classroom teacher, student, food service personnel, office staff, related arts teachers, custodial staff)
- Assist the parent in determining the age appropriateness for the student to carry his/her epinephrine.

*Sample Plan Attached

EMERGENCY CARE OF CHILD DURING LIFE THREATENING ALLERGIC REACTION

Every school shall have a Life Threatening Allergy Plan (LTAP) that provides a written outline of emergency procedures for managing life threatening allergic reactions. This plan shall identify personnel who will:

Administer the epinephrine.
Notify the emergency medical services (call 911).
Notify the parent/guardian.
Notify the school nurse.
Notify school administration.
Meet emergency responders at school entrance.
Direct emergency medical responders to site.
Assess the emergency at hand.
Remain with the student.
Refer to student's LTAP.
Notify student's primary care provider and/or allergy specialist.
Attend to student's classmates.
Manage crowd control.
Accompany student to emergency care facility.
Assist student's re-entry to school.

RETURNING TO SCHOOL AFTER A REACTION

Students who have experienced an allergic reaction at school need special consideration upon their return to school. The approach taken by the school is dependent on the severity of the reaction, the student's age and whether their classmates witnessed it. A mild reaction may need little or no intervention other than speaking with the student, parents, and/or staff and re-examining the LTAP.

In an event that a student has had a moderate to severe reaction, the following actions may be taken.

- Obtain as much accurate information as possible about the allergic reaction.
- Identify those who were involved in the medical intervention and those who witnessed the event.
- Meet with the adults to discuss what was seen and dispel any rumors.
- Provide factual information. Although the school may want to discuss this with the parents, factual information that does not identify the individual student can be provided to the school community without parental permission (e.g. a letter from the principal to parents and teachers)
- If an allergic reaction is thought to be from a food provided by school food service, request assistance of the Food Service Director to ascertain what potential food item was served/consumed. Review food labels and obtain nutritional information from Food Service Director and staff.
- Agree on a plan to disseminate factual information and review knowledge about food allergies to school mates who witnesses or were involved in the allergic reaction, after both parents and the student consent.
- Explanations shall be age appropriate.
- Review the LTAP, or if a student does not have an LTAP then consider initiating one.
- Amend the student's LTAP to address any changes that need to be made.
- Review what changes need to be made to prevent another reaction; do not assign blame.

SPECIAL CONDERATION FOR THE STUDENT

The student and parent(s) shall meet with the nurse/staff who were involved in the allergic reaction and be reassured about the student's safety, what happened and what procedural changes will be made to prevent another reaction.

If a student demonstrates anxiety about returning to school, a plan involving appropriate staff should be developed and followed until his/her anxiety is alleviated. If a child has a prolonged response to an anaphylactic event, strategies should be reviewed and clinical intervention may be recommended. Collaboration with the student's medical provider would be indicated to address any medication changes.

It is important to keep in mind that a student will continue to need to access help if another allergic reaction should occur; therefore, make sure a student feels comfortable enough to seek help if needed. The goal is to avoid having a student withhold information from staff out of embarrassment or because of perception of intimidation. Other students with food allergies in the school system may be in particular need of support.

IN EVENT OF A FATAL ALLERGIC REACTION

In the rare but plausible event of a fatal reaction, the school's crisis plan for dealing with the death of a student should be implemented. Adults with knowledge of food allergies should be available to answer questions that may come up about food allergies. Organizations such as Food Allergy and Anaphylaxis network (FAAN) may be able to provide resources.

INTERDISCIPLINARY TEAM APPROACH

The school nurse, collaborating with the building principal, and parent/guardian, shall determine the best way to promote a multi-disciplinary approach to plan for the care of the student with a life-threatening allergic condition. The school nurse may meet individually with staff members to assist them in preparing for their responsibilities. If a meeting is scheduled, prior to the meeting the nurse will share those parts of this document that pertain to each staff member.

The team may include but is not limited to:

- Administrative representative
 - Secretaries
 - Food service director/staff
 - Teachers and specialists
 - School counselor
 - Coaches and Physical Education teachers
 - Custodians
 - Bus company representative
 - Local EMS
 - Learning support staff, including Educational Assistants and Special Education Assistants
 - Student with allergy (if age appropriate) and/or parent/guardian
- The school nurse may meet individually with staff members to assist them in preparing for their responsibilities.

The school nurse will provide an overview of the allergy, anaphylaxis and the student's Life Threatening Allergy Plan (LTAP).

The following questions should be considered and responsibility for implementation assigned.

Cafeteria protocols/Guidelines

- What is the process for identifying students with life-threatening allergies?
- Is there a need for an allergen free table?
- Which personnel will have the responsibility for cleaning the tables, tray, etc.?
- What type of cleaning solution should be used?
- Who will provide training for cafeteria staff?
- Have the cafeteria monitors been informed?
- Are non-allergic kids washing hands or using wipes? How can this be accomplished?

Classroom protocols/Guidelines

- Have all teachers, aides, volunteers, substitutes (via teacher's sub-folders) and students been educated about allergies?
- Have all parents/guardians of students in the class been notified that there is a student with life-threatening food allergy and what foods must not be brought to school?
- Are there guidelines for allowable foods for lunch, parties, snacks, etc.?
- If not, who shall establish these guidelines?
- Is there an allergen free table/desk in the student's classroom or is the classroom allergen free?
- What are the cleaning protocols for this area?
- What type of cleaning solution should be used?
- Is there an understanding that classroom project materials containing the allergen may not be used?
- Have the students been taught hand-washing techniques before and after eating?

Environment Protocols/Guidelines

- What is the school policy for the presence of animals?
- Is there an awareness of multiple and related allergies?
- What are the cleaning protocols for various areas of the school where allergens may be found?

Field Trip/School Bus Protocols/Guidelines

- How will the school nurse/health room staff be notified about field trips in a timely manner?
- How will the LTAP be communicated to responsible personnel on field trips, the school bus and after school programs?
- Is the location of the field trip assessed to be safe for the student with allergies? Who will be trained to administer the epinephrine should an emergency occur? Is there a need for a registered nurse or aide to accompany the student?
- Should the student with allergies be seated near the driver, teacher, or advisor?
- Is there a need for an assistant or parent to accompany the child on the field trip?
- Is there a no-food policy for the bus? Is it enforced?
- Do personnel have a system for communicating (cell phones, walkie-talkies, etc)?

Custodial Protocols/Guidelines

- What cleaning solution is used? Is it allergen free?
- How often are the areas cleansed?

Emergency Response Protocols/Guidelines

- Have all school personnel received education on life-threatening allergies?
- What specific personnel will be trained in the administration of epinephrine?
- Who will do the training?
- Will the parents be involved in the training?
- When will this training occur?
- What is the content of the training?
- How often will it be repeated during the school year?
- Have local emergency medical services been informed and has planning occurred to ensure the fastest possible response?
- Does the local EMS carry epinephrine and are they permitted to use it?
- In what unlocked area will epinephrine be stored?
- Where is the back-up supply?
- Is it appropriate for this student to carry his/her EpiPen?

This policy is based on “**Managing Food Allergies in Schools**” Massachusetts Department of Education. 2002 Full document at www.doe.mass.edu.

Resources

Food Allergy Resource Books

“**The Peanut Allergy Answer Book**” by Michael C. Young, M.D. Fair Winds Press, 2001.

“**Caring for Your Child with Severe Food Allergies,**” Lisa Cipriano Collins. John Wiley&Sons, 2000.

“**The Parents Guide to Food Allergies,**” Marianne S. Barber. Henry Holt and Company, 2001.

Food Allergy Network FAAN offers a variety of pamphlets, books, school and daycare programs, and videos. E-mail faan@foodallergy.org or www.foodallergy.org Tel # (800) 929-4040.

“**Special Diet Solutions**” and “**Special Diet Celebrations,**” Carol Fenster, Ph.D. Savory Palate, Inc., 1999.

“**No Nuts for Me,**” Aaron Zevy. Tumbleweed Press, 1995.

Food Allergy Resources

Asthma and Allergy Foundation of America

1233 20th St., NW
Suite 404
Washington, DC 20036
Phone: 1-800-7-ASTHMA (1-800-727-8462)
Web site: www.aafa.org

Food Allergy and Anaphylaxis Network (FAAN)

11781 Lee Jackson Hwy, Suite 160
Fairfax, VA 22033-3309
Phone: 1-800-929-4040 Fax: (703) 691-2713
Website: www.foodallergy.org

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

555 E. wells St. Suite 1100
Milwaukee, WI 53202-3823
Phone: (414) 272-6071
Patient Information and Physician Referral Line 1-800-822-2762
Web site: www.aaaai.org

American College of Asthma, Allergy and Immunology

85 West Algonquin Rd. Suite 550
Arlington Heights, IL 60005
Phone: (847) 427-1200
Web site: www.acaai.org

American Academy of Pediatrics

141 Northwest Point
Elk Grove village, IL 60007-1098
Phone: (847) 434-4000 Fax: (847) 434-8000
Web site: www.aap.org

Epipen-Dey Laboratories

Phone: (800) 755-5560
www.epipen.com

MedicAlert
2323 Colorado Ave.
Turlock, CA 95382
Phone: (888) 633-4298
www.medicalert.org

Emergency Health Care Plan

ALLERGY TO: _____ **Place picture**
Student's Name: _____ **DOB:** _____ **here.**

Asthmatic? Y*/N (circle one) * High risk for severe reaction

Signs/Symptoms of an Allergic Reaction Include:

System	Symptoms
Mouth	Itching, "hotness", swelling, "funny feeling" of the lips, tongue, or mouth
Throat*	Itching and/or sense of tightening in throat, hoarseness, and hacking cough
Skin	Hives, itchy rash, and/or swelling about the face or extremities, change of color
Gut	Nausea, abdominal cramping, vomiting and/or diarrhea
Lung*	Shortness of breath, repetitive coughing, and/or wheezing
Heart*	"Thready" pulse, "passing out"

The severity of symptoms can change quickly. *All above symptoms can potentially progress to life-threatening situations!

Action:

1. If reaction suspected, give _____
and _____ immediately!
2. CALL RESCUE SQUAD: Request epinephrine and state "anaphylactic reaction to _____"
3. CALL: Mother: w) _____ c) _____ h) _____
Father: w) _____ c) _____ h) _____
Or emergency contacts (below).
4. CALL: Dr. _____ at _____

DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL RESCUE SQUAD EVEN IF PARENTS CANNOT BE REACHED!

Parent Signature	Date	Doctor Signature	Date
EMERGENCY CONTACTS		TRAINED STAFF MEMBERS	
1. _____ Relation _____ Phone _____		1. _____ Room _____	
2. _____ Relation _____ Phone _____		2. _____ Room _____	
3. _____ Relation _____ Phone _____		3. _____ Room _____	

Based on plan by The Food Allergy Network
 This information will be shared with appropriate school staff.

Additional Food Allergy Information

Name _____ Date _____ Grade/Teacher _____

1. Medical overview of food allergies:

Ingestion Inhalation Contact (circle)

Explain _____

Has epi-pen ever been used? Yes/No

Other medical information:

Hospital preference: _____

2. Lunches/snacks

Where will sack lunch be stored? _____

Can child eat foods from parent created snack list? Yes/No

If not, explain other _____

Will child sit at designated allergy free lunch table? Yes/No

All lunch tables are cleaned with a bleach solution.

3. Classroom/specials

Does work area/seat need to be cleaned prior to use? Yes/No

Do students need to wash hands upon entrance to classroom? Yes/No

Does student need own supply box? Yes/No

Will student have own computer keyboard/cover? Yes/No

Classmates have informational presentation on allergy. Yes/No

To be conducted by _____.

4. Field trips/off campus

Parent/guardian will evaluate field trips for safety. Yes/No

Parent/guardian will accompany student on field trips. Yes/No

5. School cleaning supplies

Cleaning products used in school to be reviewed and approved by student's parent. Yes/No

Is student hand washing soap safe for this student's use? Yes/No

6. Other

Standing Order for an Allergic Reaction (Anaphylaxis)

Anaphylaxis is an allergic reaction that may be triggered by a food allergy, insect sting, or drug reaction. **If a person with a known history of severe allergic reaction is exposed to a known allergen, activate emergency medical services immediately. Do not wait for symptoms to develop!**

- A. Assess the student for symptoms of shock or respiratory distress.
1. Respirations: may be wheezy, labored, or absent
 2. Pulse: may be rapid, weak, or difficult to detect
 3. Color: may be pale, mottled, or cyanotic
 4. Skin: may be cool, moist, or clammy; urticaria (hives) may be present, nail capillary refill time may exceed two seconds.
 5. Blood pressure: may be low or undetectable
 6. Mucous Membranes: may be swollen (eyes, nose, and mouth)
 7. Other: stupor, agitation, restlessness, vomiting, diarrhea, headache, and unconsciousness
- B. Monitor the airway, keeping it open. As needed, remove secretions/vomit and assist with ventilation.
- C. If student has ANY signs or symptoms of an allergic reaction and if no other specific physician order is available, administer epinephrine as follows:
1. First dose: EpiPen (0.3 mg epinephrine) according to EpiPen directions.
 2. Subsequent injections may be given every 15-20 minutes, in accordance with observed symptoms (Section B above) or instruction from medical control, if available.
- D. First Aid
1. Lay student flat, facing up (supine position); raise feet 8 to 12 inches. (Position on side if vomiting.)
 2. Keep student warm, but not overheated.
 3. Do not administer any solid or fluid by mouth.
 4. If bee stinger is noted in skin, remove by gently scraping at skin level.
 5. Monitor student closely, as sudden clinical deterioration can occur despite treatment.
 6. **DO NOT LEAVE STUDENT ALONE!!**

ANY TIME EPI IS GIVEN CALL 911

State that student has peanut/bee/etc allergy and has been stung/exposed.

State that EpiPen has been given and time of medication if known.

MD signature _____

Revised 5/2/05

2007-2008 SNACK INFORMATION

Sample Safe Food List

Please avoid these foods:

When buying pre-packaged food please do not buy anything with the following ingredients:

Peanuts	Mixed nuts	Mandelona nuts
Peanut butter	Monkey nuts	Artificial nuts
Peanut oil	Beer nuts	Arachis oil
Peanut flour	Goober peas or nuts	Caponata
Peanut meal	Ground nuts	Gianduja (a nut mixture found in some chocolate)
Peanut sauce	Marzipan/almond paste	Natural nut extract (almond, walnut)
Peanut protein	Nougat	
Any type of tree nut (almonds, Brazil nuts, cashews, chestnuts, filbert/hazelnuts, hickory nuts, macadamia nuts, nan-gai nuts, pecans, pine nuts, pistachios, walnuts)		

The following are **not** safe in our classroom:

- Anything with any of the ingredients listed above
- All varieties of Ritz Bits (even the cheese ones)
- Almost all sandwich crackers contain or are contaminated by peanuts/tree nuts
- Most mixes of snack crackers
- Chex Mix
- Granola
- Anything that says “**May Contain traces of peanuts or tree nuts**” or “**Produced in a facility that uses peanuts or tree nuts**”.

The following are **usually** safe:

- Pretzels, Cheezits or Cheese Nips
- Townhouse, Club, or Saltine Crackers, Chicken in a Biskit
- Wheat Thins, Munch’ems
- Most breadsticks
- Stouffer’s Animal Crackers
- Graham crackers/sticks

Fruits and Vegetables are also healthy snack options.

Following is a list of some items that are peanut/tree nut free (as of August, 2007) and items that should be avoided. These are just some suggestions to help if needed.

Thank you.

** Please keep in mind that food companies often change their manufacturing processes. What was previously peanut/tree nut free may not be so now. **

These are intended to be helpful suggestions. Please keep in mind that food companies often change their manufacturing processes. What was previously peanut/tree nut free may not be so now.

Brand	Peanut/Tree Nut Free	Contains Peanuts/Tree Nuts
Oceanspray	Craisins – Original, Cherry, or Orange flavors	
Motts	Applesauce	
Eileen's		All Eileen's products
General Mills	Cheerios	
General Mills	Apple Cinnamon Cheerios	
General Mills	Fruity Cheerios	
General Mills	Berry Burst Cheerios Triple Berry	
General Mills	Yogurt Burst Cheerios Strawberry	
General Mills	Yogurt Burst Cheerios Vanilla	
General Mills		Frosted Cheerios
General Mills		Honey Nut Cheerios
General Mills	Corn Chex	
General Mills	Multi-Bran Chex	
General Mills	Rice Chex	
General Mills		Frosted Chex
General Mills		Honey Nut Chex
General Mills		Chocolate Chex
General Mills	Chex 100 Calorie Chocolate Caramel	
General Mills	Kix	
General Mills		All Chex Mixes
General Mills	Lucky Charms	
General Mills	Berry Lucky Charms	
General Mills	Chocolate Lucky Charms	
General Mills	Cinnamon Toast Crunch	
General Mills	Cinnamon Toast Crunch Reduced Sugar	
General Mills	Golden Grahams	
General Mills	Trix	
General Mills		All varieties of Milk n' Cereal Bars
Keebler	Club Crackers – Original	
Keebler	Club Crackers – Reduced fat	
Keebler	Club Snack Sticks Honey Wheat	
Keebler	Club Snack Sticks Original	
Keebler	Club Multi-Grain	

These are intended to be helpful suggestions. Please keep in mind that food companies often change their manufacturing processes. What was previously peanut/tree nut free may not be so now.

Brand	Peanut/Tree Nut Free	Contains Peanuts/Tree Nuts
Keebler		Chips Deluxe cookies
Keebler		Country Style Oatmeal cookies
Keebler	E.L. Fudge Original cookies	
Keebler	E.L. Fudge Double Stuffed cookies	
Keebler	Fudge Shoppe Grasshopper	
Keebler	Fudge Shoppe Deluxe Grahams	
Keebler		Fudge Shoppe Caramel Filled cookies
Keebler		Fudge Shoppe Fudge Sticks cookies
Keebler	Fudge Shoppe Stripes cookies	
Keebler	Golden Vanilla Wafers	
Keebler	Grahams Cinnamon Crisp	
Keebler	Grahams Cinnamon Low Fat	
Keebler	Grahams Honey	
Keebler	Grahams Honey Low Fat	
Keebler	Grahams Original	
Keebler	Bug Bites	
Keebler	Scooby Doo Graham Cracker Sticks	
Keebler	Toasteds Buttercrisp	
Keebler	Toasteds Onion	
Keebler	Toasteds Sesame	
Keebler	Toasteds Wheat	
Keebler	Wheatables Honey Wheat	
Keebler	Wheatables Original Wheat	
Keebler	Wheatables Original Wheat Reduced Fat	
Keebler	Wheatables Seven Grain	

These are intended to be helpful suggestions. Please keep in mind that food companies often change their manufacturing processes. What was previously peanut/tree nut free may not be so now.

Brand	Peanut/Tree Nut Free	Contains Peanuts/Tree Nuts
Keebler	Zesta Whole Wheat	
Keebler	Zesta Fat Free	
Keebler	Zesta Original	
Keebler	Zesta Reduced Sodium	
Keebler	Zesta Soup & Oyster	
Keebler	Zesta Unsalted Tops	
Keebler		Animal Cookies Iced
Nabisco	Teddy Grahams	
Nabisco		All Ritz Bits
Nabisco	Honey Maid – Grahams - Cinnamon, Honey, Chocolate	
Nabisco	Barnum’s Animal Crackers	
Nabisco	Wheat Thins	
Nabisco	Nilla Wafers	
Nabisco	Oreo – original and double stuf	
Nabisco	Oreo – Golden original	
Nabisco		Oreo Cakesters
Nabisco	Chips Ahoy with 100% Whole Grain	
Nabisco	Chips Ahoy Chocolate Chip	
Nabisco	Chips Ahoy Reduced Fat	
Nabisco	Chips Ahoy White Fudge & Chocolate Chunk Soft Baked	
Nabisco	Chips Ahoy Chunky White Fudge	
Nabisco	Chips Ahoy Soft Baked Chocolate Chunk	
Nabisco		Chips Ahoy Mini Chocolate Chip Packs 2 Go!
Nabisco		Chips Ahoy Mini Chocolate Chips Snack Saks
Nabisco (Kraft)	Cheese Nips	

These are intended to be helpful suggestions. Please keep in mind that food companies often change their manufacturing processes. What was previously peanut/tree nut free may not be so now.

Brand	Peanut/Tree Nut Free	Contains Peanuts/Tree Nuts
Sunshine	Cheez-It Crackers	
Betty Crocker	Fruit by the Foot	
Betty Crocker	Fruit Roll-Ups	
Betty Crocker	Fruit Snacks	
Gardetto's	Italian Cheese Blend	
Gardeteto's	Italian Recipe	
Gardeteto's	Original	
Kellogg's	Fruit Streamers	
Kellogg's	Fruit Twistables	
Kellogg's	Fruit Chew Snacks	
Kellogg's	Yogos	
Kellogg's	Rice Krispies Treats	
Kellogg's	Rice Krispies Treats Caramel Chocolatey Chunk	
Hostess	Ding-Dongs	
Hostess	Twinkies	
Hostess	Cupcakes	
Little Debbie		Swiss Cake Rolls
Entenmann's	Crumb Donuts	
Entenmann's	Frosted Mini Donuts	
Entenmann's	Frosted Popems	
Entenmann's	Frosted Popettes	
Entenmann's	Glazed Chocolate Popems	
Entenmann's	Glazed Popems	
Entenmann's	Gingerbread Cookies	
Entenmann's	Little Bites Blueberry Muffin	Carrot Cake
Entenmann's	Little Bites Brownies	
Entenmann's	Little Bites Chocolate Chip Mini Muffins	
Entenmann's	Plain Popettes	
Entenmann's	Powdered Popettes	
Entenmann's		Apple Crumb Pie
Entenmann's		Cinnamon Swirl Buns
Entenmann's		Cinnamon Raisin Swirl Buns
Entenmann's		Ultimate Super Cinnamon Buns
Entenmann's		