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Food Allergy Guidelines

November 2006
Alexandria City Public Schools
School Health Guidelines
Managing Food Allergies in School

I. Introduction

This document will provide guidelines for parents and schools regarding food allergies in order to assist the building administrators to develop appropriate procedures to reduce the risk of accidental exposure to those foods which can be life-threatening or cause anaphylactic reactions for students in their buildings.

The Alexandria City Public Schools' School Health Program seeks to set age-appropriate guidelines for students and schools that minimize the risk for children with life-threatening food allergies. These guidelines include building-based general medical emergency plans, sample individual healthcare plans for students diagnosed with a life threatening food allergy, training of staff, availability of on site medical equipment for quick response to life-threatening allergic reactions, and such other guidelines to allow students with life- threatening allergies to participate fully in school activities.

It is the expectation that specific building-based guidelines/actions will take into account the health needs and well-being of all children without discrimination or isolation of any child. Open and informative communication is vital for the creation of an environment with reduced risks for all students and their families. Recognizing that it is not possible to eliminate all possible exposures, these guidelines also encourage age appropriate student education and self-advocacy. In order to assist children with life- threatening allergies to assume more individual responsibility for maintaining their safety as they grow guidelines will shift as children advance through the primary grades and through secondary school.

II. Purpose

The purpose of these guidelines is to minimize the risk of exposure to food allergens that pose a threat to Alexandria City Public School (ACPS) students and to educate the school community about life-threatening food allergies. In furtherance of this goal, these guidelines are provided to assist building administrators to better understand food allergies and related concerns. Each ACPS school will:

1. Establish a building-based general Medical Emergency Plan that includes a Life-Threatening Allergy Medical Emergency Plan based on a sample plan included in Appendix A.
2. Develop and implement an Individual Health Care Plan (IHCP) for students with diagnosed life-threatening allergies, based on medical documentation as appropriate for individual student needs and circumstances.
3. Implement annual life-threatening allergy and epinephrine auto-injector training for appropriate staff.
4. Restrict and/or control the use of food during the school day, as appropriate at the individual school building level based on student needs.

III. Parent/Guardian Responsibility

1. Notify the school nurse and principal of your child's allergies prior to the opening of school each year (or immediately after enrollment or a diagnosis).
2. Provide the school nurse with medical documentation from your licensed health care provider with medication orders before your child enters school.
3. Deliver/provide approved medications in proper containers to the school nurse on the first day your child enters school and maintain a non-expired supply in the Health Room for the duration of the school year.
4. No later than the first day your child enters school, provide the school nurse with a list of foods and/or ingredients that could cause a life-threatening or other allergic reaction.
5. Meet with the school nurse and other school staff to develop an Individualized Health Care Plan (IHCP) and Allergy Action Plan (AAP) and provide annual updates on your student's health status. This plan can include a mechanism for ongoing communication with school staff.
6. Schedule a meeting with the classroom teacher (grades K-5) to review the IHCP.
7. Educate your child in the self-management of their allergy as age appropriate, including: safe and unsafe foods, strategies for avoiding exposure to unsafe foods, symptoms of an allergic reaction, how and when to tell an adult they are having an allergy-related problem, and how to read food labels.
8. Consider purchasing a medical alert bracelet/necklace and encourage your child to wear it at all times.
9. Provide the school with safe snacks to be used if stipulated in the IHCP. Provide a nonperishable lunch to keep in school in case your student forgets lunch one day.
10. Investigate field trip destinations for potential issues (exhibits, activities) that may pose a risk, and inform your child's teacher if you have any concerns.
11. Participate in training and education in the classroom, as needed.
12. Provide the school administration and nurse with updated emergency contact information.

IV. School Administrator/Designee Responsibility

1. Establish a basic Medical Emergency Plan for the building for use in any medical emergency (see Section II, #1).
2. Ensure that an IHCP for each child with a life-threatening allergy is created and implemented.
3. Monitor satisfaction of cleaning protocol for classrooms, cafeteria, and other areas in the building.
4. Establish a procedure for how and when school staff should communicate with the main office and school nurse in the event of an emergency. This procedure should include guidelines for all school staff, coverage plans for the teacher and the nurse, and specific equipment to facilitate communication.
5. Adopt and maintain a no sharing/no trading food rule (Grades K-5).
6. Teach students and staff proper hand washing techniques and encourage students to wash hands before and after eating (Grades K-5).
7. Minimize the use of food in classroom with the exception of healthy snacks brought from home for personal consumption of the student. Principals are encouraged to look for ways that don't involve food to celebrate and honor student achievements and milestones. ACPS policy forbids the use of food as a reward/incentive or consequence for misbehavior.
8. Designate responsibility for giving advance notice to a parent and school nurse, as stipulated in the IHCP, of any school activity or project that requires the use of food.
9. Limit/Discourage the use of food for curriculum instruction if at all possible. If food is used, notify parents and school nurse in advance as stipulated in the IHCP (Grades K-5).
10. Prohibit consuming food on routine school bus routes. Food may be allowed on longer trips with appropriate supervision by school personnel and for students with special health needs requiring the consumption of food at non meal times.
11. Eliminate food sales in elementary school stores.
12. At the elementary level, provide guidelines for monitoring snack and lunch:
 - a. Send a letter to parents stating that food other than lunches and healthy snacks intended for student's own consumption not be brought into schools (except for special circumstances, such as the student who requires snacks at regular intervals due to a health condition);

- b. Establish within cafeterias eating areas/designated tables for the consumption of specific foods, as needed;
 - c. Have the flexibility in grouping students during the lunch period to limit exposure to potential allergens, and;
 - d. Eliminate specific potential allergens, if necessary, to protect food allergic students.
13. Request that the school nurse provide an annual educational program for building staff on life-threatening allergies in the classroom if there are students with life-threatening allergies in the building that school year. These training sessions for all school staff should be conducted as soon as practical each school year. Training will include a review of the signs and symptoms of anaphylaxis and the proper use of the epinephrine auto injectors and will emphasize the importance of prevention, risk reduction and early recognition of an allergic reaction and timely use of epinephrine.
 14. As appropriate, establish an emergency plan for field trips that includes how to activate EMS and who carries and administers epinephrine auto injectors. Classroom teachers will ensure that staff trained in the administration of an epinephrine autoinjector attend field trips with food allergic students.
 15. Practice emergency Life-Threatening Allergy Medical Emergency Plan/Medical Emergency Plan with all school staff twice each school year, once in September and once in January. Ensure that at least 3 people in the building are trained in epinephrine autoinjector administration, including the student's teachers, if appropriate. Ensure contingency plans are in place in the event of teacher or school nurse absence.
 16. Inform outside organizations using school buildings of ACPS mandatory guidelines regarding proper cleaning and sanitation expectations after use of facility.

V. School Nurse Responsibility

1. Develop an IHCP, corresponding Allergy Action Plan (AAP) and Medication Administration Plan with parents/guardians and a multidisciplinary school team (when appropriate) prior to school entry or at the first opportunity following a new diagnosis of a life-threatening food allergy. Arrange for periodic review of IHCP, at least annually.
2. Maintain open and frequent communication between home and school.
3. Remind parents to review IHCP with student. Meet with student individual to review IHCP.
4. Communicate these plans to school staff that have a "need to know".

5. At the beginning of each school year, provide education and training of all school staff to review the signs and symptoms of anaphylaxis and epinephrine auto-injector administration.
6. Conduct in-service training and education for appropriate staff, including field trip designees, regarding an individual student's life-threatening allergies, symptoms, risk reduction procedures and emergency procedures, as described in their IHCP and AAP.
7. Maintain a list of students who require epinephrine auto injectors for allergic reactions in the Health Office. IHCPs and AAPs for those students will be available in their health records and in Substitute Manuals.
8. Provide parents/students with information on the availability of medical alert identification.

V. Food Services Manager Responsibilities

1. Attend training if required by the student's individual health care plan.
2. Follow safe food handling practices to avoid cross contamination with potential food allergens.
3. Follow cleaning and sanitation protocol and safe food handling practices to avoid cross-contamination.
4. With parental approval, set up procedures for cafeteria regarding food allergic students, including entering student's allergy into computerized database.
5. After receiving the IHCP, and in accordance with guidance from Alexandria Food and Nutrition Services, make reasonable modifications, as feasible, for meals served to students with food allergies.
6. Respond appropriately to all complaints/concerns from any student with a life-threatening allergy, including allowing student to see school nurse if complaining of any potential symptoms.

VI. Cafeteria Hostess/Custodial Responsibilities

1. Attend training according to the student's individual health care plan.
2. Follow safe food handling practices to avoid cross contamination with potential food allergens.
3. Follow cleaning and sanitation protocol to avoid cross-contamination and thoroughly clean all tables, chairs and floors after each meal.

4. Provide a clearly labeled allergen free table for students if required by an IHCP.
5. Respond appropriately to all complaints/concerns from any student with a life-threatening allergy.

VII. Student's Responsibility

1. Do not trade food with others.
2. Wash hands before and after eating.
3. Do not eat anything with unknown ingredients or known to contain any allergen.
4. Be proactive in the care and management of their food allergies and reactions based on their developmental level.
5. Notify an adult immediately if they eat something they believe may contain the food to which they are allergic, and/or if they believe they are having any symptoms of an allergic reaction.

VIII. Transportation Staff Responsibility

1. Provide a representative for school team meetings to discuss implementation of a student's IHCP, as appropriate.
2. Provide annual training for all school bus drivers on managing life-threatening allergies.
3. Provide functioning emergency communication device (e.g. cell phone, two-way radio, walkie-talkie or similar device).
4. Know how to activate Emergency Medical Services (EMS).
5. Maintain a policy of not permitting food to be eaten on school buses.

APPENDIX A

Alexandria City Public Schools Creating a Life Threatening Allergy Medical Emergency Plan

Below are some suggestions for creating a Life Threatening Allergy Medical Emergency Plan. Remember to document all training, including who was trained, materiel covered, and date. Hold review classes on a regular basis. Test your Medical Emergency Plan by holding drills similar to fire drills. Check to see how long it takes for staff to respond, what part of the plan needs to be changed or improved, and what staff members need additional training.

If an apparent allergic reaction occurs:

- Where should the student go – to the main office? The Health Center?
- Who should accompany the child – another student? The teacher? If so, who will stay with the other students?
- What should be done if the student is in the lunch room, classroom, or gym?
- Whose responsibility is it to call the nurse?
- If the nurse is not present, who is next in line for action?
- Where is each student's Food Allergy Action Plan filed?
- Where are medications kept?
- Who will train substitute teachers or cafeteria aides?

Field trips:

- How will field trips be handled?
- Who will be responsible for carrying and administering the medication?
- What steps can be taken to minimize risks?

After-School Activities:

- Who is in charge if a reaction occurs after school?
- Where will medication be kept?
- Who should the after school staff member (e.g. coach) report a reaction to?
- What steps should be taken during a reaction?

If epinephrine is administered:

- *Any allergic reaction treated with epinephrine requires immediate follow-up in and emergency care facility, even if symptoms appear to have gone away.*
- Who will call an ambulance to transport the student to the hospital?
- Who will call the parents and/or doctor (after calling the ambulance)?
- Who is responsible for calling the emergency medical system?
- Will the person call from the nurse's office, the main office, cafeteria, or elsewhere?
- Where will the student be expected to wait after the call is made?
- What trained staff person is assigned to stay with the student at all time once medication has been administered?

Source: *The School Food Allergy Program, The Food Allergy and Anaphylaxis Network (FAAN), 10400 Eaton Place, Suite 107, Fairfax, VA 22030-2208, Telephone 1-800-929-4040, www.foodallergy.org*

APPENDIX B

Nursing Policy and Procedures	Number	2
EPINEPHRINE GUIDELINES FOR STUDENTS WITHOUT EMERGENCY PROTOCOL	Effective date	4/10/99
	Revision date	
	Page number	1 of 1

NURSING POLICY AND PROCEDURES

Purpose: in the absence of a specific physician order, use of subcutaneous epinephrine (1:1,000) (EpiPen) should be considered in the following situations:

1. Allergic reaction triggered by any of the following:

- Food
- Insect bite or sting
- Unknown event

With any of the following symptoms:

- A. Heart rate greater than 120/minute, systolic blood pressure less than 80
- B. Breathing rate less than 12 or greater than 36/minute
- C. Significant wheezing or poor air movement
 - D. Overwhelming generalized urticaria (hives) or sudden onset of swelling of lips, face, tongue, etc.
 - E. Anxious student or student with decreased consciousness
 - F. Drooling, hoarse voice, and/or inability to swallow

2. Severe asthma with any of the following:

- A. Breathing rate less than 12/minute or greater than 36/minute
- B. Anxious student or student with decreased consciousness
- C. Severe shortness of breath with inability to speak more than 3-5 words at a time
- D. Severe difficulty breathing (significant use of accessory muscles for breathing with poor air movement)
- E. Cyanosis or significant pallor

3. Bee/insect sting in a student with a history of bee/insect sting allergy with an order for an EpiPen

Equipment:

\$ EpiPen (epinephrine) in 2 sizes: 0.15 ml (child: under 60 lb) or 0.30ml (lg child/adult) administered subcutaneously as directed on EpiPen directions can be repeated once or if little or no improvement noted again in 15 minutes

At the same time or prior to EpiPen administration, assisting personnel should call 911 for transportation of the student to the emergency room.

References:

ANAPHYLAXIS: “Preventing Life-Threatening Food Allergy Emergencies in Schools: A Resource for School Nurses and Administrators”,
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Formanek, R. Jr. (2001). *Food Allergies: When Food Becomes the Enemy*. Federal Food and Drug Administration.
http://www.fda.gov/fdac/features/2001/401_food.html

Managing food anaphylaxis at school requires emergency plan.
http://www.schoolhealth.org/food_allergies.htm

Managing Life Threatening Food Allergies in Schools (2002). Massachusetts Department of Education, 350 Main Street, Malden, Ma 02148, Telephone 1-781-338-3000, <http://www.doe.mass.edu>

Life Threatening Food Allergies Guidelines (May 2004), Newton Public Schools, Newton, Massachusetts,
<http://www.newtonpublicschools.com/Documents/Policies/040510-LifeThreateningFoodAllergiesGuidelines.pdf>

A Principal's Guide to Children's Allergies, a publication of the National Association of Elementary School Principals, September 1999.
<http://www.naesp.org/comm/p099a.htm>

The School Food Allergy Program, The Food Allergy and Anaphylaxis Network (FAAN), 10400 Eaton Place, Suite 107, Fairfax, VA 22030-2208, Telephone 1-800-929-4040, www.foodallergy.org