

# Caring For Students With Food Allergies In School



**Loudoun County Public Schools**

**2010**

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# **Caring for Students with Food Allergies in Schools**

## **Background**

Development of this manual is the result of a collaborative effort of Loudoun County Public Schools (LCPS) and a group of interested and concerned parents.

The committee, convened by the Department of Pupil Services, developed the “Prevention Expectations” section of this document. The committee was composed of three parents of students with food allergies and one parent of students without food allergies; one principal each representing elementary, middle, and high school levels; the directors of elementary, middle, and high school; the director of student services; representatives from Student Health Services, Food Services, and Health and Physical Education. They consulted with representatives from Facilities Services, Transportation, and Guidance Services.

Other parts of the manual have been written by the Office of Student Services, specifically Student Health Services, who have used resources from the Food Allergy and Anaphylaxis Network (FAAN) and have consulted with parents and representatives of the Loudoun Allergy Network (LAN).

The Committee also used “Managing Life Threatening Food Allergies in Schools,” a document from the Massachusetts Department of Education as a model in developing this publication. The Massachusetts document has been praised by parents and food allergy organizations.

Emphasis on the nutritional wellness and safety of LCPS students supported the efforts of many to create this manual. The Wellness Policy of the School Board of LCPS, federal mandates, state and federal emphasis on the importance of healthy living for students, FAAN guidelines, LAN’s recommendations, and the Carol M. White Physical Education Program Grant all support the need for guidelines. Additionally, concerns regarding safety and sanitation of food products brought into schools created the need for establishing expectations.

## **Food in Schools Committee**

*The following individuals were members of the committee convened by the Department of Pupil Services which met from November, 2009 through February, 2010 to develop "Prevention Expectations" for this manual.*

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Dr. W. Michael Martin, Co-Chairperson  
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Mr. David A. Spage,  
Director of High School Education

Ms. Cathy Sturgeon,  
Supervisor of Student Health Services

*Food allergies are presenting increasing challenges for schools. Because of the life-threatening nature of these allergies and the increasing prevalence, LCPS must continue to be responsive to the needs of students with food allergies.*

## **Purpose of the Manual**

This manual is presented to assist schools of Loudoun County Public Schools in developing and implementing comprehensive procedures which promote healthy nutrition for all students with emphasis on students with life-threatening food allergies. The manual addresses:

- the scope of the problem of childhood allergies
- types of detailed protocols that should be in place in every school to help prevent allergic reaction emergencies and deaths from anaphylaxis,
- the systematic planning and multi-disciplinary team approach needed prior to school entry by the student with life-threatening food allergies,
- the school's role in preventing exposure to specific allergens,
- emergency management should a life-threatening allergic event occur,
- the roles of specific staff members in the care of the student with a life-threatening allergic condition, and
- the importance of good nutrition for all students.

*While this document focuses on food allergies, treatment of anaphylaxis (a life-threatening allergic reaction) is the same whether caused by insect sting, latex, or exercise-induced.*

## Wellness for Children

According to the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, childhood obesity has more than tripled in the past 30 years. The prevalence of obesity among children aged 6 to 11 years increased from 6.5 percent in 1980 to 19.6 percent in 2008. The prevalence of obesity among adolescents aged 12 to 19 years increased from 5.0 percent to 18.1 percent (Ogden et al., 2008; National Center for Health Statistics, 2004).

Obesity is the result of caloric imbalance (too few calories expended for the amount of calories consumed) and is mediated by genetic, behavioral, and environmental factors (Daniels et al., 2005; U.S. Department of Health and Human Services, 2001.) Childhood obesity has both immediate and long-term health impacts:

- Obese youth are more likely to have risk factors for cardiovascular disease, such as high cholesterol or high blood pressure. In a population-based sample of 5- to 17-year-olds, 70 percent of obese youth had at least one risk factor for cardiovascular disease (Freedman et al, 2007).
- Children and adolescents who are obese are at greater risk for bone and joint problems, sleep apnea, and social and psychological problems such as stigmatization and poor self-esteem (Daniels et al., 2005; U.S. Surgeon General, 2001).
- Obese youth are more likely than youth of normal weight to become overweight or obese adults, and therefore more at risk for associated adult health problems, including heart disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis (U.S. Surgeon General, 2001).

Healthy lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming obese and developing related diseases (Daniels et al., 2005).

## Food Allergy Prevalence

- The incidence of food allergy is increasing. The number of young people who had a food or digestive allergy increased 18 percent between 1997 and 2007. In 2007, approximately 3 million U.S. children under age 18 (nearly 4 percent of the age group) were reported to have a food or digestive allergy in the previous 12 months, compared to over 2.3 million (3.3 percent) in 1997.
- Approximately 3.7 percent of children and teens aged 5 to 17 years had a reported food allergy.
- Children with a food allergy are two to four times more likely to have other related conditions such as asthma and other allergies, compared to children without food allergies.
- The prevalence of food allergy among children increased by 18 percent over a ten-year period (The Centers for Disease Control and Prevention National Center for Statistic Data Brief, 2008).
- According to the Food Allergy and Anaphylaxis Network, three million school-aged children have food allergies.
- Peanut allergy doubled in children over a five-year period (1997-2002) (Sicherer, et al. 2003)
- Fatal food anaphylaxis is most often caused by peanuts (50-62 percent) and tree nuts (15-30 percent) (Keet and Wood, 2007).

In September 2009, 3.6 percent of LCPS students were reported to have a food allergy; 2 percent of students were prescribed epinephrine by their physicians.

## Quick Facts from the National Institutes of Allergy and Infectious Diseases

- Food allergy occurs in 6 to 8 percent of children 4 years of age or under, and in 3.7 percent of adults.
- In young children, the prevalence of allergy to cow's milk is 1.9-3.2 percent, and allergy to egg is 2.6 percent.
- Allergy to peanuts and tree nuts in the general population is, respectively, 0.6 percent and 0.4 percent, with the rate in children under age 18 (0.8 percent and 0.2 percent) slightly different from adults (0.6 percent and 0.5 percent respectively). These two foods are the leading causes of fatal and near fatal food-allergic reactions.
- In spite of attempts to avoid allergenic foods, accidental exposures are the major causes of allergic reactions to foods. Over a period of two years, approximately 50 percent of subjects in the United States with food allergy have an allergic reaction to accidental exposure.
- In the United States, there are approximately 30,000 episodes of food-induced anaphylaxis, associated with 100 to 200 deaths; most deaths occur in adolescents and young adults.
- The prevalence of seafood allergy in the general population is 2.3 percent and represents the most common form of food allergy in adults.
- The prevalence of seafood allergy in the general population is 0.4 percent to fish, 2.0 percent to shellfish and 0.2 percent to both. Seafood allergy is less common in children (0.6 percent) than adults (2.8 percent).
- Food allergy is the most frequent single cause of emergency room visits for anaphylaxis and accounts for 34 to 52 percent of these visits.

National Institutes of Allergy and Infectious Diseases, National Institutes of Health  
<http://www.niaid.nih.gov/topics/foodAllergy/understanding/Pages/quickFacts.aspx>

## Characteristics of Food Allergy Reactions in Students

- Allergic reactions to foods vary among students and can range from mild to severe life-threatening anaphylactic reactions. Rarely, 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 can cause death.
- Eight foods (peanut, tree nut, milk, egg, soy, wheat, fish and shellfish) account for 90 percent of total food allergies, although any food has the potential to cause an allergic reaction.
- Peanut and tree nuts account for 92 percent of severe and fatal reactions, and along with fish and shellfish, are often considered to be lifelong allergies.

## School Awareness

Every school should expect at some point to have students with food allergies. All schools must be prepared to deal with food allergies and the potential for anaphylaxis.

- Accidental ingestion of the offending allergen may occur at school.
- The first anaphylactic allergic reaction to a food may occur at school.
- Students with food allergies may be entitled to services under Section 504 of the Rehabilitation Act and Individuals with Disabilities Education Act if determined eligible by the school.
  - Section 504 covers qualified students and prohibits discrimination on the basis of a disability. To be protected under Section 504, a student must be determined to: (1) have a physical or mental impairment that substantially limits one or more major life activities; or (2) have a record of such an impairment; or (3) be regarded as having such an impairment. Section 504 requires that school districts provide a free appropriate public education designed to meet the individual needs of qualified students, who have a substantial limitation in a major life activity, to the same extent as the needs of students without disabilities are met.
  - The Individuals with Disabilities Education Act provides protections to qualified students through the provision of special education and related services. Special education means specially designed instruction to meet the unique needs of a child with a disability including instruction conducted in a classroom, home, hospital, institution, or other setting at no cost. Eligible students are evaluated and identified on the basis of having a disability that adversely affects a child's educational performance and as a result needs specially designed instruction.

## Emotional Impact

Eating, smelling, and touching food are part of all human experience; however, the child with a severe food allergy may have unpleasant, even life-threatening, responses to food. The emotional impact of having a life-threatening food allergy and of frightening experiences impacts each student and family differently and may change as the student matures. Social isolation was named as the worst part of having food allergies by 94 percent of teens with food allergies. School staff members need to be mindful of the emotional impact as they work with students with food allergies and their parents to prevent barriers to learning.

A review of current literature indicates that the emotional impact of food allergies can include the following:

- Exclusion
- Social isolation
- Anxiety/fear
- Nervous tics
- Depression
- Fears of rejection/embarrassment
- Irritability and “melt downs”
- Resentment/anger (that allergies are unfair)
- Risk-taking behavior
- Bullying
- Disordered eating behaviors
- Obsessive-compulsive behaviors (e.g., perfectionism and checking behaviors)

Teachers, school counselors, and administrators can work together to support the child in dealing with emotions. A sense of safety is critical for students and parents who need to know that the school is aware of the allergy and is striving to keep the student safe. The importance of a cooperative working relationship between the school and the home fosters awareness and sensitivity to the needs of students with life-threatening food allergies. Teaching acceptance of all kinds of differences is important and helps all students recognize the value and worth of their peers.

At the elementary level, school counselors have resources to teach lessons about food allergies and to help students develop peer groups. Counselors at all school levels may conduct small counseling groups about dealing with differences and are available for individual counseling as well as consultation with parents. Schools currently offer a variety of bullying prevention programs, and in the fall of 2010 a consistent bullying prevention program will be instituted throughout LCPS. Parents and students are encouraged to talk with school counselors about their needs and to request special support and help if needed and/or desired.

## Parent Suggestions

*The following suggestions were provided by various groups of parents of students with food allergies to help school staff members consider possible ways to minimize the emotional impact of food allergies.*

Parents of students with food allergies (including rising kindergarten students) should be provided information regarding food allergy management in schools. When a child first enters school or immediately after a diagnosis of life-threatening food allergy, parents should be encouraged to participate in multi-disciplinary team meetings to develop a plan to manage their child's food allergies.

Keeping the unnecessary food out of schools and all food out of the classroom would provide many students with food allergies a safe and worry-free environment in which to learn. If a child is spending time anxious about having a reaction, or suffering from constant low level contact reactions, how can he/she possibly focus on learning to his/her best ability?

The expectations about food in schools should be presented as part of wellness initiatives, and not focus solely on students with food allergies. Inconsistent policies create resentment among classmates and other parents. This resentment can make students a target for bullying.

Each school may wish to designate a key staff member who understands the practical and emotional aspects of managing food allergies. This staff member should be available for students or parents who are experiencing difficulty managing food allergies. This staff member should participate in multi-disciplinary team meetings, offer support, and act as a liaison.

Comprehensive county-wide food allergy training should address medical information about food allergy and anaphylaxis, emergency procedures, safety precautions, policies and guidelines, emotional impact, and best practices. Staff members (e.g., teachers, principal, 504 coordinator, nurse and/or health clinic assistant, school counselor, and cafeteria manager) should be encouraged to attend the annual Food Allergy and Anaphylaxis Network Conference in Baltimore.

Staff should be trained not to label "allergy kids" and educated about the consequences of labeling students based on a disability. Staff should never ask students to publicly identify their food allergies.

Many students are reassured by seeing the precautionary measures that are taken to keep them safe in school.

Student should have the opportunity to become familiar with teacher, nurse and/or health clinic assistant, school counselor and other key staff prior to start of school. The teacher can assure the student that she is taking precautions to keep the student safe and has been trained to recognize and treat allergic reactions. Student and teacher should use this opportunity to determine how the student can discretely make the teacher aware of a possible reaction. The teacher and cafeteria staff should empower the student to take action to stay safe, such as moving after being seated in the cafeteria, if someone is eating unsafe food nearby.

Food allergy education may be included in the curriculum. Education should include keeping classmates safe and recognizing symptoms as well as acceptance of differences to prevent bullying.

Teachers should ensure that students with food allergies are seated with at least one “buddy” with safe food during snack and lunch. Kindergarten teachers can create an allergen-free “class mascot” snack table to encourage students to bring allergen-free snacks.

Students with food allergies should be empowered to make choices to stay safe. School staff should never insist that a child eat any food item. Students with food allergies should understand that they should move, or request that another student move, if someone is eating unsafe food. Some students are afraid to break the rules and get up after being seated in the cafeteria.

Support groups or individual counseling help students deal with feelings.

Every effort should be made to protect the student’s privacy while being treated by nurse/health clinic assistant or emergency medical technicians during a reaction.

Specially trained school counselors and psychologists should be available to provide post-reaction support.

## Role of the School in Preventing and Managing Life-Threatening Food Allergies

*Staff members who are knowledgeable regarding preventive measures and well prepared to handle severe allergic reactions can save the life of a child. Food Allergy Action Plans (FAAP), Individual Health Care Plans (IHCP), and 504 Plans (if applicable) assist school staff members in providing for the needs of students with life-threatening food allergies and assure parents of the safety of their children. Avoidance of the substance the student is allergic to is the only means to prevent food allergy reactions.*

- The school nurse or school resource nurse should oversee the implementation of the Food Allergy Action Plan (FAAP) and development of the Individualized Health Care Plan (IHCP) for each student with the diagnosis of a life-threatening allergic condition. The school nurse or school resource nurse, in collaboration with the school principal or designee, should be responsible for organizing and conducting a meeting with the student's parent(s), the student (if appropriate), the student's teachers, and other personnel as determined by the student's needs. The FAAP and IHCP must be developed prior to the student's entry into school or after the diagnosis of a life-threatening food allergy.
- Schools should ensure that all staff entrusted with the care of students receive basic education concerning food allergies and have training in the prevention and management of allergic conditions. LCPS Student Health Services provides training and resources for staff members.
- Schools should be prepared to manage an anaphylactic reaction. (See "Emergency Responses" for further details.)
- Many students with food allergies have experienced a life-threatening anaphylactic reaction and are aware of their own mortality. School policies and protocols must respect the physical safety **and** the emotional needs of these students.

# Food Allergy

## What is Food Allergy?

People with allergies have an over-reactive immune system that targets otherwise harmless elements of our diet and environment. During an allergic reaction to food, the immune system recognizes a specific food protein as a target. This initiates a sequence of events in the cells of the immune system resulting in the release of chemical mediators such as histamine. These chemical mediators trigger inflammatory reactions in the tissues of the skin (itching, hives, rash), the respiratory system (cough, difficulty breathing, wheezing), the gastrointestinal tract (vomiting, diarrhea, abdominal pain), and the cardiovascular system (decreased blood pressure, heartbeat irregularities, shock). When the symptoms are widespread and systemic, the reaction is termed “anaphylaxis,” a potentially life-threatening event.

## What Is Anaphylaxis?

*Anaphylaxis is a potentially life-threatening medical condition occurring in allergic individuals after exposure to specific allergens. Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body. These symptoms may include one or more of the following:*

- Hives
- Difficulty swallowing
- Vomiting
- Wheezing
- Itching (of any body part)
- Difficulty breathing, shortness of breath
- Diarrhea
- Throat tightness or closing
- Swelling (of any body part)
- Sense of doom
- Stomach cramps
- Itchy scratchy lips, tongue, mouth and/or throat
- Red, watery eyes
- Fainting or loss of consciousness
- Change of voice
- Dizziness, change in mental status
- Runny nose
- Flushed, pale skin
- Coughing
- Cyanotic (bluish) lips and mouth area

The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock which are potentially fatal. Common examples of potentially life-threatening allergies are those to foods and stinging insects. Life-threatening allergic reactions may also occur to medications or latex rubber and in association with exercise.

Anaphylaxis can occur immediately or a few hours following allergen exposure. In about a third of anaphylactic reactions, the initial symptoms are followed by a delayed wave of symptoms two to four hours later. As many as 30-40% of people who have an anaphylactic reaction will experience a recurrence in the hours following the beginning of the reaction and require further medical treatment, including additional epinephrine injections. This secondary reaction is called *biphasic*, meaning *two phases*. While the initial symptoms respond to epinephrine, the delayed biphasic response may not respond at all to epinephrine and may not be prevented by steroids. **Following the administration of epinephrine, it is imperative that the student be transported by emergency medical services to the nearest hospital emergency department even if the symptoms appear to have been resolved.**

Students experiencing anaphylaxis should be observed in a hospital emergency department for a minimum of 4-6 hours after initial symptoms subside, to observe for a possible biphasic reaction. In the event a biphasic reaction occurs, intensive medical care could then be provided.

**When in doubt, it is better to give the epinephrine and seek medical attention. Fatalities occur when epinephrine is withheld.**

For those students at risk for food-induced anaphylaxis, the most important aspect of the management in the school setting should be **prevention**. In the event of an anaphylactic reaction, epinephrine is the treatment of choice and should be given immediately. This requires the training of school staff personnel, if nursing staff cannot be available immediately. Studies show that fatalities are frequently associated with not using epinephrine or delaying the use of epinephrine treatment.

Children with severe food allergies have a higher rate of other allergic disease, including asthma and eczema. Anaphylaxis is more common in children whose food reactions have had respiratory features such as difficulty breathing and throat tightness. Fatal anaphylaxis is more common in children with food allergies who are also asthmatic, even if the asthma is mild and well controlled. Anaphylaxis appears to be much more probable in children who have already experienced an anaphylactic reaction. There is no predictable pattern of anaphylaxis, so it does not require the presence of any skin symptoms such as itching and hives.

In many fatal reactions the initial symptoms of anaphylaxis were mistaken for asthma. This delays appropriate treatment with epinephrine.

## **Summary of Anaphylaxis**

Every food allergy reaction has the potential of developing into a life-threatening event. Several factors may also increase the risk of a severe or fatal anaphylactic reaction: concomitant asthma; a previous history of anaphylaxis; peanut, tree nut, seed and/or shellfish allergies; and delay in the administration or failure to administer epinephrine. Food allergies are more prevalent in younger children.

The severity and explosive speed of food anaphylaxis emphasizes the need for an effective emergency plan that includes recognition of the symptoms of anaphylaxis, rapid administration of epinephrine, and prompt transfer of the student by the emergency medical system to the closest hospital.

## Living with Food Allergies

Raising a child with food allergies is challenging. Parents must ensure strict food avoidance, understand food labeling, and be on a constant alert to implement an emergency medical plan at any moment. These are just some of the challenges parents of children with food allergies deal with every day. With time, support, and education, parents become skilled and are well prepared to keep their children safe. Perhaps the greatest challenge parents face is finding the balance between what is safe and what is normal when meeting the needs of their children. The balance works well until it is time to share the care of that child with others. It is at this time that the balance often shifts and parents must work to reestablish it.

Parents of children with food allergies have crafted ways to keep their children safe in a world that is not food allergic friendly. As their children grow and their world expands, so do the demands for parents to readjust their own thinking and strategies for maintaining a normal but safe environment for their children. The threat to this balance is never greater than when a child begins school. What had worked so well in their own home is now being given to unfamiliar people, some knowledgeable about food allergies and supportive of parents, others not.

The best way to provide a safe and healthy learning environment for these children is for schools to partner with parents, tap into their knowledge and expertise, and develop a comprehensive approach that will ensure the safety and health of every child with food allergies. With this approach, schools can help parents and their children make the very necessary transition of moving from the safety of their home environment into the expanding world of a school. This is one of the greatest lessons a child can learn; children are safe in a world outside of their own home.

Schools can provide valuable resources to children with food allergies and their families by helping children feel accepted within the school community. They can teach children to

- keep themselves safe,
- ask for help,
- trust others,
- develop healthy and strong friendships,
- acquire social skills,
- accept more responsibility,
- improve their self-esteem, and
- increase their self confidence.

## **Planning for the Individual Student**

### **Food Action Allergy Plan (FAAP) and Individual Health Care Plan (IHCP)**

Prior to entry into school or before returning to school for a student who is already in school and has been diagnosed with a life-threatening allergic condition, the parent/guardian should meet with the school nurse or school resource nurse and school team working with the student to implement a FAAP and develop an IHCP. LCPS requires that the parent/guardian of a student with a life-threatening food allergy submit page one of the FAAP completed by the student's physician and signed by the parent. This information is used as a part of the planning for the IHCP.

The parent/guardian should work with the school to create a strategy for management of a child's food allergy (See Appendix A "Responsibilities of the Parents" for more detail). The parent/guardian shall provide the following information which is part of the Allergy Action Plan, form 11:10 (Appendix F):

- Licensed provider documentation of food allergy
- Licensed provider order for epinephrine by auto-injector as well as other medications 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
- A minimum of two up-to-date epinephrine auto-injectors (More may be necessary based on the student's activities and travel during the school day).
- The type of food allergies (e.g., to milk, tree nuts, etc.)
- Name/telephone number of the student's allergist or primary care provider
- Emergency contact information, (e.g., telephone, cell phone)
- Physician's certification and parent and student agreement for self-administration and/or carrying medication

## Multi-Disciplinary Team Approach

- The principal or clinic personnel should be notified of the child's food allergy at registration.
- The registered nurse for the school will contact the parent to obtain a medical history. The team should include the following:
  - Parent/guardian
  - Principal or other administrator
  - School nurse or school resource nurse
  - Teachers and specialists (e.g., art, music, science, computer, family and consumer sciences, health and physical education teachers)
  - School counselor
  - Other learning support staff and assistants based on the student's curriculum and activities
  - Health clinic assistant (elementary school)
  - Student with food allergy, if age appropriate
  - The multi-disciplinary team will schedule a meeting to discuss the FAAP and IHCP.
  - If possible, the parent should have page one of the FAAP completed before this meeting.
- Areas of discussion include:
  - Any past reactions
  - Emotional impact of food allergy
  - Impact of medication on class participation and learning
  - Classroom accommodations
  - Cafeteria seating
  - Snacks
  - Parties
  - Field trips
  - Classroom projects
  - Specialty classes
  - Hand-washing
  - Storage of epinephrine
  - Carrying an epinephrine auto-injector on the bus
- An individualized written plan is established, and copies are provided to the parent and staff who come into direct contact with the student. Staff will be required to sign a form acknowledging receipt of the FAAP and IHCP.
- If the parent or school sees a need for revision of the FAAP and IHCP, the multi-disciplinary team is reconvened.

## Prevention Expectations

- Classrooms
- School Field Trips
- Physical Education and Recess
- Specials and Special Activities at School
- School-Sponsored After School Activities
- School Bus
- Food Services
- Cafeteria
- Foodless Celebration and Reward Ideas for Schools

***Protecting a student from exposure to offending allergens is the most important way to prevent life-threatening anaphylaxis. Most anaphylactic reactions occur when a student is accidentally exposed to a substance to which he/she is allergic, such as foods, medicines, insects, and latex.***

Schools can be a high-risk setting for students with severe food allergies due to such factors as a large number of students; increased exposure to food allergens; and possible cross-contamination of tables, desks, and other surfaces. High-risk areas and activities for the student with food allergies include: the cafeteria; food sharing; food in classrooms; hidden ingredients; instructional projects; bus transportation; fundraisers; bake sales; parties and holiday celebrations; field trips; and substitute teaching staff being unaware of the food allergic student.

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. Reactions through contact can be serious when the allergen comes in contact with mucous membranes such as touching the eyes, nose, or mouth when the offending food is on the hands of a student with a food allergy. The amount of food needed to trigger a reaction depends on multiple variables. The level of sensitivity for each person with a food allergy may fluctuate over time. Not every ingestion exposure will result in anaphylaxis, though the potential always exists. Another variable 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.

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 and changes in those 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.” Staff should be aware that manufacturers are not required to use advisory (i.e., “may contain”) labeling to indicate allergen cross-contamination. Parents/guardians should determine in advance whether a particular food is safe for a student each time it is to be used. School personnel should know, too, that the safety of any food item may change with no notice due to manufacturing changes.

***Procedures shall be in place at school to address food allergy issues in the classrooms and gym; food services/cafeteria; for instructional projects; crafts; outdoor activity areas; school buses; and field trips during school activities.***

## **Classrooms**

- Teachers must be familiar with the Individual Health Care Plan (IHCP) of students in their classes and respond to emergencies as per the emergency protocol for children with identified allergies.
- Close collaboration and cooperation between parents, administrators, teachers, and support staff is essential to protect the health and safety of students with identified allergies.
- Parents/guardians should be notified so they can determine in advance whether a particular food item is safe for a child with life-threatening food allergies.
- In elementary school classes which include students with food allergies, the principal and/or teacher will send a letter home to parents of every student in the class to ask that all parents avoid sending in food items or containers which contain allergens which may cause a reaction. The individual student(s) with food allergies should not be identified in writing or verbally to parents or students (Examples of containers: egg cartons, peanut butter jars, and candy wrappers in projects).
- In the event of an allergic reaction (where there is no known allergic history), the school nurse or health clinic assistant (HCA) will be called and will follow the emergency protocol. Emergency medical services will be called immediately.
- The classroom should have easy communication with the school office, school nurse, or HCA by such means as functioning intercom, walkie-talkie, or other communication devices as needed. New teachers and substitutes should be familiarized with the operation of the communication device.
- Information about students' food allergies will be kept in the classroom. Foods containing allergens specific to a child are not to be used for class projects; parties; holidays and celebrations; arts, crafts, and science experiments; cooking; or other purposes. The use of healthy foods should be encouraged. The IHCPs of students in the classroom must be followed. Classroom teachers should be respectful of the privacy of all students.
- All students and their parents, teachers, assistants, and substitutes should be educated about the risk of food allergies.
- Non-food items will be used instead of candy when considering rewards. The IHCP of students in the group must be followed. Inclusion of all students in classroom rewards is essential. Ideas for non-food rewards are listed on page 27.
- Only non-food treats will be allowed for birthday celebrations. Possible alternative birthday and party celebration treats are listed on page 31.

- If a student brings a restricted food for snack time to the classroom, the teacher will ensure that there are proper procedures as identified in the IHCP to manage that snack. All students should be encouraged to eat healthy snacks, such as fruits and vegetables. Food containing allergens should not be consumed in classrooms of students with food allergies.
- A plan will be in place for the cleaning of snack tables before and after snacks when the snack is consumed outside the classroom, such as in the hallway.
- If an event has been held in the classroom the night before, tables and desks should be cleaned in the morning following the cafeteria table cleaning procedures. When possible, events and after-school activities should not be held in rooms where a child with a food allergy is a student. (See Appendix E)
- Sharing or trading food in the class is prohibited.
- Proper hand-washing techniques by adults and students should be taught and reinforced before and after meals at the elementary level. (Hand sanitizer kills germs but does not get rid of allergens.)
- Classroom animals can be problematic on many levels. If an animal is present in the classroom, special attention must be paid to the ingredients in their food since many animal feeds contain peanuts.

## School Field Trips

- The school nurse or elementary school resource nurse will discuss with staff the safety considerations on field trips involving students with life-threatening allergies.
- Field trips need to be chosen carefully and planned well in advance with parents of students with food allergies. No student should be excluded from a field trip due to risk of allergen exposure.
- Protocols for field trips will include timely notification by the teacher to the nurse or HCA at least a week in advance of the field trip.
- Parents will be notified early in the planning process of field trips so they can make the staff aware of safety concerns. Cell phone reception, allergens, and the closest hospital should be considered when planning field trips. Medications including epinephrine auto-injector and a copy of the student's IHCP and Food Action Allergy Plan (FAAP) must accompany the student. Parents may wish to consider individual doses of antihistamine if it is part of the FAAP and IHCP.
- In planning a field trip, the teacher will remind all parents to exercise caution regarding what foods are packed for the trip so that students with specific food allergies will be safe. When possible, meals and snacks should not be eaten on the bus. Trip planners should try to locate a sheltered area where students can eat packed lunches in case of rain. The parent of the student with a food allergy or the staff member responsible for the student with a food allergy should be seated in close proximity to the student to ensure that no allergens are eaten near the student.
- If the class plans to stop for lunch at a restaurant, the needs of students with food allergies will be accommodated.
- If the class must eat on the bus, the parent of the student with a food allergy or the staff member responsible for the student's safety should be sure that no allergens are near the student. Food will not be eaten on the bus if a student's IHCP specifies such a provision.
- Parents of a student at risk for anaphylaxis should be invited to accompany their student on school trips, in addition to the chaperone. If there is not enough space for the parents to accompany their student on the bus provided, parents may elect to transport their own student and should plan in advance with the teacher or school administrator.
- In the absence of accompanying parents/ guardian, the teacher responsible for the student must be trained and assigned the task of monitoring the student's welfare and for handling any emergency.
- A cell phone or other communication device must be available on the trip for emergency calls.
- Hand wipes which do not contain allergens such as shea and lanolin should be available for use by students and staff after consuming food. Parents may be asked to provide hand wipes as part of the field trip instructions. (Hand sanitizer kills germs but does not get rid of allergens.)

- Teachers and chaperones should carefully monitor items students bring on the bus after a field trip to see that no allergen-producing item is included (Examples: gift shop food products, pine cones, and nuts). If students handle allergens, they should be required to clean their hands before boarding the bus.

## **Physical Education and Recess**

- Teachers and staff responsible for physical education or recess should be trained by appropriate personnel to recognize and respond to exercise-induced anaphylaxis, as well as anaphylaxis caused by other allergens.
- Staff in the gym, on the playground, and at 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 discreetly to replace this identification immediately after the activity is completed. Students also have the option of using their own stretch bands to cover the medical alert identification.

## **Specials and Special Activities at School**

School counselors, media specialists, reading specialists, art and music teachers, and other staff members working with students individually, in small groups, and in classroom groups will meet the same expectations as those for the classroom teacher.

- When special events, such as field days and school celebrations, are planned, the school staff will adhere to the classroom and school-sponsored activities expectations.
- Caution should be used in planning and conducting any fundraisers involving food. Some companies will ship food items directly to the customers. Particular consideration should be given to where food items will be stored and distributed and to inclusion of students with food allergies who may not be able to participate without concerns of handling allergens. Alternatives to selling products might also be considered: “Frills Free” events where patrons donate amounts of their choosing, Masquerade Ball on December 32 where patrons pay to participate in an imaginary dance, and Jump Rope for Schools where patrons pay students for the amount of times they are actively jumping. The multi-disciplinary team may consider school fundraising efforts and the safety of students when designing students’ IHCP.

## School-Sponsored After School Activities

- After school activities sponsored by the school must be consistent with school policies and procedures regarding students with food allergies.
- Identify who is responsible for keeping the epinephrine auto-injector during school-sponsored after school activities, including sporting events. The parent/guardian should notify the teacher and school nurse or health clinic assistant in advance if the student with a severe food allergy is participating in an after school, school-sponsored activity, thus, providing time to be certain that the supervising teacher can be trained.
- If for safety reasons medical alert identification (i.e., ID bracelet) needs to be removed during specific activities, the student should be reminded discreetly to replace this identification immediately after the activity is completed. Students also have the option of using their own stretch bands to cover the medical alert identification.
- The coach or adult staff member in charge will be provided with the FAAP, IHCP, and 504 Plan (if applicable) of students with severe allergies.
- For students who have an epinephrine auto-injector at school, parents should notify the teacher/sponsor about the student's allergy when the student will be staying for any school-sponsored after school activities. The clinic is closed after dismissal and the nurse/health clinic assistant is not in the building. It is strongly suggested that middle and high school students carry their own auto-injectors for quick access to epinephrine. For students to carry an epinephrine auto-injector, the physician will need to sign the bottom of form 11:10, Allergy Action Plan, and the parent and student will need to sign form 11:10c under "Agreement for Permission to Self-Administer and/or Carry Epinephrine." If a student is unable to administer his/her own epinephrine, a trained adult staff member will administer it.
- If activities involving food (such as bake sales, cookie swaps, or fund raisers) are held on school grounds, consideration should be given to students with food allergies. Food should be tightly wrapped or sealed. The display table should be washed after use. (See Appendix E)
- When feasible, school officials should attempt to house activities which involve food (such as multicultural night) in the cafeteria in order to allow students with food allergies to benefit from the educational aspect of the activity. Attendees should be encouraged to wash their hands after consuming food.
- Caution should be taken when food is used in carpeted areas, such as libraries or music rooms, which cannot be easily cleaned. When possible, the area should be vacuumed before student usage.

## **School Bus**

- Eating food is prohibited on school buses transporting students to and from school unless medically necessary.
- Bus drivers must not give students food or drink unless medically required. Only non-food rewards should be used with students.
- School bus drivers shall be trained by the resource nurses/school nurses in risk reduction procedures, recognition of allergic reaction, and implementation of bus emergency plan procedures.
- Medication cannot be stored on the bus due to bus changes and temperature regulations of medicine.
- School bus drivers will be provided with the FAAP, IHCP, and 504 Plan (if applicable) of all students with severe allergies.
- All school buses will have a cell phone or other means of communication for emergency calls.
- If food is consumed on a school bus being used for a field trip or other activity, then the driver is responsible for wiping down all seats using proper decontamination procedures before the bus is placed in regular service. (See Appendix E)

## **Food Services**

- At the parent's request, a food service representative will be available to discuss: menus (breakfast, lunch, snacks); a la carte items; recipes; food products and ingredients; food handling practices; cleaning and sanitation practices; and the responsibilities of the school cafeteria manager.
- All school food service staff will be trained in risk-reduction procedures and cross-contamination prevention.
- A list of food ingredients will be updated regularly and published on the LCPS Food Services website.
- In schools serving a la carte desserts, allergy-friendly alternatives will be made available for a student with food allergies.

## Cafeteria

- Students with food allergies will be seated in the cafeteria according to the parents' preference expressed in the IHCP, FAAP, or 504 Plan.
- All students eating meals in the cafeteria should be encouraged to wash their hands before and after eating so that no traces of allergens will be left on their hands.
- Non-food items will be used instead of candy when considering rewards. The IHCP of students in the group must be followed.
- Only non-food treats will be allowed for birthday celebrations. Possible alternative birthday and party celebration treats are listed on page 31.
- After each class finishes consuming food or meal service, all tables and benches where students with food allergies will sit will be thoroughly cleaned following the established table cleaning procedures prior to the students with food allergies entering the cafeteria. (See Appendix E)
- School staff who monitor the cafeteria should be trained in risk-reduction procedures and cross-contamination risks.
- When planning for school-wide events, such as Read Across America or Field Day, schools should consider ordering non-dairy frozen treats from the cafeteria. With advance notice, the cafeteria staff can order non-dairy frozen treats, such as Scribblers, which very few children are allergic to.

### Cafeteria monitors will:

- be trained in risk-reduction procedures and cross-contamination prevention.
- be provided with the binder maintained by the school nurse or HCA containing the FAAPs for all students with food allergies. If the IHCP includes a more comprehensive plan for the cafeteria, the cafeteria monitors should receive a copy of the IHCP in the binder.
- intervene quickly to help prevent unsafe practices among students such as trading food and bullying of students with food allergies.
- contact the clinic if a student with a food allergy indicates that he/she does not feel well.
- send elementary school students with any health concerns such as food allergies, diabetes, or asthma to the restroom with a peer buddy.

## Alternative Celebration Ideas for Schools

### Low Cost Incentives and Rewards to Reinforce Positive Student Behavior

<u>Elementary School Students</u>	<u>All Students</u>	<u>Middle/ High School Students</u>
Stuffed Animal Day	Homework Pass	Tardy Pass
Job – Line Leader	Homework Extension	Cell Phone Use Pass
Job – Messenger	Less Homework	Special Parking Spot
Job – Board Cleaner	Lunch with the Teacher	Teacher for the Day
Extra Time at Recess	Lunch in Special Location	Re-Gifted Items Donated by Faculty and Staff
Visit School Counselor/ Special Person	Library Pass	Special Activity Period
Extra Time in Centers	Sit at Teacher’s Desk	Go to Lunch Early
BINGO Celebration	Write in Ink Color of Choice	Trading Cards
Grade-level Game Day	Sit in Desired Spot	Items “Free with Purchase” from Perfume Counter
Fine Dining in the Cafeteria	Bring Something Special to School	Gas Coupons
Call Home from “Special” Phone (e.g., cartoon character)	Free Time	Life-Size “Cut Outs” from Store Displays
	Talk Time	Pass to Sporting Event
	Pajama Day	Pass to Dance
	Hat Day	Sitting in Teacher’s Chair
	Game Day/ Hour	Go to the Head of the Lunch Line
	Donations from Local Businesses	“Recess” during Lunch

## Alternative Celebration Ideas for Elementary Schools

*Teachers and principals will want to review suggestions before sending a list of possible celebration treats home to parents, taking into consideration any developmental stages and special needs for the health and safety of individual students in the classes, and school protocols.*

- Instant (digital or Polaroid) picture with class
- Birthday (BD) child is the line leader for the day and gets to wear a special hat or crown.
- Special BD seat - BD child gets to sit by the teacher for the day or close to a friend.
- Teacher/parent buys autograph book and each student and teacher writes something nice about the child. Each classmate writes something that they like about the BD child. These can be written on separate sheets and stapled together or in a special small notebook or autograph book provided by the parent.
- Bubbles (outside)
- A few minutes of extra recess time
- No homework for the day
- Lunch with teacher or parent
- Treasure chest full of trinkets from which students may select
- BD child brings in a wrapped gift to share with the class (game/activity). At the end of the school year it can either be donated to the classroom or the BD child can take it home.
- BD child donates book, game, exercise equipment, or musical instrument to classroom.
- BD child can donate materials for a class project relating to class curriculum.
- BD child can donate game for indoor recess. BD child can donate playground equipment to class.
- Fish bowl of teacher prizes (no homework, extra recess, playtime in the morning or afternoon, freeze dancing). BD student selects from the fish bowl.
- Piñata filled with trinkets rather than candy
- Gel pens
- Postcards (local ones, zoo, museum, etc.)
- Mini address books
- Containers (fancy boxes, bags, baskets)
- Magnets
- Wooden building sets (\$1 each at craft stores, often on sale)
- Chalk
- Stickers/temporary tattoos
- Treasure hunt around the classroom as an activity
- Post-it notes
- Mini picture frames (cardboard is fine!)
- Show and Tell for BD Child -- share favorite things or baby pictures
- Parent/grandparent comes in to read a book or play games with students or teacher reads book that the BD child lends to the class.

*Adapted from Gina Clowe's Allergy Mom website <http://www.allergymoms.com> and Sanders Corner Elementary School*

## Non-Edible Rewards

- Become a helper to the custodian, librarian, another teacher or the office staff.
- Become a class monitor for a specific area of need, e.g., hall monitor, room check monitor, tidy monitor etc.
- Help a younger student with a learning task for a specified period of time.
- Earn points for a class video.
- 15 minutes of free choice activity
- Work with a friend.
- Wear your ball cap or favorite hat for a work period.
- Read a comic book.
- Show or tell the class something you have or did.
- Have lunch with your favorite person or the teacher.
- Read a story to the principal or to another class.
- Hand out supplies for a defined number of activities.
- Free time in another classroom
- Receive a positive note for home.
- Select an item from the prize box.
- Select an from the treat box.
- Earn tickets toward free time.
- Free pencil, pen or eraser
- Positive phone message or email home
- Free poster
- Free story for the whole class (A strategy like this lets others help the student at risk stay on target.)
- Take the bubble blower out at recess.
- Free homework pass
- Leader for the day
- An additional gym period with another class (be sure to partner up with a teacher for exchanges like this one)
- Listen to the radio or CD with a headset for a specified period of time.
- Post work in the hall or near the office.
- Enjoy a game with a friend or in another class.
- Be the leader for the first gym activity.

## Free or Inexpensive Rewards for Individual Students

### Elementary Schools

- Assist the custodian.
- Be a helper in another classroom.
- Be featured on a photo recognition board.
- Be recognized during announcements.
- Be the first one in the lunch line.
- Be the leader of a class game.
- Be the line leader or the caboose.
- Be the teacher's helper for the day.
- Choose a book for the teacher to read aloud to the class.
- Choose any class job for the week.
- Choose music for the class to hear.
- Choose the game during physical education.
- Choose which homework problem the teacher will give the answer to for a freebie.
- Dance to favorite music in the classroom.
- Design a class/school bulletin board.
- Do half of an assignment.
- Draw on the chalkboard.
- Earn a free pass to a school event or game.
- Earn a gift certificate to the school store or book fair.
- Earn a pass to the zoo, aquarium, or museum.
- Earn a trophy, plaque, ribbon or certificate.
- Earn an item such as a Frisbee, hula hoop, jump rope, paddleball or sidewalk chalk, which promote physical activity.
- Earn extra computer time.
- Earn extra credit.
- Earn play money to be used for privileges.
- Earn points for good behavior to “buy” unique rewards (e.g., autographed items with special meaning or lunch with the teacher).
- Earn the privilege of emailing a parent at work telling of accomplishments.
- Eat lunch outdoors with the class.
- Eat lunch with a teacher or principal.
- Eat lunch with an invited adult (grandparent, aunt, uncle).
- Eat with a friend in the classroom (with the teacher).
- Enjoy a positive visit with the principal.
- Enjoy class outdoors for the whole class.
- Enter a drawing for donated prizes among students who meet certain grade standards.
- Earn “free choice” time at the end of the day.
- Earn a “no homework” pass.
- Earn a drink from the cold water fountain (there is always one fountain that is better).
- Earn a flash card set printed from a computer.
- Earn a video store or movie theatre coupon.
- Earn extra art time.
- Go on a walking field trip (earn privilege for whole class).
- Go to the library to select a book to read.
- Have a teacher read a special book to the entire class.
- Have an extra recess.
- Have the teacher share a special skill (e.g., sing).

- Have the teacher make a positive phone call home.
- Help in a lower level class.
- Keep a stuffed animal at desk.
- Listen to music while working.
- Listen with a headset to a book on audiotape.
- Make deliveries to the office.
- Operate the remote for a PowerPoint lesson.
- Select a game at recess that everyone plays including the teacher.
- Play a computer game.
- Play a favorite game or puzzle.
- Read a book to the class.
- Read morning announcements.
- Read outdoors.
- Read to a younger class.
- Receive a “mystery pack” (gift-wrapped items such as a notepad, folder, puzzle, sports cards, etc.).
- Receive a 5-minute chat break at the end of the class or at the end of the day.
- Receive a note of recognition from the teacher or principal.
- Receive a plant, seeds and a pot for growing.
- Receive art supplies, coloring books, glitter, bookmarks, rulers, stencils, stamps, pens, pencils, erasers and other school supplies.
- Receive verbal praise.
- Select a paperback book to take home to read from the teacher’s personal library.
- Sit at the teacher's desk for the day or a set amount of time.
- Sit next to the teacher during story time.
- Sit with a friend at lunch, assembly, etc.
- Earn a trip to the treasure box (non-food items such as water bottles, stickers, key chains, temporary tattoos, yo-yo’s, bubbles, spider rings, charms and pencil toppers).
- Take care of the class animal.
- Take home a class game for a night.
- Teach the class a favorite game.
- Teach the class a math lesson.
- Use colored chalk.
- Use the teacher's chair.
- Walk with a teacher during lunch.
- Watch a video instead of recess.
- Work as the principal apprentice for 20 minutes.
- Work in the lunchroom.

## Free or Inexpensive Rewards for Individual Students

### Secondary Schools

- Write a job recommendation for the student.
- Choose to do a PowerPoint for the class on a particular subject of interest.
- Choose the assignment the class does for homework.
- Dress as the school mascot during a game.
- Eat lunch with a preferred adult.
- Earn a free entrance to a dance.
- Earn a free entrance to a football, basketball, etc., game.
- Earn a free library pass to research a topic of interest.
- Shoot a video about the school's expectations to show on CC TV.
- Earn a hall pass to leave class 5 minutes early and go by the coldest water fountain.
- Make a bulletin board in the front hall highlighting an event of choice.
- Make the morning announcements.
- Serve as the office aide for a period.
- Be part of a brainstorming adult team at the school.
- Eat lunch outdoors at a special table.
- Eat lunch with a parent or grandparent at a special table.
- Shadow business owner for a day- credit for writing about the experience.
- Shadow the principal for an hour or the day.
- Opportunity to take care of lab animals in science class.
- Earn the privilege of leaving book in class overnight instead of having to lug to locker.
- Earn reserved seating at a school play for student and five friends.
- When a student does something that should be rewarded, send a postcard to the parents praising the student's action or accomplishment.
- Serve as a student ambassador if visitors come to the school.
- Sit at score table in basketball game.
- Sit in score box at a football game.
- Sit in the teacher's chair for the period.
- Earn special parking preference for a day.
- Earn special recognition at any school event - Guest DJ - one song at dance, etc.
- Earn special seating at lunch table with friends.
- Select which problem the teacher will make a freebie answer on homework.
- Plan spirit week activity for one of the days (hat day, sunglasses, etc.).

# Emergency Responses

## Response to Emergencies

Teachers should have plans for the remainder of the class if a student has an allergic reaction.

In the event of a severe allergic reaction, these steps should be followed:

- A trained, adult staff member should remain with the student until the emergency is resolved.
- Refer to the student's FAAP.
- If epinephrine is with the student, administer immediately. If not, notify the school nurse or health clinic assistant who will immediately administer epinephrine.
- Notify the emergency medical services.
- Notify school administration and parents.
- Meet emergency medical responders at school entrance.
- Direct emergency medical responders to site.
- Accompany student to emergency care facility if parent does not arrive at school prior to departure of the emergency medical responders.
- Assist student's re-entry into 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 upon the severity of the reaction, the student's age and whether classmates witnessed it. A mild reaction may need little or no intervention other than speaking with the student and parents and re-examining the IHCP.

In the event that a student has a moderate to severe reaction, the following actions should 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 staff to discuss what was seen and dispel any rumors.
- If an allergic reaction is thought to be from a food provided by the school food service, request assistance of the cafeteria manager to ascertain what potential food item was served/consumed. Review food labels from Food Services.
- Review the FAAP and IHCP.
- Amend the student's FAAP and IHCP to address any changes that need to be made.
- Review what changes need to be made to prevent another reaction; do not assign blame.
- The parent/ guardian should provide a new epinephrine auto-injector for the student.

## **Special Considerations for the Student**

The student and/or 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 changes will be made to prevent another reaction.

If a student demonstrates anxiety about returning to school, checking in with the student on a daily basis would be indicated until his/her anxiety is alleviated. The school counselor should be made aware of the incident and should provide support for the student, classmates, family, and staff. If a child has a prolonged emotional 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. Schools want students to feel free to relay information without embarrassment or fear of intimidation. Other students with food allergies in the school system may be in particular need of support.

## **Appendices**

### **Appendix A**

#### **Roles of Specific Individuals in the Management of Students with Life-Threatening Allergies**

- Student with Food Allergies
- Parent/Guardian of a Student with Food Allergies
- School Nurse / Resource Nurse
- Health Clinic Assistant
- Principal or Designee
- Classroom Teacher/Specialist
- School Counselor

## **Responsibilities of the Student with Life-threatening Food Allergies**

- Take as much responsibility as possible for avoiding allergens.
- Eat only food brought from home.
- 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 your allergies as you get older (refer to parent responsibilities 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.

## **Responsibilities of the Parents/Guardians of a Student with Food Allergies**

- Inform the school nurse/health clinic assistant of your child's allergies prior to the opening of school (or as soon as possible after a diagnosis).
- Provide the school with a way to reach 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/health clinic assistant with medication orders from the licensed provider on the Food Allergy Action Plan.
- Participate in developing a FAAP and IHCP with the multi-disciplinary team.
- Provide the school nurse with at least annual updates on your child's allergy status.
- Provide the school with up-to-date epinephrine auto-injectors and antihistamine if ordered by the physician. If the student has signed permission from you and the physician to carry his/her own medication, you may wish to consider individual doses of antihistamine.
- Decide if additional epinephrine auto-injectors and antihistamine will be kept in the school, aside from the one in the nurse's office, and if so, where.
- Notify the teacher/ sponsor about the student's allergy when the student will be staying for any school-sponsored after school activities. The clinic is closed after dismissal and the nurse/health clinic assistant is not in the building. It is strongly suggested that middle and high school students carry their own auto-injectors for quick access to epinephrine. For students to carry an epinephrine auto-injector, the physician will need to sign the bottom of form 11:10, "Allergy Action Plan," and the parent and student will need to sign form 11:10c under "Agreement for Permission to Self-Administer and/or Carry Epinephrine." If a student is unable to administer his/her own epinephrine, a trained adult staff member will administer it.

- Provide the school nurse with the licensed provider’s statement if student no longer has allergies.
- Consider providing non-perishable emergency food to keep in school.
- Be willing to go on your child’s field trips if possible.
- Be willing to work with your child’s classroom teacher to plan for special events, field trips, and the use of safe food products in school projects.
- Notify the teacher and school nurse or health clinic assistant in advance if the student with a severe food allergy is participating in an after school, school-sponsored activity, thus, providing time to be certain that the supervising teacher can be trained.

**Periodically teach 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 he/she feels a reaction is starting.
- Carry his/her own epinephrine auto-injector and antihistamine when appropriate and with physician’s approval.
- Keep from sharing 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. Consider teaching them to:**

- Communicate to an adult when not feeling well.
- Read labels and be aware of the probability of cross-contamination.
- Carry own epinephrine auto-injector and antihistamine.
- Administer own epinephrine auto-injector and be able to train others in its use.

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

## **Responsibilities of the Principal or Other Administrator**

- Support faculty, staff, and parents in implementing all aspects of the LCPS “Caring for Students with Food Allergies in Schools” plan.
- Ensure that staff who come into direct contact with the students with life-threatening food allergies are trained and educated regarding:
  - Food, insect sting, medication, and latex allergies.
  - Prevention procedures.
  - Emergency procedures.
  - How to administer an epinephrine auto-injector in an emergency.
- Ensure that cafeteria monitors and other staff who monitor the cafeteria receive training regarding the safety and care of students with food allergies. Notify the resource nurse or school nurse if a new cafeteria hostess is hired.
- Provide emergency communication devices for all school activities, including transportation, that involve a student with life-threatening allergies.
- Inform parent/guardian immediately if any student experiences an allergic reaction at school.
- Make sure a contingency plan is in place in case of a substitute teacher, nurse, health clinic assistant, cafeteria hostess, or food service personnel.
- Ensure that the student is placed in a classroom where the teacher is trained to administer an epinephrine auto-injector, if needed.

## Responsibilities of the School Nurse

- Prior to entry into school (or, for a student who is already in school, immediately after the diagnosis of a life-threatening allergic condition), contact the student's parent/guardian and develop an Individual Health Care Plan (IHCP) for the student and obtain a medical history of the food allergy.
- Review the FAAP to assure that the student's name, photo, allergens, symptoms of allergic reactions, risk reduction procedures, emergency procedures and required signatures are in place.
- Coordinate with the school administrator to arrange a team meeting (preferably before the opening of school) to develop the plan for staff who come in contact with the student with allergies.
- Familiarize teachers with the IHCPs and FAAPs 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 should be familiar with their IHCPs and FAAPs on a need-to-know basis.
- After the team meeting encourage the parent to review prevention plans, symptoms, and emergency procedures with the child.
- Provide information about students with life-threatening allergies and their photos to all staff on a need-to-know basis (including bus drivers).
- Conduct in-service training and education for appropriate staff regarding a student's life-threatening allergens, symptoms, risk reduction procedures, emergency procedures, and how to administer an epinephrine auto-injector. (Appendix D)
- Provide periodic refresher course for staff especially before field trips.
- Educate new personnel as necessary.
- Track in-service attendance of all involved parties to ensure that they have been trained.
- Make sure there is a contingency plan in place in the case of a substitute school nurse.
- Meet with parents as needed to discuss issues relating to plan implementation.
- Periodically check medications for expiration dates and arrange for them to be current.
- Store epinephrine auto-injectors in a labeled area that is unlocked during the school day and locked at the end of the day.
- Assure that student information is added to health alert in Star\_Web.
- Meet student and identify where classroom is located in the building.
- In elementary school meet with cafeteria hostesses to identify all students with severe food allergies.

- Complete cafeteria binder with current orders and update as necessary throughout the school year.
- Make copy of orders, wrap around epinephrine auto-injector with gloves and antihistamine. Place in designated location in the clinic or other locations where auto-injectors are kept.
- Distribute copies of students' FAAP and IHCP to appropriate staff.
- Check epinephrine auto-injectors monthly for expiration dates and notify parents when epinephrine auto-injectors are expiring.
- Assure that teacher is aware of where epinephrine auto-injector and antihistamine are located and that these must be taken on field trips.
- Package epinephrine auto-injector and antihistamine as necessary for field trips. Have teacher sign epinephrine auto-injector and antihistamine in and out.
- Post all epinephrine auto-injector trained individuals on medical list and distribute throughout building as directed.
- Assure that parent picks up epinephrine auto-injector and antihistamine at the end of the school year and inform parent about forms for the upcoming school year.

## **Responsibilities of the Health Clinic Assistant**

- Review the FAAP to assure inclusion of the student's name, photo, allergens, symptoms of allergic reactions, risk reduction procedures, emergency procedures and required signatures.
- Alert the resource nurse to arrange education of new personnel as necessary.
- Periodically check medications for expiration dates and arrange for them to be current.
- Store epinephrine auto-injectors in a labeled area that is unlocked during the school day and locked at the end of the day.
- Make sure there is a contingency plan in place in the case of a substitute health clinic assistant.
- Maintain a food allergy binder for cafeteria in elementary schools.
- Assure that student information is added to health alert in Star\_Web.
- Meet student and identify where classroom is located in the building.
- In elementary school, meet with cafeteria hostesses to identify all students with severe food allergies.
- Make copy of FAAP, wrap around epinephrine auto injector with gloves and antihistamine and place in proper location in the clinic.
- Distribute copies of FAAP to appropriate staff.
- Check epinephrine auto injectors monthly for expiration dates and notify parents when epinephrine auto-injectors are expiring.
- Assure that teacher is aware of where epinephrine auto-injector and antihistamine are located and that these must be taken on field trips.
- Package epinephrine auto-injector and antihistamine as necessary for field trips. Have teacher sign epinephrine auto-injector and antihistamine in and out.
- Post all epinephrine auto-injector trained individuals on medical list and distribute throughout building as directed.
- Assure that parent picks up epinephrine auto-injector and antihistamine at the end of the school year and inform parent about forms for the upcoming school year.

## **Responsibilities of the Classroom Teacher/Specialist**

- Participate in a multi-disciplinary team meeting for the student with life-threatening allergies and in-service training.
- Implement the FAAP and IHCP of any student(s) in your classroom with life-threatening allergies.
- Plan with the school nurse or school resource nurse how to communicate with the school clinic (intercom, walkie-talkie, or other communication device).
- Periodically review the student's FAAP and IHCP and maintain a copy in the classroom.
- Be sure volunteers, student teachers, assistants, specialists, and substitute teachers are informed of the student's food allergies and necessary safeguards. Volunteers can be provided with general information about the fact that students in the room have food allergies but should not be given personally identifiable information about specific students.
- Leave information in the substitute folder about students with special medical needs for substitute teachers.
- Coordinate with school counselor on providing a lesson plan about food allergies for the class and discuss anaphylaxis in age-appropriate terms with parent's and student's consent.
- Be aware of how the student with food allergies is being treated; enforce school rules about bullying and threats. Respond to signs of social isolation or stigmatizing.
- Work with the school nurse to educate other parents about the presence and needs of the student with life-threatening allergies in the classroom. Enlist their help in keeping certain foods out of the classroom.
- Assure that plan is in place for cleaning tables before snacks.
- Inform parents of any school events or projects where food is involved. Coordinate efforts to ensure that food is safe and the student with food allergies is fully included.
- Participate with the planning for student's re-entry to school after an anaphylactic reaction.
- Never question or hesitate to act if a student reports signs of a possible allergic reaction. Students who may be having an allergic reaction should never be sent home on the bus.

## **Responsibilities of the School Counselor**

- Be aware of students in your school who have life-threatening allergies.
- Monitor bullying, stress, anxiety, grades, and other issues that could be related to the medical diagnosis or medication.
- Work with the parent and staff to request a child study meeting if social, psychological, education, or other issues are noted (such as absences, school avoidance, etc.).
- Provide lessons and services to classrooms, small groups, and individual students as needed to facilitate acceptance of differences, peer relationships, positive self image, and confidence.

- Remain alert to students with anxiety and/or disordered eating behavior at school and work with these students to provide support.
- Provide emotional support when a student who has an allergic reaction requiring an epinephrine auto-injector returns to school.

## Appendix B

### Best Practices

*Listed below are some of the “best practices” used by some schools and suggested for consideration.*

- Classroom teacher uses shared manipulatives BEFORE students have snacks in order to avoid cross-contamination.
- Items sent home with individual students, such as Buddy Bear, should be washed before a food allergic child handles them, or the food allergic child should use the item before it has been home with other children. This will help to prevent exposure to allergens which may occur in a non-allergic child’s home.
- Separate tables for food allergic children should not be “labeled” with signs since this may increase feelings of isolation and exclusion.
- When determining class assignments at the elementary school level, principals should consider assigning at least two students with similar food allergies (of the same gender) to a classroom in order to decrease feelings of isolation.
- If a student in a classroom is allergic to tree nuts, boxes of tissue which contain shea should be traded for non-treated tissues.
- Before food is used in the classroom, the parent will have the opportunity to approve the food and inform the student that the food is safe. When the food is being used, the teacher should confidentially inform the student that the parent has approved the food.
- Schools may wish to participate in Food Allergy Awareness Week. Initiate activities with announcements, handouts and information for all students to take home.

## **Appendix C**

### **Sample Letters**

*This section includes sample letters and notices that principals and/or teachers may use in communicating with parents, substitutes, and volunteers. Principals/teachers may want to ask parents of students with food allergies to review the specific letters for accuracy. Electronic versions of the letters are available on the LCPS Intranet under Student Health Services.*

- Version I: Letter to All Parents in a Class of a Child with a Food Allergy
- Version II: Letter to All Parents in a Class of a Child with a Food Allergy
- Version III: Letter to All Parents in a Class of a Child with a Food Allergy
- Notice to Substitutes/Volunteers

## Version I: Letter to All Parents in a Class of a Child with a Food Allergy

### *On School Letterhead*

**Date:**

Dear Parents of children in \_\_\_\_\_ class:

This year, a student in your child's class has a life-threatening food allergy to \_\_\_\_\_ . Even the residue of certain foods contacted through the skin, eyes, nose and mouth can be fatal. Strict avoidance is the only way to prevent an allergic reaction.

We must all do what we can to provide a safe learning environment for this student. In an effort to allow this student to participate fully in class activities, we ask that you do not send in any food products, which contain these items.

We are able to further accommodate children with such severe food allergies in the cafeteria by providing designated seating. Children with such allergies are usually well trained about avoiding their food allergens.

Our school strives to provide a safe environment for all students. Your cooperation is greatly appreciated.

Sincerely,

Principal

## **Version II: Letter to All Parents in a Class of a Child with a Food Allergy**

### ***On School Letterhead***

#### ***Date***

Dear Parents,

This letter is to ask your help in providing a safe environment for a student in your child's classroom who has a severe peanut/nut allergy. Strict avoidance of peanut/nut products is the only way to prevent a life-threatening allergic reaction. We are asking for your assistance in providing the student with a safe environment.

If exposed to peanuts/nuts, the student may develop a life-threatening allergic reaction that requires emergency medical treatment. The greatest potential for exposure at school is to peanut/nut products. To reduce the risk of exposure, the classroom will be peanut/nut free. Please do not send any peanut or nut-containing products for your child to eat during snack-time in the classroom. Any exposure to peanuts or nuts through contact or ingestion can cause a severe reaction. If your child has eaten peanuts/nuts prior to coming to school, please be sure your child's hands and face have been thoroughly washed prior to entering school.

Since lunch is eaten in the cafeteria, your child may bring peanut butter, peanut, or nut products for lunch. In the cafeteria, there will be a designated peanut-free table where any student without peanut/nut products can sit. If your child sits at this table with a peanut/nut product, he/she will be asked to move to another table. This plan will help to maintain safety in the classroom while allowing non-allergic classmates to enjoy peanut/nut products in a controlled environment. Following lunch, the children will wash their hands prior to going to recess (or returning to class). The tables will then be cleaned with soap, water, and paper towels.

We appreciate your support of these procedures. If you have any questions, please contact me.

Sincerely,

Principal

## **Version III: Letter to All Parents in a Class of a Child with a Food Allergy**

### ***On School Letterhead***

#### ***Date***

Dear Parents,

This year your child shares a classroom with several students who are severely allergic to peanuts and/or tree nuts. In an effort to provide a safe environment for these students who have this severe allergy, we will need your help. Since peanut oil, peanut products, and tree nuts (walnuts, peanuts, almonds, pistachio, etc.) are so widely used in foods yet not so easily detected, we are asking that you read labels carefully. Non-food items, such as stickers, pencils and notepads, provide a risk-free treat that the whole class can enjoy.

We have several students with such severe allergies that even a tiny amount of peanut or tree nut dust or residue entering the eyes, nose, or mouth or on the skin can be life-threatening. Careful hand-washing before coming to school would be beneficial because we need to be extra careful regarding this situation.

Our school strives to provide a safe environment for all students. We are requesting that no peanut or tree nut snacks be sent into the classroom. When selecting items for the class to share for snacks, parties, crafts, or other purposes, we would greatly appreciate your cooperation for not choosing any foods that contain peanuts, peanut oil, peanut products, or any types of tree nuts.

Please feel free to call if you have any questions or concerns.

Sincerely,

Principal

## **Notice to Substitutes/Volunteers**

***This note should be provided to volunteers and substitutes, including volunteers who are helping oversee field trips.***

Dear Substitute/Volunteer,

Loudoun County Public Schools has wellness guidelines which strongly discourage food in classrooms. Many classes have student/s with health issues such as obesity, food allergies, celiac disease, and diabetes. To encourage wellness and to provide a safe environment for all students, especially those with life-threatening food allergies, we ask that you not buy or give any food, including candy and gum, to students in your care.

Thank you for your cooperation in this matter.

Principal

## Appendix D

### Loudoun County Public Schools Education in the Care of Students with Severe Allergies

Loudoun County Public Schools (LCPS) believes that all students will receive their academic education in a safe environment. For students with severe allergies, maintenance of this environment is facilitated through education of individuals who come in contact with these students and as directed in the medical plan of care.

Student Health Services provides training and guidance for the care of students with severe allergies. This program is comprehensive in nature and is repeated at least annually as a demonstration of LCPS's commitment to the safety of these students. Training includes:

- School staff in contact with these students
- Cafeteria hostesses
- Bus drivers
- Clinic staff
- LCPS substitutes
- LCPS clinic substitutes
- Parents – who might require supplemental education, especially after an initial diagnosis

The goal of Student Health Services is to provide safety for these students in the least restrictive environment while maintaining the health needs of the other students in our schools. Student Health Services encourages the use of a reward system that does not include food, parties that include healthy activities, crafts that foster creative thinking and the educational process, and the education of staff and students as steps to keep the environment safe for our students with severe allergies.

The guidelines used by Student Health Services to maintain the safety of students with severe allergies include:

- A Food Allergy Action Plan completed by a physician that provides the direction of care should a severe allergic reaction occur at school.
- An Individualized Health Care Plan completed by a registered nurse with input from parents which provides direction for the classroom teacher in the care of the student in the classroom, cafeteria, on field trips and during classroom parties.
- Consistent communication with parents concerning the health needs of their child with severe allergy.
- Consistent communication with school staff to assure that questions or concerns are addressed promptly. Parents are encouraged to notify the clinic staff and teacher by e-mail or telephone of any concerns, changes of the status of the student, or questions.

## **School Staff Training**

1. Training is completed on a yearly basis for all teaching staff.
2. All staff members who have students in their classrooms with Food Action Allergy Plans and Individualized Health Care Plans must attend the training.
3. A roster of staff who attends this training is documented on a staff medical training form that is posted strategically through the school. This provides individuals who might need assistance with a student with a severe allergy clear identification of those in the building who have received the education.
4. Additional reinforcement of how to administer an epinephrine auto-injector is available for all staff who will be taking students with severe allergy out of the building on a field trip. It is strongly recommended that staff receive this additional training prior to leaving the building with the students.
5. During field trips, all students with severe allergies should be accompanied by a LCPS employee who has been trained in use of epinephrine auto-injector administration if the parent is not going on a field trip. At the secondary level, if a student has permission to carry his/her own medication, can self-administer the epinephrine auto-injector and the parent is comfortable with the student caring for him/her self, the student does not need to remain with trained staff.
6. An online video is available for teachers and covers the major talking points of epinephrine administration. A copy of this information in DVD format is also available in each school.
7. Following the talking points, staff is provided a demonstration of how to use an epinephrine auto-injector and must return demonstrate the administration of an epinephrine auto-injector prior to the completion of the training.

## **Resources for Staff Training**

1. Online video and DVD
2. Handout
3. Lecture for reinforcement
4. Demonstration
5. Resource nurse

## Severe Allergy Talking Points

- Anaphylaxis is a serious allergic reaction that is rapid in onset and may cause death. The most common causes of anaphylaxis are food, insect stings, medications, and latex.
- Foods that most commonly cause an allergic reaction are peanuts, tree nuts, wheat, soy, milk, eggs, fish and shellfish. The reactions to food can range from mild to life threatening. Recent studies showed that 3.3 million Americans are allergic to peanuts or tree nuts, and 6.9 million are allergic to seafood.
- What do you do? Remember the 4 R's:
  - Realize that prevention is the best strategy to prevent reaction
  - Recognize symptoms if they occur
  - React quickly
  - Review what happened and be sure to prevent it from reoccurring.
- **Prevention** should include education. All personnel who interact with students with severe allergy should be aware of what anaphylaxis is, the signs and symptoms, and how to treat it should it occur.
- **DISCOURAGE THE USE OF FOOD IN THE CLASSROOM.** Avoid using food as rewards or for curriculum projects. Be creative in finding ways to reward students and during classroom instruction. Most students are thrilled with the opportunity for extra recess or with pencils for a job well done.
- If food is to be provided in the classroom please check with the parent prior to any food being given to a student. **The nurse/health clinic assistant should not be used to evaluate if a food is safe.** Approval of any food should be given by the parent.
- Hand washing is an important safety measure to avoid passing food proteins accidentally. Hand washing prior to eating and after is important for general hygiene as well as safety. Hand sanitizers do not remove allergens.
- The second **R** is **recognizing symptoms**. What are the warning signs for anaphylaxis?
  - Complaint of a tingling, itchiness or metallic taste in the mouth
  - Hives
  - Difficulty breathing
  - Swelling and/or itching of the mouth and throat area
  - Diarrhea
  - Vomiting
  - Cramps and stomach pain
  - Paleness (due to a drop in blood pressure)
  - Loss of consciousness
- These symptoms can occur very rapidly. Depending on age, the student may not be able to accurately describe his/her sensations. Students may state that their throat is itchy or their mouth hurts. They might state they are not breathing right or that they simply feel sick.
- **Reacting quickly** is the third **R**. Treatment includes an epinephrine auto-injector. The most common brand is the EpiPen. It is provided in two strengths and must be ordered by a physician.

- The epinephrine auto-injectors are located either in the clinic or classroom or with the student. This information will be documented on the Food Action Allergy Plan and Individualized Health Care Plan. Regardless of the location, this is a medication that is kept unlocked during the school day but out of reach of other students for quick access in an emergency situation.
- When administering epinephrine, emergency medical services (EMS) will always be contacted, and the parent will be notified.
- The epinephrine auto-injector should be placed against the thigh prior to removing the cap.
- Remove the cap and apply gentle consistent pressure until the needle injects into the leg. Have the needle remain in the leg for a slow count of 10. Reassure the student that the heart rate might go up a little and that this is normal and not an indication the student is getting more sick.
- Put the epinephrine auto-injector back in the tube to provide to EMS personnel and note the time. There is the chance of a rebound reaction when the epinephrine wears off. If additional epinephrine auto-injectors have been ordered, keep the second epinephrine auto-injector close to use as needed if symptoms continue or reappear. Monitor symptoms until EMS personnel arrive. **DO NOT MOVE THE STUDENT.** If possible, elevate the legs above the level of the heart. If the student is having difficulty breathing, have the student rest quietly until EMS arrives.
- **The last R** is as important as the previous three. If an incident occurs **review** what led to it. How could this be prevented in the future?
- Prior to field trips, refresh your skills with clinic personnel to assure that you are familiar with the care plan, the signs and symptoms of anaphylaxis, and how to give epinephrine. Remember that during field trips, these students must remain with a LCPS staff member who has been trained in providing epinephrine.
- Remember if you are involved with after-school activities or field trips provided outside school hours, the epinephrine auto-injector must be accessible for these students any time they are involved in school activities. If you need help in accessing the epinephrine auto-injector during these times, please contact the school nurse to identify a plan for these students.

## LCPS Clinic Training

1. Training for clinic personnel involves an intense five-day orientation process directed at care of students within the school system. Included in the orientation process is a one-day orientation in the clinic as well as four days of lecture.
2. Information concerning severe allergy is presented multiple times throughout the orientation process. It is discussed in the following modules:
  - a. Medication Administration
  - b. First Aid Certification
  - c. Special Topics Updates – One complete module on severe allergy

## **Cafeteria Hostess Training**

1. All hostesses attend training yearly. Individualized instruction is provided by school nurses or school resource nurses if new cafeteria hostesses are hired during the school year.
2. Training on severe allergy is completed with other medical safety issues that might be encountered as staff is working in the cafeteria.
3. Training includes lecture and demonstration of epinephrine auto-injector administration. Hostesses must complete return demonstration prior to the completion of the training.

## **Bus Driver Training**

1. Training is completed as part of the orientation process. Updates are provided twice yearly at the school level based on the health needs of students who ride a particular bus.
2. Training on severe allergy is completed with other medical safety issues that might be encountered as staff is driving a bus.
3. Training includes lecture and demonstration of epinephrine auto-injector administration. Drivers must complete return demonstration prior to the completion of the training.

## **LCPS Substitute Training**

1. Training is completed during substitute orientation session.
2. Education is provided by a resource nurse. The information is given in lecture format. The lecture provides an overview of anaphylaxis, common allergens, demonstration of epinephrine auto-injector administration, and return demonstration of epinephrine auto-injector administration.
3. During this lecture a basic overview of other health issues that might be encountered in the school system is provided as well as how to handle these issues during the school day.

## **LCPS Clinic Substitute Training**

1. Training on severe allergy for clinic substitutes is provided within the module on medication training. Substitutes are provided with an overview of anaphylaxis, in-depth discussion of the severe allergy health care plan, and treatment procedures should an epinephrine auto-injector be required at school. A demonstration of epinephrine auto-injector administration as well as return demonstration is required for completion of the module.
2. For all non-licensed clinic substitute staff, there is a yearly requirement for medication training recertification. The recertification process covers the same objectives as the initial medication training.

## Appendix E

### Procedure for Table Cleaning for Students with Severe Allergy

To maintain safety for students with severe allergies, the following procedures are to be followed:

- Elementary School Cafeteria Attendants will pick up the “Cafeteria Health Information Binder” from the clinic each day.
- The binder will remain in the cafeteria in a place out of sight of students and parents until all students have completed lunch.
- The binder will be returned to the clinic at the end of the day. This is to allow any updates to be made by clinic staff.
- Cafeteria Attendants will keep themselves updated on student health concerns in the binder.
- **Each student with food allergies should have a designated area to eat which is cleaned before the student sits down.**
- **The seat where a food allergic student sits should be designated in some way to identify where these special procedures need to be used.**

### Table & Bench Cleaning for Allergy Tables Only

#### Items Needed:

- Spray bottle of warm soapy water, needs to be labeled “Soapy Water” (used first for general cleaning). Soapy water is essential to remove oil from peanut butter.
- **Spray bottle containing disinfectant cleaner labeled with manufacturer’s label on the bottle which is obtained from the custodian**
- Paper towels

**Note:** School cleaning products can vary from year to year as new contracts are made. Follow the same procedure, using whatever disinfectant is available.

#### Method

- Use properly diluted, warm soapy water and clean paper towel over all tables and benches where students with food allergies sit, including edges. Properly diluted soap removes food and grease and prepares surface for disinfectant. Clean edges and under the tables and benches as well.
- Wipe dry with paper towel.
- Spray table and benches with disinfectant solution. Clean edges and under the tables and benches as well.
- Use this method prior to each time a class with a student with severe allergy will sit at a table.
- All other tables should be sprayed with the disinfectant cleaner and wiped down.

#### Note:

- **Use only clean paper towels on allergy tables; throw away after use.**
- **Do not use bucket water and cloths on allergy tables.**

Questions and concerns can be answered by talking to the school nurse or health clinic assistant or by calling a resource nurse at 571-252-1017.

# Appendix F

## Allergy Action Plan

Place  
Child's  
Picture  
Here

Student's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Teacher: \_\_\_\_\_

SEVERE ALLERGY TO: Insects Latex Food/Other \_\_\_\_\_

Asthmatic Yes No

**IMPORTANT:** Asthma inhalers and/or antihistamines cannot be depended upon to replace epinephrine during an anaphylactic reaction.

Date of Last Reaction \_\_\_\_\_ Was epinephrine given? Yes No Symptoms \_\_\_\_\_

### ◆STEP 1: TREATMENT◆

<u>Symptoms:</u>	<u>Give Checked Medication**:</u> <small>** (To be determined by physician authorizing treatment)</small>	
▪ If a food allergen has been ingested, but <i>no symptoms</i> :	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ Mouth Itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ Skin Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ Gut Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ Throat† Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ Lung† Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ Heart† Weak or thready pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ If reaction is progressing (several of the above areas affected), give:	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine

†Potentially life-threatening. The severity of symptoms can quickly change.

### DOSAGE

**Epinephrine:** inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Adrenaclick® 0.3mg Adrenaclick® 0.15 mg  
Twinject® 0.3 mg Twinject® 0.15 mg

(See reverse side for instructions)

**Antihistamine:** give \_\_\_\_\_  
medication/dose/route

### ◆STEP 2: EMERGENCY CALLS◆

1. Call 911. State that an allergic reaction has been treated and additional epinephrine may be needed.

2. Parent \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. Emergency contacts  
Name/Relationship Phone Number(s)

a. \_\_\_\_\_ 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

b. \_\_\_\_\_ 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

It is medically necessary for this student to carry epinephrine during school hours. \_\_\_\_ YES \_\_\_\_ NO

Doctor's Printed Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature gives permission for principal's designee to administer prescribed medicine and gives principal's designee permission to contact physician if necessary.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**IF PARENT/GUARDIAN CANNOT BE REACHED, SCHOOL STAFF SHOULD NOT HESITATE TO MEDICATE CHILD OR HAVE CHILD TRANSPORTED TO MEDICAL FACILITY!**

## TRAINED STAFF MEMBERS

1. \_\_\_\_\_

Room \_\_\_\_\_

2. \_\_\_\_\_

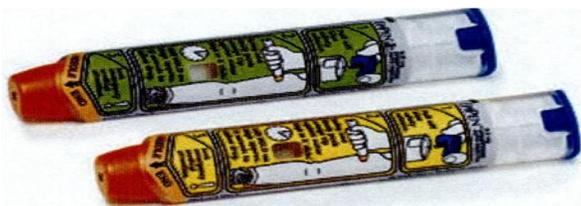
Room \_\_\_\_\_

3. \_\_\_\_\_

Room \_\_\_\_\_

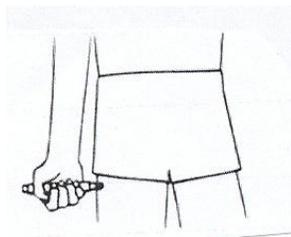
EpiPen® and EpiPen® Jr. Directions:  
Pull off blue activation cap.

Adrenaclick® 0.3 mg, Adrenaclick® 0.15  
Mg, Twinject® 0.3 mg, and Twinject® 0.15  
Directions:



Hold orange tip near outer thigh  
(always apply to thigh).

Remove green or yellow caps labeled  
“1” and “2.”



Place rounded red tip against outer  
thigh. Press down hard until needle  
penetrates thigh. Hold for 10 seconds,  
then remove the auto-injector.

Place orange tip firmly against outer  
thigh until auto-injector mechanism  
functions. Hold in place and count  
to 10. Remove the EpiPen® unit and  
massage the injection area for 10 seconds.

### **SECOND DOSE ADMINISTRATION:**

- If symptoms don't improve after 10 minutes, administer a second EpiPen® auto-injector or, a second Adrenaclick® auto-injector, or a second Twinject® auto-injector (Only the first dose of epinephrine in the Twinject® will be used.  
A second Adrenaclick®, EpiPen®, or Twinject® syringe must be provided by the parent.)
- Once EpiPen®, Adrenaclick®, or Twinject® is used, call the Rescue Squad. Send the used unit with patient to the Emergency Room. Patient should plan to stay for observation at the Emergency Room for at least four hours.

**Loudoun County Public Schools  
Severe Allergy Individual Health Care Plan**



**Student's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Teacher's Name** \_\_\_\_\_ **Lunch Time** \_\_\_\_\_

**Classroom**

- Any food given to student must be approved by parent
- Emergency food provided by parent/guardian to be kept in the classroom.
- Parent/guardian should be advised of any planned parties as early as possible.
- Classroom projects involving food should be reviewed by the parent and the teaching staff.
- Middle school or high school student will be making his/her own decision.      YES    NO

**Bus**

- Transportation will be alerted to student's allergy.
- This student has a physician's order to carry epinephrine on bus:                      YES    NO
  - Epinephrine can be found in:    backpack    waist pack    other (specify) \_\_\_\_\_
- Student will sit at front of bus:    YES    NO

**Field Trip Procedures**

- Parent should be notified early in the planning to address any risk of allergen exposure.
- Epinephrine should accompany student during any off campus activity.
- The elementary student should remain with the teacher during the entire field trip.
- Middle school/high school student should remain with the teacher during the entire field trip.    YES    NO

**Cafeteria**

- Cafeteria manager and attendant will be alerted to the student's allergy.
- All cafeteria tables are sanitized between classes.
- Cafeteria tables where food allergic students eat will be cleaned to eliminate food allergens.
  - Student will sit at a specified allergy table.    YES    NO
  - Student will sit at the classroom table at a specified location.    YES    NO
  - NO** restrictions where student may sit in the cafeteria.    YES    NO
- Cafeteria menu is available online and monthly from the school newsletter.
- Parents are encouraged to make food choices from the menu.
- Complete list of menu ingredients can be accessed through the Food Services web site.

My child's severe allergy concerns require a meeting with school staff to discuss the classroom care plan.  
Additional accommodations will be discussed at this time.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Registered Nurse's Signature

\_\_\_\_\_  
Date

## Parent Information/Parent Permission

### Information about Epinephrine Procedures

- Epinephrine may only be given at school with both physician and parent/guardian signature.
- The parent/guardian must obtain a new form to be on file in the clinic for each school year or whenever there is a change in dosage or conditions under which epinephrine is administered.
- Only the auto-injector pre-measured dose of epinephrine may be given by LCPS staff members.
- Medication must be properly labeled by a pharmacist. If the physician orders include a repeat of EpiPen®, Adrenaclick®, or Twinject®, the parent must supply the school with two EpiPen®, two Adrenaclick®, or two Twinject® auto-injectors.
- Medication must be delivered to the school by the parent/guardian unless the student has permission to carry the medication.
- A parent is to collect any unused medication within two days after the expiration of the physician's order or on the last day of school. Medication not claimed within that period shall be destroyed.
- For students who have an epinephrine auto-injector at school, please notify the teacher/ sponsor about your child's allergy when your child will be staying for any school-sponsored after school activities. The clinic is closed after dismissal and the nurse/health clinic assistant is not in the building. It is strongly suggested that middle and high school students carry their own auto-injector for quick access to epinephrine. For students to carry an epinephrine auto-injector, the physician will need to sign the bottom of form 11:10 and the parent and student will need to sign form 11:10c under "Agreement for Permission to Self-Administer and/or Carry Epinephrine."

Parent signature gives permission for principal's designee to administer prescribed medicine and to contact physician if necessary.

\_\_\_\_\_  
*Parent/Guardian's Signature Required*

\_\_\_\_\_  
*Date*

### For Students Using Twinject®

*I understand that Loudoun County personnel will only use the first auto-injector dose of Twinject®. I have also been asked to provide **two Twinject® auto-injector doses of epinephrine** to my child's school in case more than one dose is needed.*

\_\_\_\_\_  
*Parent/Guardian's Signature Required*

\_\_\_\_\_  
*Date*

### Parent/Student Agreement for Permission to Self-Administer and/or Carry Epinephrine

**Parent:**

- I give my consent for my child to self-administer and/or carry his/her auto-injector of epinephrine.
- I understand that the school board or its employees cannot be held responsible for negative outcomes resulting from self-administration of epinephrine.
- This permission to self-administer and/or possess epinephrine may be revoked by the principal if it is determined that your child is not safely and effectively self-administering the medication.
- A new Physician Order/Care Plan for Severe Allergy and Parent/Student Agreement for Permission to Carry Epinephrine must be submitted each school year.

\_\_\_\_\_  
*Parent/Guardian's Signature Required*

\_\_\_\_\_  
*Date*

**Student:**

- If I am to self-administer, I have demonstrated the correct use of an auto-injector of epinephrine to the school nurse/health clinic assistant.
- I agree never to share my epinephrine with another person or use it in an unsafe manner.
- I agree that if I inject epinephrine, I will immediately report it to the school nurse/health clinic assistant or another appropriate adult if the nurse/health clinic assistant is not available so that EMS is called.
- 

\_\_\_\_\_  
*Student's Signature Required*

\_\_\_\_\_  
*Date*

**(Physician must also sign that student should carry epinephrine at school on the Physician Order/Care Plan for Severe Allergy 11:10.)**

Number of epinephrine auto-injectors received: 1 \_\_\_ 2 \_\_\_ 3 \_\_\_

Signature of staff / date: \_\_\_\_\_

## Appendix G

### Physician's Statement for Students with Special Dietary Needs

Physician's Statement for Students with Special Dietary Needs*			
Student's Name		Age	
Name of School		Grade Level	Classroom
Does the child have a disability? If Yes, describe the major life activities affected by the disability.		Yes	No
Does the child have special nutritional or feeding needs? If Yes, complete <b>Part B</b> of this form and have it signed by a licensed physician.		Yes	No
If the child is not disabled, does the child have special nutritional or feeding needs? If Yes, complete <b>Part B</b> of this form and have it signed by a recognized medical authority.		Yes	No
<b>PART B</b>			
List any dietary restrictions or special diet.			
List any allergies or food intolerances to avoid.			
List foods to be substituted.			
List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "All." Cut up or chopped into bite size pieces: Finely ground: Pureed:			
List any special equipment or utensils that are needed.			
Indicate any other comments about the child's eating or feeding patterns.			
Physician or Medical Authority's Signature		Date:	

**\*This statement must be updated annually.**

## Appendix H

### Resources

#### Organizations and Agencies

*The organizations and agencies listed below are resources for additional information for parents and school personnel. Many of these groups have printed materials available in addition to the information on their websites. Information from many of these organizations was used in this document, Caring for Students with Food Allergies in Schools.*

##### **AAFA/New England**

<http://www.asthmaandallergies.org>

220 Boylston St; Chestnut Hill, MA 02467  
(617) 965-7771 (877)2-ASTHMA

##### **Allergy Mom**

<http://allergymoms.com>

503 Day Star Court, Suite 1121, Cranberry Twp, PA 16066

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

[www.aaaai.org](http://www.aaaai.org)

611 Wells St.; Milwaukee, WI 53202  
(414) 272-6071 (800) 822-2762

##### **American Academy of Pediatrics**

<http://www.aap.org>

141 Northwest Point; Elk Grove Village, IL 60007  
(847) 434-4000

##### **American College of Asthma, Allergy and Immunology**

<http://allergy.mcg.edu>

85 West Algonquin Rd; Arlington Heights, IL 60005  
(847) 427-1200

##### **Asthma and Allergy Foundation of America**

[www.aafa.org](http://www.aafa.org)

8201 Corporate Drive, Suite 1000; Landover, MD 20785

##### **Centers for Disease Control and Prevention**

<http://www.cdc.gov/healthyyouth/>

1600 Clifton Rd.; Atlanta, GA 30333  
(800) CDC-INFO (800) 232-4636 (212) 207-1974

##### **Centers for Disease Control, National Center for Health Statistics**

<http://www.cdc.gov/nchs/>

National Center for Health Statistics  
3311 Toledo Rd., Hyattsville, MD 20782  
(800) 232-4636

##### **Dey Laboratories-Manufacturer of Epi-Pen Auto-Injectors**

<http://www.deyinc.com>

(800) 755-5560

**Food Allergy and Anaphylaxis Alliance**

<http://www.foodallergyalliance.org/>

1414 Avenue of the Americas, Suite 1804; New York, NY 10019-2514

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

<http://www.foodallergy.org>

10400 Eaton Place, Suite 107; Fairfax, VA 22030-2208

(800) 929-4040 Fax: (703) 691-2713

**Massachusetts Department of Public Health, Bureau of Family and Community Health, School Health Unit**

[www.state.ma.us/dph](http://www.state.ma.us/dph)

250 Washington St.; Boston, MA 02108-4619

(617) 624-5470

**Massachusetts Department of Education, Nutrition Programs and Services**

[www.doe.mass.edu/cnp](http://www.doe.mass.edu/cnp)

350 Main Street; Malden, MA 02148

(781) 338-6498

**MedicAlert**

<http://www.medicalert.org>

2323 Colorado Ave.; Turlock, CA 95382

(800) 432-5378

**National Institutes of Allergy and Infectious Diseases, National Institutes of Health**

<http://www.niaid.nih.gov>

6610 Rockledge Drive, MSC 6612

Bethesda, MD 20892-6612

(866) 284-4107

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### Articles and Reports

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- U.S. Department of Health and Human Services, Office of the Surgeon General. (2007, January). *Overweight and obesity: health consequences*. Rockville, Maryland. Public Health Service. Retrieved from [http://www.surgeongeneral.gov/topics/obesity/calltoaction/fact\\_consequences.htm](http://www.surgeongeneral.gov/topics/obesity/calltoaction/fact_consequences.htm)
- U.S. Department of Health and Human Services, Office of the Surgeon General. (2001). *The surgeon general's call to action to prevent and decrease overweight and obesity*. Rockville, Maryland. Public Health Service. Retrieved from <http://www.surgeongeneral.gov/topics/obesity/>

### Books

- Barber, M.S., Scott, M.B., & Greenberg, E. (2001). *The parent's guide to food allergies*. New York, NY: Henry Holt and Company.
- Collins, L.C. (2000) *Caring for your child with severe food allergies: emotional support and practical advice from a parent who's been there*. New Jersey: John Wiley & Sons.
- Coss, L.M. (2004). *How to manage your child's life-threatening food allergies*. Lake Forest, CA: Plumtree Press.

Faber, A. & Mazlish, E. (2005). *How to talk so teens will listen & listen so teens will talk*. New York, NY: Harper Collins.

Wood, R.A. (2007). *Food allergies for dummies*. New Jersey: John Wiley & Sons.

### **Books for Children**

Recob, A. (2009). *The bugabees: friends with food allergies*. Minnesota: Beaver's Pond Press.

Hess, M.R. (2009). *The day i met the nuts*. Virginia: Earth Day Publishing.

Munoz-Furlong, A. (2008) *Alexander storybook series*. Virginia: Food Allergy and Anaphylaxis Network.

Weiner, E. (1999) *Taking food allergies to school*. New York: JayJo Books, L.L.C.

### **Magazines**

Living Without. [www.livingwithout.com](http://www.livingwithout.com).

Allergic Living. [www.allergicliving.com](http://www.allergicliving.com).