

Food Allergy Awareness Protocol

Introduction

This document will provide guidelines for Fox C-6 parents and school district staff regarding food allergies in order to develop appropriate procedures to reduce the risk of accidental exposure to those foods which can be life-threatening or cause anaphylactic reactions for students in our buildings.

The Fox C-6 School District seeks to set age-appropriate guidelines for students and schools that minimize the risk for children with life-threatening food allergies. These guidelines include building-based general medical emergency plans, sample Individual Healthcare Plans for students diagnosed with a life-threatening food allergy, training of staff, availability of on-site medical equipment for quick response to life-threatening allergic reactions, and such other guidelines to allow students with life-threatening allergies to participate fully in school activities.

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

Definitions

Allergen – A substance that triggers an allergic reaction.

Allergic Reaction – An immune system response to a substance that itself is not harmful but that the body interprets as being harmful. Allergic reactions may trigger anaphylaxis, inflammation in the skin (hives, itching, a rash); in the respiratory system (coughing, wheezing, difficulty breathing); in the gastrointestinal tract (vomiting, diarrhea, stomach pain); and the cardiovascular system (lowered blood pressure, irregular heartbeat, shock).

Allergy Action Plan (AAP) – An AAP is a written plan for students who have experienced severe allergic reactions. This plan is designed to inform school district personnel who may be called upon to respond when a student is having an allergic reaction.

Anaphylaxis – A potentially life-threatening allergic reaction that involves the entire body. It may be characterized by symptoms such as:

1. Generalized itching and tingling.
2. Edema of lips, tongue, periobital area.
3. Weakness.
4. Rapid pulse.
5. Fall in blood pressure.
6. Respiratory difficulty or distress.
7. Cold, clammy skin.
8. Loss of consciousness.
9. Nausea and/or vomiting.
10. Abdominal cramping.

In severe cases, anaphylaxis may result in shock or death.

Individualized Healthcare Plan (IHP) – An IHP is a document created by the district in cooperation with the parents and, when appropriate, a student’s health care provider for students who have specific health care needs. It is a nursing care plan that has student-centered goals and objectives, and describes the nursing interventions designed to meet the student’s short and long-term goals.

Life-Threatening Allergy – An allergy that is severe enough to potentially cause death.

Purpose

The purpose of these guidelines is to minimize the risk of exposure to food allergens that pose a threat to Fox C-6 School District students; to educate school staff about their responsibilities in the event of an allergic reaction; and to educate the school community about life-threatening food allergies. Each Fox C-6 School District school will:

1. Maintain a building-based general Medical Emergency Plan that includes a Life-Threatening Allergy Medical Emergency Plan.
2. Develop and implement an Individual Healthcare Plan (IHP) for students with severe allergies, based on medical documentation as appropriate for individual student needs and circumstances and consistent with applicable law.
3. Implement annual life-threatening allergy and epinephrine auto-injector training for appropriate staff.
4. Monitor the use of food during the school day, as appropriate at the individual school building level based on student needs.

Oversight

The school nurse(s) shall oversee the administration of these procedures in consultation with the building principal, food service director, the transportation

director, local health authorities and, where appropriate, the 504 case manager and the assistant superintendent of student services.

Response to an Allergic Reaction

Any staff member who becomes aware that a student is having an allergic reaction must stay with the student and call the nurse. The nurse will follow the student's 504 plan, Individualized Healthcare Plan (IHP), or Allergy Action Plan (AAP).

If there is no such plan, the nurse will follow the Emergency Protocol below. If the nurse is not immediately available, and the staff member determines that the allergic reaction is potentially life-threatening, the staff member will follow the student's 504 Plan, Individualized Healthcare Plan (IHP), or Allergy Action Plan (AAP) if the staff member is familiar with such plan. If the student does not have such plan, the staff member is not familiar with the 504 Plan, IHP or AAP or such plan is not immediately available, the staff member will immediately take the following actions or direct another person to take such actions:

1. Call 911.
2. Administer epinephrine, if available, at the direction of the school nurse or designee. If the school nurse is not present, the staff member may administer epinephrine, if available, if the staff member determines it is necessary to safeguard the health of the student.
3. Notify the parents.
4. Provide first responders with information about the student's allergy and reaction and any actions already taken.
5. A staff member will remain with the student until a parent/guardian or emergency contact arrives or until the student is transported from the district by first responders. As soon as possible after the allergic reaction, the nurse will consult with the 504 compliance coordinator and the student's parent/guardian to determine whether a 504 Plan or IHP/AAP would be appropriate for the student.

Instructional Areas

No food preparation or consumption will take place in any instructional area unless the instructor has permission from the building administrator. Courses that include food preparation or consumption as a regular part of the curriculum are exempt from this provision, but instructors in these courses have an increased responsibility to monitor student adherence to prevention procedures.

Dining Areas

The school nurse or designee will provide the food service director with a copy of any 504 Plan or IHP/AAP that concerns diet. In lieu of providing a copy of the actual plan, the nurse or designee may provide a document with all the pertinent information. Any 504 Plan or IHP/AAP that requires food substitutions must include a written statement from a licensed physician that:

1. Describes the disability or condition.
2. Explains how the student is restricted as a result of the disability or condition.
3. Identifies the major life activities affected by the disability or condition.
4. Lists omitted and permitted foods.

The food service director will provide information to food service personnel as necessary. Food service personnel will not act on individual requests for dietary accommodations. If a student or parent/guardian of a student who does not have a 504 Plan or IHP/AAP on file with the food service director requests an accommodation, he or she will be referred to the school nurse for assistance.

The food service director will arrange for all food service staff to be trained in food label reading, cross-contamination avoidance, safe food handling and food item labeling requirements. If there is any change in the menu after the menu has been posted, the food service director will notify the school nurse or designee. The nurse or designee will notify parents of students with a 504 Plan or IHP/AAP for food allergies if necessary.

The principal may designate one or more tables in the dining area as peanut and tree nut-free areas. Students who use these tables may not have any food or beverage that contains or may contain peanuts or other nuts. If any student has been identified as having life-threatening allergies to a food or beverage other than peanuts or nuts, the principal may designate one or more tables as allergen-free areas and specify the prohibited foods and beverages. Staff responsible for cleaning dining areas will clean any such designated tables prior to each use according to United States Department of Agriculture (USDA) recommendations using separate cleaning supplies. No student will be required to sit at the designated table. Staff members supervising dining areas will promote a "no sharing/no trading" environment to prevent students from trading food, beverages or dining utensils.

Transportation and Off-Site Activities

Except as otherwise outlined in this procedure, drivers will not allow students to eat or drink on district transportation unless the student has written permission from his or her building principal. Written permission will be provided if the student has a medical need to consume food or beverages during the time the student is transported.

Students being transported to and from activities on district transportation may be allowed to consume food and beverages if the staff member serving as sponsor has verified that none of the students being transported have documented life-threatening food allergies. Staff members must submit a list of students taking part in off-site activities, such as competitions and field trips, to the nurse in advance of the activity. The nurse will verify which, if any, students have allergies and provide the staff member with a copy of the relevant 504 Plans or IHPs or AAPs and any medications that may be needed in the case of an allergic reaction. It is the

parents' responsibility to *communicate directly with*, also notify and give a copy of the appropriate paperwork, to personnel in charge of all before-and-after-school activities:

- Before or after school activity instructors
- Coaches
- Overnight tournament sponsors or district chaperones
- Clubs, programs, or sports sponsors
- Leaders of any other activity that a student that may be involved outside the school hours.

Parent/Guardian Responsibilities

1. Notify the school nurse and principal of your child's allergies prior to the opening of school each year (or immediately after enrollment or a diagnosis).
2. Provide the school nurse with medical documentation from your licensed health care provider with medication and dietary orders before your child enters school.
3. Deliver / provide approved medications in proper containers to the school nurse on the first day your child enters school and maintain a non-expired supply in the nurse's office for the duration of the school year.
4. No later than the first day your child enters school, provide the school nurse with a list of foods and/or ingredients that could cause a life-threatening or other allergic reaction.
5. Meet with the school nurse and other school staff to consider evaluation for eligibility under Section 504, to develop an Individualized Healthcare Plan (IHP) or Allergy Action Plan (AAP) and provide annual updates on your child's health status. This plan can include a mechanism for ongoing communication with school staff.
6. Educate your child in the self-management of their allergy as age appropriate, including: safe and unsafe foods, strategies for avoiding exposure to unsafe foods, symptoms of an allergic reaction, how and when to tell an adult they are having an allergy-related problem, and how to read food labels.
7. Consider purchasing a medical alert bracelet/necklace and encourage your child to wear it at all times.
8. Provide the school administration and nurse with updated emergency contact information.

School Administrator/Designee Responsibilities

1. Establish a basic Medical Emergency Plan for the building for use in any medical Emergency.
2. Ensure that an IHP for each child with a serious allergy is created and implemented.
3. Monitor compliance with cleaning protocols for classrooms, cafeteria, and other areas in the building.

4. Establish a procedure for how and when school staff should communicate with the main office and school nurse in the event of an emergency. This procedure should include guidelines for all school staff, coverage plans for the teacher and the nurse, and specific equipment to facilitate communication.
5. Promote a no sharing/no trading food rule. School will provide a safe food alternative for class events when needed.
6. Promote proper hand washing techniques and encourage students to wash hands before and after eating.
7. Discourage consuming food on routine school bus routes. Food may be allowed on longer trips with appropriate supervision by school personnel and for students with special health needs requiring the consumption of food at non-meal times.
8. Establish within cafeterias designated tables for the restriction of specific foods, if stipulated by IHP.
9. Request that the school nurse provide a periodic educational program for building staff on life-threatening allergies in the classroom if there are students with life-threatening allergies in the building that school year. These training sessions for all school staff should be conducted as soon as practical each school year. Training will include a review of the signs and symptoms of anaphylaxis and the proper use of the epinephrine auto injectors and will emphasize the importance of prevention, risk reduction and early recognition of an allergic reaction and timely use of epinephrine.
10. Classroom teachers will carry AAP and medication, as designated by school nurse, for field trips.

School Nurse Responsibilities

1. Develop an IHP, corresponding Allergy Action Plan (AAP) and Medication Administration Record with parents/guardians and a multidisciplinary school team (when appropriate) prior to school entry or at the first opportunity following a new diagnosis of a life-threatening food allergy. IHP will be reviewed annually.
2. Maintain open and frequent communication between home and school.
3. Communicate these plans to school staff that have a need to know.
4. At the beginning of each school year, provide education and training of all school staff to review the signs and symptoms of anaphylaxis and epinephrine auto-injector administration.
5. Maintain a list of students who require epinephrine auto injectors for allergic reactions in the Health Office. IHPs and AAPs for those students shall be readily available to substitutes, and substitutes will be informed whenever they are to be responsible for students on such list.
6. Provide annual age appropriate education training for students regarding allergic reactions and response.
7. Obtain, when appropriate, paperwork from parents and physician regarding permission to carry and self-administer rescue medication.
8. Provide teacher with allergy letter to parents.

9. Provide teacher with signage to be posted at door to classroom.
10. Be responsible for section labeled "Monitoring and Evaluation" of this document.

Classroom Teacher Responsibilities

1. Minimize the presence of identified allergens in the classroom.
2. Minimize the use of identified food allergens in classroom projects and activities, as well as, academic rewards and incentives.
3. Send allergy note home to parents in an effort to minimize allergens at class parties, celebrations and special events.
4. Implement good hand washing procedures.
5. Post signage at classroom door.
6. Notify nurse of upcoming field trips to allow proper time for packaging of medications and refresher of proper administration. Teacher will carry AAP and medication.
7. Participate in annual allergy awareness education, and medication administration training.
8. In case of surface contamination by an allergen immediately notify the custodian for clean-up.

Food Services Manager Responsibilities

1. Ensure that all food service staff obtain allergy awareness education annually.
2. Follow safe food handling practices to avoid cross contamination with potential food allergens.
3. Follow cleaning and sanitation protocol and safe food handling practices to avoid cross-contamination.
4. Set up procedures for cafeteria regarding food allergic students.
5. After receiving the medical statement for a student requiring special meals, the Food Service Department will make reasonable modifications, as feasible, for meals to be served to students with food allergies.
6. Respond appropriately to all concerns from any student with a life-threatening allergy, including allowing student to see school nurse if complaining of any potential symptoms.

Cafeteria Server/Custodial Responsibilities

1. Attend annual training on allergy awareness.
2. Follow cleaning and sanitation protocol to avoid cross-contamination and thoroughly clean all tables, chairs and floors after each meal.
3. Provide a clearly labeled allergen safe table for students if required by an IHP.
4. Respond appropriately to all concerns from any student with a life-threatening allergy.

Student's Responsibilities

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

Transportation Staff Responsibilities

1. Provide annual training for school bus drivers on allergy awareness.
2. Provide functioning emergency communication device (e.g. cell phone, two-way radio, walkie-talkie or similar device).
3. Know how to contact Emergency Medical Services (EMS).
4. Maintain a procedure of discouraging the consumption of food on routine school bus routes. Food may be allowed on longer trips with appropriate supervision by school personnel and for students with health needs requiring the consumption of food at non-meal times.

Monitoring and Evaluation

1. Nurse will maintain a log of dates reflecting annual allergy education for students and staff.
2. Nurse will maintain a log of dates reflecting annual medication administration training including epi-pens for staff.
3. Nurse will provide the Director of Nursing with written documentation explaining circumstances leading to the use of an epi-pen during school hours, as well as, post treatment response and follow-up.

Final Note

It is impossible to create a peanut-free or allergen-free environment. To create the illusion that the school environment is free of allergens would be misleading and potentially harmful. Instead, this protocol has been designed to increase awareness and communication, to prevent possible exposure to identified allergens, and to create an emergency procedure for allergic reactions.

Food Allergy Action Plan

Name: _____ Teacher: _____

ALLERGY TO: _____

Asthmatic Yes* No *Higher risk for severe reaction



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
Other† _____	<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. Twinject® 0.3 mg Twinject® 0.15 mg
(see reverse side for instructions)

Antihistamine: give _____
medication/dose/route

Other: give _____
medication/dose/route

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

STEP 2: EMERGENCY CALLS

1. Call 911. State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Dr. _____ Phone Number: _____
3. Father _____ Home _____ Cell _____ Work _____
Mother _____ Home _____ Cell _____ Work _____
4. Emergency contacts: Name/Relationship:
 - a. _____ Home _____ Cell _____ Work _____
 - b. _____ Home _____ Cell _____ Work _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent's Signature _____ Date _____

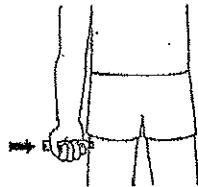
Doctor's Signature _____ Date _____

EPIPEN Auto-Injector and EPIPEN Jr Auto-Injector Directions

- First, remove the EPIPEN Auto-Injector from the plastic carrying case
- Pull off the blue safety release cap



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



- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds



EPIPEN and EPIPEN Jr are trademarks of Lilly France, L.P.

Twinject® 0.3 mg and Twinject® 0.15 mg Directions



Remove caps labeled "1" and "2."

Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.



SECOND DOSE ADMINISTRATION:
If symptoms don't improve after 10 minutes, administer second dose:

Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.

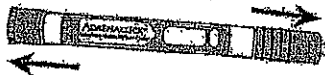


Slide yellow collar off plunger.

Put needle into thigh through skin, push plunger down all the way, and remove.



Adrenaclick™ 0.3 mg and Adrenaclick™ 0.15 mg Directions



Remove GREY caps labeled "1" and "2."



Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

Food items: All products in this section contain fast-acting doses of epinephrine. Other medications assumed by residents, physicians, and staff of this Food Service are: Pan-Pan, Anadimus, and generic products of the same or similar brands. Do not use.

TRAINED STAFF MEMBERS

- _____
- _____
- _____

Room _____
Room _____
Room _____

Medical Statement for Student Requiring Special Meals

Name of Student:	School District:
Birth Date:	School Attended:
Parent Name:	Telephone:
Telephone:	

For Physician's Use

Identify and describe disability, or medical condition, including allergies that requires the student to have a special diet. Describe the major life activities affected by the student's disability (see back of form).

Diet Prescription (check all that apply):

Diabetic (include calorie level or attach meal plan) Modified Texture and/or Liquids

Reduced Calorie Food Allergy (describe): _____

Increased Calorie Other (describe): _____

Food Omitted and Substitutions:

Use space to list specific food(s) to be omitted and food(s) that may be substituted. You may attach an additional sheet if necessary.

OMITTED FOODS	SUBSTITUTIONS
_____	_____
_____	_____

Indicate Texture:

Regular Chopped Ground Pureed

Indicate thickness of liquids:

Regular Nectar Honey Pudding

Special Feeding Equipment

Additional comments: _____

I certify that the above named student needs special school meals as described above, due to the student's disability or chronic medical condition.

Physician's Signature	Telephone Number	Date
Signature of Preparer or Other Contact	Telephone Number	Date

I hereby give my permission for the school staff to follow the above stated nutrition plan.

Parent/Guardian _____ Date _____

Revised 6/99

PEANUT AND TREE NUT ALLERGY AWARE SCHOOL



- READ **ALL** INGREDIENT LABELS.
- ASK QUESTIONS IF YOU ARE UNSURE OF "SAFE" FOODS.
- DO NOT **SHARE** FOOD
- **WASH HANDS** AFTER SNACK AND MEAL TIMES.

B.E.YOND
A PEANUT
FOOD ALLERGY AWARENESS CARDS
www.beyondapeanut.com
1-877-AIRG-TIP (257-4847)

Thank you
for helping us
provide a safe environment
for our friends with food allergies!

Parent Signature Page

Please sign on the line below acknowledging that you have read and understand the Fox C-6 School District's Food Allergy Awareness Protocol. The protocol can be found online at <http://www.fox.k12.mo.us>. If you have any questions, please contact the principal or school nurse.

Parent Signature

Date

Parent Printed Name