

FOOD ALLERGY MANAGEMENT PLAN

CARE OF THE STUDENT WITH FOOD ALLERGIES AT RISK FOR ANAPHYLAXIS

PURPOSE:

To provide guidance in managing students with food allergies at risk for anaphylaxis at school

BACKGROUND:

In response to the increase in students with diagnosed food allergies at risk for anaphylaxis, Senate Bill 27 (2011, 82nd Legislative Session) amends Chapter 38 of the Texas Education Code by adding Section 38.0151. This section requires the Board of Trustees of each school district to adopt and administer a policy for the care of students with diagnosed food allergies at risk for anaphylaxis. This policy requires each school district to develop and implement a student food allergy management plan which includes training for employees on allergies and anaphylaxis, general strategies to reduce the risk of exposure to common food allergies, methods for requesting specific food allergy information from parents of students with diagnosed food allergies, implementation of food allergy action plans and an annual review of the district's management plan.

INTRODUCTION:

A food allergy is an abnormal response to a food, triggered by the body's immune system. Symptoms of a food induced allergic reaction may range from mild to severe and may become life-threatening.

Reactions vary with each person. The severity of an allergic reaction to each exposure is not predictable. Eight foods account for over 90 percent of allergic reactions in affected individuals: milk, eggs, peanuts, tree nuts, fish, shellfish, soy and wheat (Sampson, 2004 & Sicherer S., 2002). Although most allergic reactions are attributed to these eight foods, any food has the potential of causing a reaction. There is no cure for a food allergy. Strict avoidance of allergens and early recognition and management of allergic reactions are important to the safety of children with food allergies at risk for anaphylaxis.

Children spend up to 50 percent of their waking hours in school, and foods containing allergens are commonly found in schools. Thus, the likelihood of allergic reactions occurring in schools is high (Sheetz, 2004). Studies show that 16-18 percent of children with food allergies have had allergic reactions to accidental ingestion of food allergens while in school. Moreover, food-induced anaphylaxis data reveals that 25 percent of anaphylactic reactions in schools occur among students without a previous food allergy diagnosis (Sicherer, 2010 & Nowak-Wegrzyn, 2001).

Anaphylaxis is defined as "a serious allergic reaction that is rapid in onset and may cause death" (Simons, 2008). Anaphylaxis includes a wide range of symptoms that can occur in many combinations and is highly unpredictable. The signs and symptoms of an allergic reaction (anaphylaxis) usually involve more than one system of the body -the mouth, throat, nose, eyes, ears, lung, stomach, skin, heart, and brain can all be affected. The most dangerous symptoms include breathing difficulties and a drop-in blood pressure or shock, which is potentially fatal.

Treatment of Anaphylaxis - Epinephrine (Adrenaline) is the first-line treatment in cases of anaphylaxis. Other medications have a delayed onset of action. Epinephrine is a quick acting hormone that helps to reverse symptoms of an allergic reaction by opening the airways, improving blood pressure, and accelerating heart rate. In approximately one third of anaphylactic reactions, the initial symptoms are followed by a delayed wave of symptoms two to four hours later. Therefore, it is imperative that following the administration of epinephrine, the student be transported to a hospital even if the symptoms appear to have resolved.

With the increasing prevalence of food allergies in the past two decades, care of students with life-threatening allergies has become a major issue for school personnel (Sheetz, 2004) Currently, management of food allergies consists of educating children, parents, caregivers, and school personnel in strict avoidance of the food allergen. Education also includes recognizing the signs and symptoms of an allergic reaction, and initiating emergency treatment in case of an unintended ingestion or exposure. In order to address the complexities of food allergy management in schools, it is important that students, parents/caregivers, and school personnel work cooperatively to create a safe and supportive learning environment (National School Boards Association, 2011).

PROCEDURE:

1. Notification of a food allergy:

- a. The district requests annual disclosure of all food allergies by the parent or guardian on the student “*Health Information form*”. This form is part of the enrollment or annual back to school process.

2. Upon review of the online enrollment records, the campus nurse will:

- a. Identify students with severe food allergies
- b. Request parent completes and submits the following forms; as applicable:
 - i. Emergency Action Plan for Severe Allergic Reaction form- (physician and parent signature)
 - ii. Medication Authorization form
 - iii. Special Diet Request form- for substitutions and modifications of meals (physician signature and specifications needed)
- c. Identify any other additional accommodations needed (allergy free table, etc.)
- d. Develop an EAP or IHP after collaboration with physician, parent, administrator and teacher and distribute to personnel with a need to know.
- e. Notify Student Nutrition and Transportation
- f. Initiate the 504 process, if appropriate

3. Training for School Personnel:

- a. Level I Training will be conducted annually for all employees through the Professional Development Compliance process at the beginning of the school year. (Safe Schools- “*Medication Administration: Epinephrine Auto-Injectors*”). This includes district wide

education to all school personnel on each campus. Training will cover the following subjects:

- i. Most common food allergens
 - ii. Importance of environmental controls and avoidance
 - iii. Signs and symptoms of an anaphylactic reaction
 - iv. Emergency actions in the event of a life-threatening allergy
 - v. Demonstration on the administration of an epinephrine auto-injector
- b. Level II Training will be coordinated and conducted by the campus nurse. This training is for all staff responsible for students with a severe allergy during any part of their school day including extra-curricular programs. This training is also for principal-assigned staff trained to administer medications and includes:
- i. More comprehensive Level I information
 - ii. How to use an Emergency Anaphylaxis Plan
 - iii. Individualized student food allergy information
 - iv. Emergency response
 - v. Demonstration and return demonstration of how to use an epinephrine auto-injector
 - vi. Avoidance measures and environmental controls, including handwashing
 - vii. Substitute preparedness planning
 - viii. Documentation of Level II training will be kept by the campus nurse

4. In the event of an anaphylactic event, a post exposure conference will be held on the campus. The campus nurse along with a campus administrator should coordinate and review:

- a. Source of the allergen exposure
- b. Steps to prevent future exposure
- c. Students Emergency Action Plan
- d. Witness accounts of incident (if applicable)
- e. Work with other departments if involved (i.e., Student Nutrition)
- f. Replacement of epinephrine if used

Creating an allergen-safe school environment; district-wide procedures:

1. Pre-packaged food items with readable ingredient lists are encouraged for projects, activities and celebrations in elementary and middle school classrooms of children with food allergies at risk for anaphylaxis so potential food allergens can be identified. (Please refer to the MISD Student Handbook section on celebrations)
2. Appropriate cleaning protocols will be followed on campuses, with special attention to identified high-risk food allergy areas (i.e. cafeteria tables).
3. Emergency life-saving unassigned prescription epinephrine and albuterol will be in each clinic for administration by the campus nurse to a student presenting with signs/symptoms of unexpected anaphylaxis, or respiratory distress, pursuant to MISD standing orders and procedures.
4. Only student prescribed epinephrine auto injectors will be taken on school sponsored of campus activities.
5. Emergency 911 procedures will be followed during these activities.

Information concerning the district's Food Allergy Management Plan will be included in the student handbook and will be available on the MISD Health Services webpage.

Actions for Anaphylaxis

POSSIBLE SYMPTOMS OF AN ALLERGIC REACTION

Any **SEVERE SYMPTOMS** or more than one **MILD**

SYMPTOM:

LUNG: short of breath, wheeze, cough

HEART: pale, blue, weak pulse, dizzy, passing out

THROAT: itching, tightness/closure, hoarseness

MOUTH: itching, swelling of lips and/or tongue

SKIN: many hives over body, widespread redness

GUT: vomiting, diarrhea, cramps

Other: anxiety, confusion, feeling of dread/something bad is about to happen

ONE MILD SYMPTOM [only one system with NO heart or lung symptoms]

MOUTH: itchy mouth

NOSE: itchy/runny nose; sneezing

SKIN: a few hives or localized redness; mild itch

RESPONSE TO A SEVERE ALLERGIC REACTION

● **INJECT EPINEPHRINE IMMEDIATELY** or call the school nurse or trained personnel immediately. **It is important to not delay the administration of epinephrine.**

● **Call 911**

● Stay with the student. NEVER LEAVE STUDENT UNATTENDED.

● Allow student to sit upright (or ease to the floor, if necessary); monitor closely

● Give additional medications, if prescribed

--antihistamine (Benadryl)

--inhaler (bronchodilator) if asthma

● Repeat Epinephrine in 5 to 15 minutes, if symptoms persist/worsen

● If student is not conscious, turn student on his/her side to keep the airway clear; loosen tight clothing and place something soft and flat under head

● Move other students away from the area if possible

● Contact parent

Note: Effects of epinephrine last only 10 to 20 minutes. Emergency medical care (911) must be obtained immediately.

RESPONSE TO MILD REACTION (ONE MILD SYMPTOM)

● Stay with student; monitor closely

● If symptoms progress USE EPINEPHRINE (see above)

● If no progression of symptoms administer antihistamine (if prescribed)

● Contact parent

Responsibilities of Parents & Student

1. Notify the campus nurse of the student's allergies. Use of the online "*Health Information form*" is the preferred method of notification.
2. Complete the "*Emergency Action Plan for Severe Allergic Reactions*" with signatures from parent and physician and return to campus nurse.
3. Contact the school nurse to review the "*Emergency Action Plan for Severe Allergic Reaction*". Discuss accommodations the student may need throughout the school day or during school-sponsored activities. (After school program, athletics, marching band, drama, cheer/drill team, etc.).
4. Provide properly labeled medications and replace medications after use or upon expiration.
5. Continue to educate your child in the self-management of their food allergy including:
 - a. Safe and unsafe foods
 - b. Strategies for avoiding exposure to unsafe foods
 - c. Symptoms of allergic reactions
 - d. How and when to tell an adult they may be having an allergy-related problem
 - e. How to read food labels (age appropriate)
 - f. If age appropriate, the importance of keeping their emergency medication on them and administering their personal asthma and anaphylaxis medications as prescribed
 - g. Importance of not sharing their medications with anyone (i.e. inhalers)
 - h. Parent attendance on elementary field trips is welcome. Notify the school nurse if you are unable to attend a field trip with your student so preparation for emergency medications can be provided.
 - i. Provide emergency contact information and update as needed.

Responsibilities of Student

1. No trading of food with others.
2. Avoid eating anything with unknown ingredients or known to contain any allergen.
3. Be proactive in the care and management of their food allergy and reactions (as developmentally appropriate).
4. Immediately notify an adult if they eat something they believe may contain a food to which they are allergic.

Responsibilities of the Director of Health Services or Superintendent Designee:

1. Coordinate the management of food allergies within the district.
2. Serve as the point of contact for allergy management for parents, staff and healthcare providers etc.
3. Coordinate training of administrators, staff and departments on food allergy management.
4. Assist and support campus staff with implementing food allergy management strategies.
5. Review the district Food Allergy Management Plan annually and recommend any changes needed.

6. Consult the district's Medical Advisor as needed.
7. Collect and review epinephrine use incident reports.

Responsibilities of Campus Administration

1. Oversee the administration of the district's "*Food Allergy Management Plan*" on the campus.
2. Ensure that all campus staff complete the Level I training annually.
3. Communicate expectations to staff regarding treatment of students with food or other allergies. A food-allergic student should not be referred to as "the peanut kid", "the bee kid" or any other name related to the student's condition.
4. Maintain student confidentiality in compliance with FERPA
5. Assign and designate staff (Level 2) who will to be trained by the school nurse to respond to exposure or allergic reactions, and/or administer epinephrine auto-injectors or medications when a school nurse is not available (i.e. person who gives medications while nurse is at lunch).
6. Ensure assigned and designated staff complete Level 2 training with the school nurse.
7. Ensure that a food-allergic student is included in all school activities (students should not be excluded from school activities solely based on their food allergy).
8. Ensure that teachers have a plan in place and it is adhered to in notifying substitute teachers that they have a student with food allergies who is at-risk for anaphylaxis in their classroom.
9. Ensure that an area is designated as allergy-free in the cafeteria if needed.
10. Ensure that appropriate cleaning of allergy-free areas in cafeteria is being followed.

Responsibilities of the Campus Nurse (RN)

1. Implement the administration of the district's "*Food Allergy Management Plan*" on the campus in consultation with the campus administrators, Director of Health Services, prescribing physicians, special education staff and when appropriate, 504 coordinators.
2. Review submitted "*Health Information forms*" annually. Contact parents/guardians who have indicated their student has a food allergy and have not submitted a completed "*Emergency Action Plan for Severe Allergic Reaction*" for their student. Request completion of the action plan, medications for school and discuss any needed accommodations for student.
3. Notify teachers on the student's schedule, when an "*Emergency Action Plan for Severe Allergic Reaction*" has been added or modified for a student.
4. Notify Child Nutrition and, if appropriate, the 504 coordinators of a student with a severe food allergy as needed and provide a copy of the "*Emergency Action Plan for Severe Allergic Reaction*" as appropriate.
5. Campus nurse may administer life-saving district provided prescription epinephrine if student has signs/symptoms of anaphylaxis, and/ or nebulized albuterol for wheezing, anaphylaxis or respiratory distress pursuant with MISD's standing order procedures.
6. Train principal-designated staff annually in responding to exposure or allergic reactions and administration of student prescribed epinephrine auto injectors and/or medications when a school nurse is not available. Maintain documentation of trained staff via the "*Epinephrine Administration Training Checklists*".
7. Ensure that students' emergency life-saving medications (epinephrine auto injectors) are properly labeled and stored in an accessible but unlocked area, and dates have not expired.

8. Request a list of students participating in the after-school program (Quest). Coordinate with after-school campus directors and parents for plan of care for student with severe allergies during the program
9. Coordinate with coaches/trainers on plans of care for students with severe allergies and access to prescribed epinephrine auto injectors.
10. Collaborate with campus administrator and classroom staff to assure that an assigned, trained staff member attends field trips or school outings if the parent is not attending.
11. Notify the Health Services Director if emergency epinephrine is administered or if a person has a severe allergic reaction at school. Participate in campus post anaphylaxis conference.

Responsibilities of the Classroom Teacher/Specialist

1. Complete Level 1 awareness training. Complete Level 2 training as assigned/appropriate.
2. Review the “*Emergency Action Plan for Severe Allergic Reaction*” for any students in the classroom. Understand and implement the plan for your student. Ask the campus nurse for any clarification needed regarding the plan(s).
3. Schedule time with campus nurse to complete training on how to administer an epinephrine auto-injector.
4. Obtain the “*Food Allergy Notice for Parents*” letter from the campus nurse to send to classmates’ families explaining any restricted allergen foods in the classroom.
5. Ensure that all substitute individuals, pull out teachers (Special Ed, interventions, Dyslexia, etc) are informed of the student’s food allergy.
6. Eliminate identified allergens in classroom of student with food allergies at risk for anaphylaxis.
7. Send an administrator approved correspondence to parents/guardians of classmates of a food-allergic student who is at risk for anaphylaxis, explaining any restricted allergen foods in the classroom.
8. Inform parents and campus nurse of any events where food will be served.
9. Enforce district policy on bullying related to food or other allergens.
10. Know the campus communication plan with the front office and/or campus nurse.
11. Ensure that student suspected of having an allergic reaction is accompanied by an adult (preferable) or student to the clinic.
12. Do not put a student on the bus if there are any signs or symptoms of an allergic reaction.

Classroom Activities:

1. Ensure that a food-allergic student is included in all school activities. Students should not be excluded from school activities solely based on their food allergy.
2. Allow only food items labeled with or accompanied by a complete ingredients list. This includes projects, activities and celebrations so that potential food allergens can be identified.
3. Use non-food items such as stickers, pencils, etc. as rewards instead of food.
4. Avoid or eliminate the use of non-food allergens, such as latex balloons.

Snack time/Lunchtime:

1. Assist students with life-threatening food allergies in monitoring that only foods from home or foods purchased in the cafeteria are consumed.

2. Promote and monitor good hand washing practices before and after snacks/lunch and anytime potential allergens may have been touched. Alcohol-based hand sanitizers are NOT effective in removing allergens from hands.
3. Educate students on not sharing or trading food.
4. Encourage parents/guardians to send “safe” snacks for their child.

Field Trips:

1. Give the nurse at least a TWO week notice prior to field trips for necessary preparation.
2. Ensure that the “*Emergency Action Plan for Severe Allergic Reaction*” and the student’s prescribed epinephrine auto-injector are taken on field trips. Call 911 if an allergic reaction occurs and/or epinephrine is administered.
3. Collaborate with parents of student with food allergies when planning field trips.
4. Consider field trip meals/snacks and plan for reduction of exposure to a student’s life-threatening food allergy.
5. Enforce “no eating” on school buses except for students with diabetes or other medical conditions that required food intake as an emergency intervention. Special considerations may be given for extended duration or unique circumstances involving meal schedules.
6. Invite parents of students at risk for anaphylaxis to accompany their child on school trips, and/or act as a chaperone. However, the student’s safety or attendance must not be a condition of the parent’s presence on the trip.
7. Collaborate with the school nurse to ensure that 1-2 staff members attending the field trip are trained in recognizing signs and symptoms of life-threatening allergic reactions and are trained to use an epinephrine auto-injector.
8. Consider availability of handwashing facilities and encourage handwashing before and after eating. Provision of hand wipes is acceptable when handwashing facilities are unavailable.

Responsibilities of Student Nutrition Director, Assistant Director and Campus Cafeteria Managers

1. Provide Level 1 training to food service staff annually. Maintain documentation of trained staff.
2. Review the legal protections for students with life-threatening allergies and ensure that students with severe food allergies that participate in the federally-funded school meal programs are given safe food items as outlined by the physician’s signed statement.
3. Evaluate and implement appropriate substitutions or modifications for meals served to students with food allergies as specified by the healthcare provider/prescribing physician. (“*Special Diet Request form*”.)
4. Train food service staff and their substitutes to read product food labels and recognize food allergens as needed.
5. Maintain contact information for manufacturers of food products (Consumer Hotline).
6. Review and follow sound food handling practices to avoid cross-contamination with potential food allergens.
7. Maintain current menus via the website with notifications of any menu changes. Provide specific ingredient lists to parents upon request.
8. Be prepared to take emergency action for a student in the cafeteria in the event of an allergic reaction.

Responsibility of Quest After School Care Director and Site Coordinators

1. Conduct the program in accordance with district policies and procedures regarding students with food allergies who are at risk for anaphylaxis.
2. Provide Level 1 training for all staff annually. Maintain documentation of trained staff.
3. Collaborate with the school nurse to identify students in your care who have severe allergies or at risk for anaphylaxis.
4. Collaborate with the school nurse on having access to student emergency medications.
5. Ensure staff member(s) have been designated and trained with Level II training to administer emergency medication (epinephrine auto-injector) if students with life-threatening allergies attend the program.
6. Restrict the use of foods that are known allergens to students with food allergies at risk for anaphylaxis.
7. Promote and monitor good hand washing practices before and after snacks and anytime potential allergens may have been touched. Alcohol-based hand sanitizers are NOT effective in removing allergens from hands.

Responsibility of Head Coaches, Trainers, Sponsors and Other Persons in Charge of School-Sponsored Activities

1. Conduct the program or school sponsored activity in accordance with district policies and procedures regarding students with food allergies who are at-risk for anaphylaxis.
2. Ensure all coaches, trainers and student trainers are current in CPR/AED certification.
3. Consult with the school nurse to identify students in your care who have severe allergies or are at risk for anaphylaxis.
4. Ensure all Coaches/Sponsors/know if the student is self-carrying an epinephrine auto injector and/or where the student's epinephrine auto injector is located on the campus.
5. Restrict the use of foods that are known allergens to students with food allergies at risk for anaphylaxis.
6. Enforce MISD procedure of no eating/drinking on the bus except for water. Special considerations may be given for trips of extended duration or unique circumstances involving meal schedules.

Responsibility of Transportation Department

1. Provide Level I Training to all bus drivers annually. Maintain documentation of trained staff.
2. Ensure that bus drivers know how to contact EMS in the event of an emergency.
3. Enforce no consumption of food /drink (other than water).
4. Special considerations may be given for trips of extended duration or unique circumstances involving meal schedules.
5. Special considerations may be given to students with medical accommodations (i.e. students with diabetes). Work with the Director of Health Services on a plan for all students' safety if this issue occurs.

Responsibilities of Custodial Staff

1. When a student or students are identified as having food allergies or are at risk for anaphylaxis on the campus, designated custodial staff will be provided the appropriate training, by campus administration or the school nurse, to ensure student safety.