

# **East Hartford Public Schools**

## **Food Allergy Management Plan**

## **Primary Goals**

Food allergies can be life threatening. The risk of accidental exposure to foods can be reduced in the school settings if schools work with students, parents, and physicians to minimize risks and provide a safe educational environment for food allergic students. The focus of our food allergy management plan is prevention, education, awareness, communication and emergency response.

## **Overview of Food Allergies and Anaphylaxis in School-Age Children**

A food allergy is an exaggerated response by the immune system to a food that the body mistakenly identifies as being harmful.

It is extremely important to understand that although eight foods are responsible for most life threatening allergic reactions an individual can have a life-threatening allergic reaction to **any** food, including fruits, vegetables and meats. Greater than 90 percent of allergic reactions are caused by the following eight foods:

- Peanuts
- Milk
- Egg
- Fish
- Soy
- Wheat
- Shellfish
- Tree nuts (walnut, cashew, pecan, hazelnut, almond, etc.)

Peanut and tree nuts typically cause the most severe allergic reactions, and approximately 90 percent of fatal and near-fatal reactions are due to these foods

The principal route of exposure, which leads to allergic reactions, is ingestion of the food allergen. For sensitized individuals, ingestion of even very minute amounts of food can, in certain instances, result in fatal reactions without rapid intervention. It is also possible for a child to have an allergic reaction to tactile (touch) exposure or inhalation exposure. If children with life-threatening food allergies touch the allergens and then put their fingers to their eyes, nose or mouth, the exposure and ingestion may cause anaphylaxis.

### **What is Anaphylaxis?**

Anaphylaxis is a serious allergic reaction that in a small percentage of cases can cause death. It can happen in people who have allergies or asthma, and it may be caused by a number of normally harmless things called allergens. Most often it is caused by foods, insect sting and medicines.

Anaphylaxis signs or symptoms usually do not happen the first time you are near the allergen. That is because it can take some time for your body to build up a dislike for the allergen.

Signs of anaphylaxis usually start 5 to 30 minutes after coming in contact with the allergen but sometimes symptoms can begin after 1 hour. An anaphylactic reaction can make it hard to breathe, or cause you to pass out. It can even cause death. That is why anaphylaxis is always an emergency. Anaphylaxis is always treated with an auto-injector, which contains epinephrine (Epi-pen).

**Common symptoms of anaphylaxis are:**

- Red rash, hives,
- Swollen and/or itchy throat, lips or swollen areas of the body
- Wheezing (breathing that sounds like whistling from chest)
- Coughing, difficulty breathing, shortness of breath
- Trouble swallowing, hoarse voice, chest tightness
- Nausea, vomiting, stomach cramps, abdominal pain, diarrhea
- Anxiety, Sense of impending doom

An individual experiencing anaphylaxis may present with one or more of these symptoms. Fatal anaphylaxis is more common in children with food allergies who are asthmatic even if the asthma is mild or well controlled. Fatal anaphylaxis is more common in children who present with respiratory symptoms, or gastrointestinal (GI) symptoms such as abdominal pain, nausea or vomiting. In many fatal reactions, the initial symptoms of anaphylaxis were mistaken for asthma or mild GI illness, which resulted in delayed treatment with epinephrine auto-injector.

**When in doubt, it is better to give the epinephrine auto-injector and call the Emergency Medical System (911) for an ambulance. Fatalities are more likely to occur when epinephrine administration is withheld.**

In up to 30 percent of anaphylactic reactions, the initial symptoms may be followed by a second wave of symptoms two to four hours later and possibly longer.

**For children at risk for food anaphylaxis the most important management strategy in the school is PREVENTION**

**Key Points to Remember**

- **You are never alone**  
It takes a team to ensure the best for our students. Help is usually a phone call away.
- **Educate, Educate, Educate**  
This ongoing process changes with the students' needs and as the staff changes. The best plan is to educate our school community about the issues that face students with life threatening allergies.
- **Special events/Non-routine days**  
The greatest risk for a life threatening allergic reaction exists when the normal routine is broken. Examples are classroom parties, field trips, a substitute teacher, and after school events. **Be Prepared.**
- **Symptoms vary greatly**  
**CALL 911** if ingestion is suspected or if anaphylactic symptoms occur. Administer emergency medication as ordered by the physician.
- **Banning of Specific Foods**

Banning of foods can create a false sense of security, which can lead to less responsible approaches to effective management strategies, education and emergency responses. Bans will not render the environment absolutely safe because schools can not ensure that allergenic food does not inadvertently come into the schools. Schools may establish allergen free zones, such as a child's individual classroom, allergen free lunch tables(s) or areas in the cafeteria.

### **Medications**

- In order to promote rapid, life saving steps in an emergency, emergency medication should not be locked during the school day. While they must not be accessible to any student or unauthorized staff member, they should be kept in a safe, accessible and reasonably secure location that can be properly supervised by a nurse or other authorized and trained staff member.
- Parents will be required to supply an extra set of emergency medications for availability during extra-curricular athletic activities and off-site school activities that occur outside the regular school day. This practice allows the "school day" medications to be properly stored and locked after regular school hours to ensure that they will be available without fail. If a student is cleared for self-carry and administration of the medication this requirement will not apply. Those students cleared to self-administer will be required to be in possession of his/her medication at all times
- Extended school day activities should have either an administrator or his /her designee available and properly trained in medication administration. If no staff is available who is properly trained should an incident occur, call 911.
- School nurses are responsible for the training and supervision of principals and staff in the administration of medications. The "**auto-injector cartridge**" is the only allowed injectable medication that trained staff is allowed to administer to those students with life threatening food allergies.
- **Location Emergency Medication**
  - Emergency medication will most often be kept in the health office for those students who do not self-administer their medication. The parent and nurse will have to determine if other locations in the school may be more appropriate and/or necessary to locate the emergency medication. Sometimes, several locations, which could include the student's classroom, may be appropriate, especially in very large buildings.

**During the school day the emergency medication will be available in an unlocked cabinet so that the medication will be easily accessible in the event of an emergency.**

- **Self-administration of Medication**
  - Students will be allowed to self carry and/or self administer their medication provided; they have the written order from an authorized prescriber and authorization of a parent or guardian

- The school nurse has deemed self-administration safe and appropriate
- The medication is transported to school and maintained under the student's control in accordance with the Board of Education's policy on self-administration of medication.
- The principal and teachers are informed of the student's self-administration plan.

### **Prevention: Roles and Responsibilities**

#### **Parents/Guardians**

- Inform the school nurse of their child's food allergy prior to opening of school (or as soon as possible after a diagnosis).
- Make the school nurse aware of allergy via one or all of the following routes: parent phone call, parent visit to school, health information on emergency card collected annually, health history and survey form, and/or historical documentation on student's cumulative health record.
- Provide the school nurse with a way to reach you at any time (cell phone, beeper, etc.)
- Provide the school nurse with health information from your health care provider.
- Provide the school nurse with a Food Allergy and Anaphylaxis Treatment Plan or other similar document that includes medication orders completed by a licensed health care provider.
- Provide the school nurse with written permission to communicate with your health care provider.
- Provide your school nurse with permission to share this information on a need to know basis within the school system.
- Provide the school nurse with **at least one up-to-date epinephrine auto-injectors.**
- Consider providing a medical alert bracelet for your child.
- Provide the school nurse with at least annual updates on your child's allergy status.
- Supply an extra set of emergency medications for availability during extra-curricular athletic activities and off-site school activities that occur outside the regular school day.
- Provide alternate snacks that may be kept in the elementary school for classroom parties and unexpected events.
- Review each month's menu to see if they contain any potentially offending allergens.
- Review the list of student responsibilities with your child and be sure he/she understands his role.

- Encourage your child to share with friends that his/she is allergic to certain foods and what can happen if ingested.

**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:**

- Carry own epinephrine auto-injector.
- Communicate the seriousness of the allergy.
- Communicate symptoms as they appear.
- Read labels.
- Recognize potentially dangerous situations and make good safety decisions.
- Administer own epinephrine auto-injector and be able to train other in its use.

**Remember – our ultimate goal is that our children eventually learn to keep themselves safe by making good choices and advocating for themselves.**

### **Students**

- Learn to recognize symptoms for an allergic reaction.
- Follow safety measures established by parent(s)/guardian(s) and school team at all times.
- Do not share or trade foods or water bottles with anyone.
- Do not eat anything with unknown ingredients or known to contain the allergen(s).
- Do not eat any foods at school unless brought from home or previously approved by parent(s)/guardian(s).
- Inform an adult as soon as accidental exposure occurs or symptoms appear. Ask a friend to help you if you cannot get to an adult.
- Wash hands before and after eating.
- Carry your epinephrine auto-injector at all times, if approved by your parent, physician and school nurse.

### **School Administrator**

- Support faculty, staff and parents in implementing all aspects of the life-threatening allergy management plan.
- Provide for training and education (at least annually) for faculty and staff.
  - Anaphylaxis and anaphylactic reactions to foods, insect stings, medications, latex
  - Risk reduction procedures

- How to administer an epinephrine auto-injector in an emergency
- Emergency Procedures
- Ensure that at least two, but preferably three, staff members are trained in the recognition of early symptoms of anaphylaxis and medication administration.
- Determine if an allergy free table in the cafeteria is necessary in consultation with the nurse.

### **School Nurse**

Prior to entry into school or as soon as possible after learning of the diagnosis of a life-threatening allergic condition, communicate with the student's parent/guardian to develop a draft of an Individual Health Care Plan.

- Ensure that the Emergency Care Plan (ECP) includes the student's name, allergen and symptoms of allergic reactions, risk reduction procedures, emergency procedures and that it is distributed to all appropriate staff.
- Familiarize teachers with the ECPs and IHCPs of their student by the opening of school, or as soon as plans are written.
- Ensure that other staff members who have contact with students with life-threatening allergies should be familiar with their IHCPs and/or ECPs on a need-to-know basis including principal, food service personnel, teachers, coaches/trainers, bus driver.
- Conduct education for appropriate staff regarding life-threatening allergens, symptoms, risk reduction procedures, emergency procedures and how to administer and epinephrine auto-injector.
- Track education of all staff trained and/or updated in epi-pen administration and signs and symptoms of anaphylaxis.
- Determine with parent where auto-injector will be kept. Post location where epinephrine auto-injectors can be found. Do not lock up auto injectors during the school day.
- Determine if student is competent and capable for self-carry/self administration by having the student complete and demonstrate competency, obtaining orders from the physician and obtaining approval from the parent.
- Discuss field trips with parent and student to decide on strategies for managing the food allergy.
- Check medications periodically for expiration dates and notify parent to respond accordingly.
- Arrange for periodic follow-up to review effectiveness of the IHCP, at least on an annual basis, or as often as necessary.

## Classroom Teacher

- Review and follow the ECP and IHCP of any student(s) in your classroom with life-threatening allergies.
- Keep accessible the student's ECP and IHCP for access by a substitute teacher.
- Act immediately and follow the ECP if a student reports signs of an allergic reaction.
- Never allow a child you suspect of having an allergic reaction to be without adult supervision
- Be sure volunteers, student teachers, aides, specialists and substitute teachers are informed of the student's food allergies and necessary safeguards.
- Participate with the planning for student's re-entry to school after an anaphylactic reaction.

- **SNACKS/LUNCHTIME**

- Prohibit students from sharing or trading food or water bottles.
- Reinforce hand washing before and after eating.

**NOTE: The use of liquid hand sanitizing gel does not remove protein allergens from the hands, so it should not be used to cleanse hands to remove food particles.**

- **CLASSROOM ACTIVITIES**

- Avoid use of allergenic foods for classroom activities (e.g., arts and crafts, counting, science projects, parties, holidays and celebrations, cooking or other projects).
- Welcome parental involvement of food allergic students in organizing class parties and special events.
- Consider non-food treats for rewards and incentives.

- **FIELD TRIPS**

- Collaborate with the school nurse and parents, prior to planning a field trip.
- Review student Emergency Care Plans when selecting field trip destinations in order to avoid high-risk places.
- Ensure the epinephrine auto-injectors and instructions are taken on field trips and remain with the student if allowed to self carry or in the care of the trained adult during the course of the field trip.



- Ensure that the child with life-threatening food allergies is assigned to staff trained in recognizing symptoms of life-threatening allergic reactions, trained to use an epinephrine auto-injector, and trained in emergency procedures.
- Consider eating situations on field trips and plan for prevention of exposure to the student's life-threatening foods.
- Consider ways to wash hands before and after eating (e.g. provision of hand wipes, etc.).
- Invite parents of a student at risk- for anaphylaxis to accompany their child on field trips. However, the student's safety or attendance must not be conditioned on the parent's presence.

### **School Food Service**

- Obtain the ECP (Emergency Care Plan) from the school nurse in order to identify students with life threatening food allergies.
- Ensure that staff will be trained to recognize the signs of a food induced allergic reaction and be trained in the use of the ECP.
- Provide menus in advance to parents and students.
- Review each month's menu to see if they contain any potentially offending allergens and be prepared to share this information with the parent/student.
- Make food substitutions provided the appropriate documentation is completed by a doctor, in compliance with USDA regulations for students with disabilities and students without disabilities. The documentation must contain specific information regarding the food to be omitted and the food item to be used as a substitution.
- Follow safe food handling and food preparation procedures to avoid any potential cross contamination of food allergens.

### **Transportation Department**

- Encourage education for all school bus drivers regarding life-threatening allergies and what to do, if they suspect a student is having a reaction.
- Ensure that the bus company provides a functioning emergency communication device to all drivers.
- Communicate the policy regarding foods or beverages on school buses.

### **School Medical Advisor**

- Provide consultation to and collaborate with school nurse(s) on clinical issues and protocols.

- Guide the district in the development of procedures for prevention of anaphylaxis and emergency planning to ensure safety without undue interference with a child's normal development or right of others.
- Participate in staff training regarding life-threatening food allergies as needed.
- Assist in the development of educational programs for students to promote wellness.
- Provide input and oversight for the school district's food management plan.

**Athletic Directors, Coaches, Trainers & other On-Site Persons in Charge of Conducting After-School Activities**

- Conduct sports and after school activities in accordance with all school policies and procedures regarding life-threatening allergies.
- Call 911 in any emergency.
- Obtain a list of food allergic student(s) participating in sports or an after school activity and consult with the school nurse.
- Make sure that an emergency communication device (e.g., walkie-talkie, intercom, cell phone, etc.) is always present. Know how to access the Emergency Medical System (EMS-911) system from each site of any activity.
- Obtain a copy of the Emergency Care Plan (ECP) of students with life-threatening allergies.
- Encourage at least one on-site staff member be trained to administer an epinephrine auto-injector.
- Have medication available in the first aid kit, if a student is unable to carry medication.

## Appendix A

### MEDICAL ALERT NOTICE TO PARENTS

Date:

Dear Parent/Guardian,

This letter is to inform you that a student in your child's classroom has a severe food allergy to \_\_\_\_\_, which could be life threatening.

It is our goal to ensure that every student in our school is safe. We are asking your assistance in providing the student with a safe learning environment. Because this student cannot be in contact with foods containing this/these allergen(s), we are requesting that you avoid sending these foods to school for snacks or treats.

Even very small amounts of these products could result in a severe allergic reaction. Sometimes these elements may be hidden in processed foods.

**Please discuss the following with your child:**

- **Do not offer, share or exchange any foods or water bottles with other students at school.**
- **Hand washing with soap and water, after eating is necessary to decrease the chance of cross contamination on surfaces at school.**
- **If your child rides the bus, remind them that there is a "no eating on the bus" policy.**

Thank you for your assistance and cooperation in this matter. If you have any questions or concerns please call.

Sincerely,

Principal Name

**Appendix B**

**OCCURRENCE REPORT**

Required to be completed in the event of epi-pen administration

Occurrence: \_\_\_\_\_ Date of occurrence \_\_\_\_\_

Time and Location of occurrence: \_\_\_\_\_

Occurred to: Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male Female

Witness: Name: \_\_\_\_\_

**Occurrence Description:** Please give a concise, objective description of the occurrence. State significant facts in the order in which they occurred. Use the back of this form if more space is needed.

\_\_\_\_\_  
Signature of person preparing report      Printed Name      Date  
(Person preparing this report forward report to the Principal within 24 hours of occurrence.)

=====

Follow-up (initial and date)  
\_\_\_\_\_ Principal      \_\_\_\_\_ School Nurse

\_\_\_\_\_ Nursing Supervisor      \_\_\_\_\_ Medical Advisor

**Action:** Describe action(s) taken to minimize re-occurrence

\_\_\_\_\_  
Signature of Person Investigating Report      Date  
Original filed in Nurse's office and a copy sent to Nursing Supervisor