

# GUIDELINES FOR MANAGING LIFE-THREATENING FOOD ALLERGIES



**CREC Magnet Schools and Student Service Programs** 

March 2022

# Contents

Introduction	
Overview	
Food Allergy Information Sheet for Parents/Legal Guardians	1-2
Roles of Students	3
Roles of School Administrator	4
Roles of Parents/Legal Guardians	5-6
Roles of School Nurse	7-9
Roles of Classroom Teacher/Specialist	10-14
Roles of Food Service	15-16
Roles of School Bus Company	17
Roles of School Medical Advisor	18
Roles of Coaches/Trainer in Charge of After School Athletic Activities	19
Acknowledgements	20

### **Information Handouts**

Peanut Warning Sign

How a Child Might Describe a Reaction

Teacher's Risk Assessment Question of Field Trip Destination

Food Allergy Emergency Health Care Plan

Allergy History Information Request

Be a PAL Fact Sheet

Be a PAL Student Handout

# Introduction

The goal of the CREC's *Food Allergy Management Plan* is to maintain the health and safety of students with life-threatening allergies in ways that are developmentally appropriate, promote self-advocacy and competence in self—care and provide educational opportunities. It focuses on education, prevention and appropriate response should an emergency occur. Using this district plan as a resource each school will identify all students with life threatening allergies and develop and implement an Individualized Health Care Plan (IHCP) and Emergency Care Plan (ECP) for these students. These plans will be implemented for all life-threatening allergies.

Strategies for early identification of students with life-threatening allergies may include kindergarten registration, new student health history form, mandated school physicals, emergency medical authorization form, web site and communication with families.

The basis of the following *Food Allergy Management Plan* is to assist an identified allergic student in avoiding exposure to allergens. It is recognized, however, that the school district **cannot guarantee** the elimination of allergens from the school environment.

While this plan focuses on life-threatening food allergies, treatment of serious allergic reactions and anaphylaxis will be managed whether caused by food, insect sting, latex or is exercise induced.

#### Overview

In severe allergic cases, consuming a food, being stung by an insect or exposed to the allergen to which one is allergic can cause a life-threatening reaction called *anaphylaxis* - a systemic allergic reaction that can be severe and sometimes fatal. The first signs of anaphylaxis may be a feeling of warmth, flushing, tingling in the mouth or a red, itchy rash. Other symptoms may include feelings of lightheadedness, shortness of breath, severe sneezing, anxiety, stomach or uterine cramps, and/or vomiting and diarrhea. In severe cases, patients may experience a drop in blood pressure that results in a loss of consciousness and shock. Without immediate treatment, anaphylaxis may cause death.

Symptoms of anaphylaxis are reversed by treatment with injectable epinephrine, antihistamines, and other emergency measures. It is essential that anyone with symptoms suggesting possible anaphylaxis get emergency treatment immediately. Anaphylaxis is a severe allergic reaction that may involve the entire body. It can result in trouble breathing, loss of consciousness and even death. Anaphylaxis is a medical emergency that requires immediate medical treatment. Call 911 if EpiPen is administered or emergency situation exists.

Prevention is essential in managing life-threatening allergies, but be prepared for emergencies. Anaphylactic reactions caused by food allergies can be potentially life-threatening. Those who have experienced an anaphylactic reaction to a food must strictly avoid that food. They need to know how to use (age appropriate) injectable epinephrine and antihistamines to treat reactions due to accidental ingestion.

#### Symptoms of Anaphylaxis

Anaphylaxis is a "systemic reaction," which means that various parts of the body are affected that are a distance from the allergen's initial entry site (e.g., a sting site for insects or the stomach for foods).

Symptoms of anaphylaxis can vary from mild to severe and are potentially deadly. Here is a list of possible symptoms that **may occur alone or in any combination**:

Skin: hives, swelling, itch, warmth, redness, rash

<u>Breathing:</u> wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion/hay fever-like symptoms, trouble swallowing

Stomach: nausea, pain/cramps, vomiting, diarrhea, itchy mouth/throat

<u>Circulation:</u> pale/blue color, poor pulse, passing-out, dizzy/lightheaded, low blood pressure, shock

Other: anxiety, feeling of "impending doom," itchy/watery eyes, headache, cramping of the uterus, itchy/red eyes

Reactions usually begin within minutes of exposure, but may be delayed. Sometimes symptoms resolve, only to recur or progress a few hours later. The most dangerous symptoms are low blood pressure, breathing difficulties, shock and loss of consciousness, all of which can be fatal.

#### Substances That Trigger Reactions

<u>Foods:</u> Essentially any food can trigger an allergic reaction, but some of the most common ones that cause severe anaphylaxis are: peanuts, nuts from trees (e.g., walnut, cashew, Brazil nut), shellfish, fish, milk, soy, wheat and eggs. Food additives such as sulfites can also sometimes trigger anaphylactoid reactions.

<u>Stinging insects:</u> The venom of stinging insects such as yellow jackets, honeybees, paper wasps, hornets and fire ants cause discomfort for most people who are stung. However, reactions can be severe and even deadly for people with allergies to these venoms.

<u>Medications:</u> Virtually any medication can trigger an allergic reaction. Common categories of drugs that cause anaphylaxis are antibiotics and anti-seizure medicines.

<u>Latex:</u> Some products made from natural latex (from the rubber tree) contain allergens that can trigger reactions in sensitive individuals.

<u>Exercise</u>: Although rare, exercise can also trigger anaphylaxis. Oddly enough, it does not occur after every exercise session and in some cases, only occurs after eating certain foods before exercise.

Other: Anaphylaxis has rarely been associated with exposure to seminal fluid, hormones and exposure to extreme temperatures. When no cause is found and the reaction is definitely anaphylaxis, it is termed idiopathic anaphylaxis.

If a student begins experiencing severe allergy symptoms, immediately implement the student's Emergency Care Plan. The sooner the reaction is treated, the less severe it is likely to become.

The basis of the Food Allergy Management Plan is to assist an identified allergic student in avoiding exposure to allergens. It is recognized, however, that the school district **cannot** guarantee the elimination of allergens from the school environment.

Notify the school of your child's allergies and the history of presenting symptoms. Schedule an appointment with the school nurse who will develop an allergy plan for school.

Work with the school team to develop a plan that accommodates your child's needs throughout the school including in the classroom, in the cafeteria, during school-sponsored activities, and on the school bus.

Provide the school nurse with written permission to communicate with your child's health care provider by completing an *Authorization for Release of Information* form.

A written Individualized Health Care Plan (IHCP) and Emergency Care Plan (ECP) will be established by the school nurse in conjunction with the parent/legal guardian, student, the student's health care provider who has documented the allergy, and school personnel, to be followed in the event that an allergic student ingests or believes he/she has ingested an offending food or has come in contact with the offending allergen.

Provide written medical documentation, instructions, and medication as directed by the physician who has documented the allergy or food allergy, using the Food Allergy Action Plan as a guide. Update as necessary. Include a photo of the child on written form. Return all forms in a timely manner.

Provide the necessary, properly labeled medications and replace medications after use or upon expiration. If required, the EpiPen® is the preferred brand of auto-injector for school use.

Families should also work **directly** with any before and after-care programs, before and after school programs, bus drivers or coaches as well. Provide an EpiPen specifically for before and after school programs as appropriate.

Continue to provide annual medical documentation and medication consistently as your child moves to different schools and grade levels. Provide medical documentation from the health care provider who has documented the allergy/food allergy, for all changes in child's allergy or associated health condition.

Educate your child in the self-management of their food allergy including:

- safe and unsafe foods
- strategies for avoiding exposure of unsafe foods including **not sharing foods** with classmates
- symptoms of allergic reactions
- how and when to tell an adult they may be having an allergy-related problem
- how to read food labels (age appropriate)

If your child is participating in the lunch program, read the ingredient labels weekly to determine which foods are "safe." Peanut butter, peanut and nut products are sold in all schools. Contact the cafeteria manager or Food Service Director with questions and to review nutrient lists.

#### Provide emergency contact information. Update information as changes occur.

Consider volunteering as a chaperone on your child's field trips.

You may provide a non-perishable lunch to be kept at school in case your child forgets to bring lunch one day.

Particularly at the elementary school level, you are encouraged to keep a supply of "safe" snacks - yogurt, popsicle, or other appropriate snack in the classroom or school freezer to use during classroom parties.

Some parents request that a letter be sent home to the other classroom parents asking that no peanuts or peanut products be sent in for snacks. Although this may add a level of safety, it does **not** ensure that **any** food brought in is safe for your child. We strongly advise that you provide **ALL** snacks and treats for your child.

You may wish to request a "peanut free" (or other food allergen free) table during lunch.

School nurses or other school personnel will **not** attempt to determine whether foods brought to school are safe for an allergic child to consume. If the situation warrants, a call will be made to the student's parent or legal guardian to make the determination.

All EpiPens are kept in the Health Office along with the **Authorization for Administration of Medication** form completed by a parent and physician. The school nurse will provide instruction on the EpiPen use to the teacher accompanying your child on any field trips.

Review procedures with the school staff, the child's physician, and the child after a reaction has occurred.

You may wish to contact or join the Food Allergy Association of CT at <a href="www.faact.org">www.faact.org</a> or The Food Allergy & Anaphylaxis Network at <a href="www.foodallergy.org">www.foodallergy.org</a>

Contact your school nurse with any concerns you may have regarding your child's health.

Disclaimer: The information provided herein is not intended as a substitute for medical advice, diagnosis or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition. Never disregard professional medical advice or delay in seeking it because of something you have read in this material. If you think you have a medical emergency, call your doctor or 911 immediately.

The role that students with life-threatening food allergies play in staying safe at schools will increase as they become older. Younger children cannot be expected to assume the same responsibility for their safety as older children can.

#### **Students should:**

- Learn to recognize symptoms of an allergic reaction
- Promptly 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/
- Follow safety measures established by your parent(s)/guardian(s) and school team at all times.
- Do not trade or share foods with anyone.
- Do not eat any food item that has not come from home or been approved by your parent or legal guardian.
- Wash hands before and after eating.
- Get to know the school nurse and other trusted staff members in the school who can assist you in successful management of the allergy in school.
- Report any instances of teasing or bullying to an adult immediately.

#### **School Administrator:**

- Develop procedures to assist schools at each level (elementary, middle and high) to adapt or modify the plan to meet special needs of individual students. Consider risk reduction for life-threatening allergies:
  - ✓ Food free zones (e.g. library, music room, or art room)
  - ✓ Promoting awareness (e.g. sharing food allergy educational materials/video with PTO, educational posters in cafeteria/classrooms, newsletters, or web site)
- Support faculty, staff and parents in implementing all aspects of the life-threatening allergy management plan. Plan training and education for faculty and staff regarding:
  - ✓ Anaphylaxis and anaphylactic reactions to foods, insect stings, medications, latex
  - ✓ Risk reduction procedures
  - Emergency procedures
  - ✓ How to administer an epinephrine auto-injector in an emergency
  - Cafeteria management and food preparation for food service personnel
- Provide emergency communication devices (e.g., two-way radio, intercom, walkie-talkie, cell phone) for all school activities, including transportation, that involve a student with life-threatening allergies.
- Have a plan in place when there is no school nurse available including that there is another staff member that is trained in the recognition of early symptoms of anaphylaxis and in medication administration.
- Inform parent/guardian if any student experiences an allergic reaction.
- Make sure that plans include notification and training, as indicated, of **substitute** teachers, substitute nurses, food service personnel and cafeteria monitors.
- If appropriate, place students with life-threatening food allergies in classrooms where teachers are trained to administer an epinephrine auto-injector, if needed.
- Provide guidance on district-wide issues such as transportation.

#### Parents/Legal Guardians:

- Inform the school nurse of your child's allergies prior to the opening of school or as soon as possible after a diagnosis. Provide a list of foods/ingredients to avoid.
- Provide the school nurse with health information from your health care provider.
- Provide the school nurse with medication orders from the licensed provider.
- Participate in developing an Individualized Health Care Plan (IHCP) with the school nurse and school team.
- Provide the school nurse with annual updates of your child's allergy status.
- Provide the school nurse with written permission to communicate with your health care provider (*Authorization for Release of Information* form).
- Provide the school with at least one or two up-to-date epinephrine auto-injectors.
- Provide the school nurse with the licensed provider's statement if the student no longer has allergies.
- Provide the school with a way to reach you (cell phone, beeper, etc).
- You may provide a non-perishable lunch to be kept at school in case your child forgets to bring lunch one day.
- Particularly at the elementary school level, you are encouraged to keep a supply of "safe" snacks in the classroom to use during classroom parties.
- Families should work **directly** with any before and after-care programs, before and after school programs, bus drivers or coaches as well.
- Consider providing a medical alert bracelet for your child.
- Be willing to go on your child's field trips if possible and if requested.
- Be available to determine if a food is safe for your child to eat.

- Review the list of student responsibilities with your child and be sure he/she understands his role. 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 the seriousness of the allergy.
- Communicate symptoms as they appear.
- ✓ Read labels.
- Recognize potentially dangerous situations and make good safety decisions.
- ✓ Recognize key adults in the school who can help child in case of an emergency.

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

#### **School Nurse:**

- Participate in annual training and education for faculty and staff regarding lifethreatening allergies. This will be done at the beginning of each school year and as necessary during the school year.
- Implement strategies for early identification of students with life-threatening allergies including kindergarten registration, new student health history form, mandated school physicals, emergency medical authorization form and communication with families.
- Prior to entry into school, (or, for a student who is already in school, immediately after the diagnosis of a life-threatening allergic condition0, meet with the student's parent/legal guardian to develop a written Individual Health Care Plan (IHCP)/Emergency Care Plan (ECP) in conjunction with the student, the student's health care provider who has documented the food allergy, and school personnel, to be followed in the event that an allergic student ingests or believes he/she has ingested an offending food.
- Arrange periodic follow-up to review effectiveness of the IHCP, at least on an annual basis, or as often as necessary.
- The ECP should include the student's name, photo, allergen, and symptoms of allergic reactions, risk reduction procedures, emergency procedures and that it is distributed to all appropriate staff.
- Request written permission to communicate with student's health care provider by asking parent/legal guardian to complete an *Authorization for Release of Information* form.
- Meet with the student and show him/her how to get to the nurse's office.
- The nurse will identify students with life-threatening allergies and alert the principal, teachers, paras, cafeteria staff and other appropriate personnel to students at risk for a severe allergic reaction by means of a written Confidential List and verbal follow-up. The bus company manager will be given a *Transportation Health Concern* notification form identifying the students with life-threatening allergies. A copy of the Confidential List will be placed in the substitute nurse binder.

- A list of the children with life-threatening food allergies will be posted in the cafeteria in a location near the kitchen staff. (Include photo of consent given and provided by parent/guardian).
- Instruct the student to notify a teacher, paraprofessional, or other appropriate adult if they believe they ingested a food product that may contain something that they are allergic to, or if they feel ill after eating. The student will remain in place or be brought to the nurse by a responsible adult in accordance with his/her individual Food Allergy Action Plan, Individualized health Care Plan/Emergency Plan.
- Request that the parent obtain and provide to the school the medications ordered by the student's physician to treat and allergic reaction.
- The school nurse will annually train qualified principals, teachers, coaches and appropriate staff to administer the student's medication in the absence of the nurse, including field trips. Conduct education for appropriate staff regarding a student's lifethreatening allergens, symptoms, risk reduction procedures, emergency procedures, and how to administer an epinephrine auto-injector. A Sign-in-Sheet will be used to track education of all involved parties to ensure that they have been properly trained.
- Students must remain in this trained teacher's group during the field trip in order to ensure appropriate and immediate medical attention following EpiPen administration. Review administration of EpiPen prior to field trip. Discuss what foods must be avoided; explain the symptoms of an allergic reaction, and review the Food allergy Action Plan, Individualized Health Care Plan, medication orders, and Emergency Care Plan.
- Adrenalin will be immediately available in emergency kit located in each health room. Adrenalin is to be administered according to the emergency medication protocol prescribed by the School Medical Advisor in the event that the student's own epinephrine prescription is unavailable or malfunctions.
- Individualized plans and IHCPs/ECPs will be located in an easily accessible place in the nurse's office (IHCP binder/Substitute Folder). Epinephrine auto-injectors will be kept in Health Room Medicine Cabinet. A copy of the ECP will be attached to the student's EpiPen.

- The nurse will make sure that substitute school nurses are fully aware of students with life-threatening allergies and the location of their care plans. This information is to be kept in the Substitute Nurse folder
- In the absence of a nurse, a qualified principal or teacher shall be immediately available to administer epinephrine to an identified student when indicated. **911 must be called if epinephrine is administered.**
- Instruct students that foods must not be traded or shared.
- Advise parents that they may wish to have a young child sit in the front of the bus. Remind parents that there may be substitute bus drivers on occasion. Bus drivers will not administer EpiPens or any medications to students.
- Ask the parents to note any updated information as it occurs.
- School nurses or other school personnel will **not** attempt to determine whether foods brought in to school are safe for an allergic child to consume. If the situation warrants, a call will be made to the student's parent of legal guardian to make the determination.
- Periodically check medications for expiration dates and arrange for them to be current.
- Inform parents of support available from the Food Allergy Association of Connecticut (FAACT) at <a href="www.faact.org/">www.faact.org/</a> or by calling 860-760-6223 or the Food Allergy and Anaphylaxis Network at <a href="http://www.foodallergy.org/">http://www.foodallergy.org/</a> or by calling 1-860-929-4040.
- Communicate with parents on a regular basis.

#### **Classroom Teacher/ Specialist**

- Participate in the development of the student's Individualized Health Care Plan (IHCP) and Emergency Care Plan (ECP) (as core team member).
- 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 (with photo if consent is given) in classroom or with lesson plan.
- Always 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 walk alone to the school nurse.
- Request that the classroom has a functioning intercom, walkie-talkie or other communication device for communication with the school nurse/main office.
- Be sure volunteers, student teachers, aides, specialists and substitute teachers are informed of the student's food allergies/other allergies and necessary safeguards.
- Leave information in an organized, prominent and accessible format for substitute teachers.
- Educate students to avoid endangering, isolating, stigmatizing or harassing students with food allergies. Be aware of how the student with food allergies is being treated; use this opportunity to teach community caring; and enforce school rules/policies about bullying and threats.
- Work with the school nurse to educate other parents about the presence and needs of the child with life-threatening allergies in the classroom. Enlist their help in keeping allergic foods out of the classroom.
- Inform parents of children with life-threatening food allergies of any school events where food will be served.

- Participate with the planning for student's re-entry to school after an anaphylactic reaction.
- Review lesson plan materials for potential sources of allergens. Allergic reactions can
  occur from skin contact as well as ingestion and inhalation and those reactions commonly
  occur outside cafeteria.
- Allow the parents to read the ingredient labels to determine which foods are "safe" if the student is participating in the lunch program. The safest policy is to have the allergic student eat only the snacks and lunches that are brought in from home. No foods should be offered to students with life-threatening food allergies without the approval of the parent.
- Request that parents/guardians of the student with food allergies keep a supply of "safe" snacks or other appropriate snack in the classroom to use during classroom parties.
- School personnel will <u>not</u> attempt to determine whether foods brought in to school are safe for an allergic child to consume. If the situation warrants, a call will be made to the student's parent or legal guardian to make the determination.
- Instruct students that foods must **not** be traded or shared.
- Be sure to have the students wash their hands and their desks after eating if snacks are eaten in the classroom of a student with a food allergy. For some students contact with the allergen can cause symptoms. Simply wiping visible food is not enough.
- Consider using stickers, colored pencils or other non-food items to reward good work.
- Provide classroom awareness about food allergies. (Peer education is a vital component of food allergy management at school. As students with life-threatening food allergies and their peers mature, it is often the children themselves that first recognize a reaction and summon help. Investing time in peer education at an early age has a great payoff in later years. Page 20, Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools.)

Plan for celebrations (birthdays, school parties, holidays, and other school events) which
may include: alternatives to food for celebrations, provisions for allergy-free foods for
celebrations, etc. Resources available at\_
<a href="http://www.state.ct.us/sde/deps/Student/NutritionEd/index.htm">http://www.state.ct.us/sde/deps/Student/NutritionEd/index.htm</a>

#### **Snacks/Lunch Time**

- Discourage students from sharing or trading snacks.
- Avoid cross-contamination of foods by wiping down allergen-free tables with soap and water before and after eating as applicable. Tables should also be washed with soap and water in the morning if an after school event has been held in the classroom the day before.
- Reinforce hand-washing before and after eating.

#### **Classroom Activities**

- Avoid use of allergenic foods for classroom activities (arts, crafts, and counting, science projects, parties, holidays and celebrations, cooking, pet foods or other projects).
- Welcome parental involvement 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 to:

- Review the food allergic student's IHCP/Food Allergy Action Plan or MD orders/Emergency Plan with the nurse with regard to the upcoming event. Ask the parents to review the Plan you have on file and note any updated information.
- Plan ahead for risk avoidance at the destination and during transportation to and from the destination. (Museums may be using creative supplies for their hands-on exhibits. Be sure to call ahead and inquire about such practices in regard to student allergies).

- Review plans when selecting field trip destinations; avoid high-risk places.
- Ensure the epinephrine auto-injectors and instructions are taken on field trips and remain in the care of the trained adult during the course of the field trip.
- Carry the food-allergic student's medications wherever the student goes during
  the events or trip. In the case of a severe allergic reaction, known as
  anaphylaxis, speedy access to medications can be the difference between life and
  death. If the student's parent/legal guardian is not able to attend, the teacher
  trained in EpiPen administration and the student will remain together during
  the entire trip.
- The School Nurse will annually train qualified principals, teachers, coaches and appropriate staff to administer the student's medication in the absence of the nurse.
- Ensure that functioning two-way radio, walkie-talkie, cell phone or other
  communication device is taken on field trip and that there are adults present
  who are appropriately trained in the administration of an epinephrine autoinjector. Make certain all staff and chaperones know where the phone will be
  kept.
- Ensure that the child with life-threatening food allergies is assigned to staff that are trained in recognizing symptoms of life-threatening allergic reactions, trained to use an epinephrine auto-injector, and trained in emergency procedures.
- Notify the parent/legal guardian prior to the trip if any food will be served to that student and confirm the safety of any food served to that student. If unable to confirm safety of the food **Do Not Serve to Student**.
- Consider eating situations on field trips and plan for prevention of exposure to the student's life-threatening foods. Seriously consider having students bring their own snacks and lunches on the trip
- Consider ways to wash hands before and after eating.

- Know where the closest First Aid Station, medical facilities and telephone are located, 911 procedures and whether the ambulance carries epinephrine and EMT's are certified to administer it.
- Invite parents of a student at risk for anaphylaxis to accompany their child on field trips, in addition to the chaperone. However, the student's safety or attendance must not be conditioned on the parent's presence.
- Take all complaints seriously. If a food-allergic student notifies the staff that he or she is not feeling well; compare the symptoms with those on that student's IHCP, Food Allergy Action Plan or Emergency Plan.
- If the student is having an allergic reaction, activate emergency procedures immediately.

Remember, if epinephrine is administered but not needed, the student may experience increased heart rate and nervousness. If epinephrine is needed but not administered, the student may experience a severe or fatal allergic reaction.

If a student is given an EpiPen injection, faculty must:

- Call 911 for immediate transportation of the student to the nearest Emergency Room.
- Notify parents and school.

#### Food Service

- Ensure that all food service staff and their substitutes are trained to recognize the signs and symptoms of an allergic reaction and what to do in the event of a reaction. Participate in staff training and education regarding life threatening allergies.
- Participate in the team meeting with appropriate members for entry into school per parent request.
- The School Nurse will provide the cafeteria manager/staff with a written Confidential Food Allergy list. This list will note the names, photo's, and grades of the students and the food that they are allergic to.
- Do not rely on lists of "safe" prepackaged food because ingredients can change often and without warning, making such lists out of date quickly.
- Establish procedures to follow to ensure that students with life-threatening food allergies select only those foods identified and approved by their parents. Read labels, some ingredients are added as fillers and may not be expected to be in food product. Develop a system for checking ingredient labels carefully for every food item to be served to the student with the allergy.
- Prepare the kitchen. Designate an area in the kitchen where allergy-free meals can be prepared. This area should be a "safe zone" and kept free of ingredients allergic students should avoid. Contact the cafeteria manager and School Lunch Director if needed.
- Identify the allergic students. Refer to posted Confidential Food Allergy list that the nurse has provided to the cafeteria manager and staff
- If the student is participating in the lunch program, allow the parents to read the ingredient labels to determine which foods are "safe". Nutrient analysis is available in the school lunch office and available upon request.
- Create specific areas that will be allergen safe as needed. When necessary designate a certain table in the cafeteria as "allergy free".

- Strictly follow cleaning and sanitation protocols to avoid cross-contact. Use specific cleaning procedures. Custodian to be responsible for ensuring that lunch tables and surrounding areas are thoroughly cleaned before and after lunch. Use OSHA approved cleaning solutions and a fresh cloth or paper towel when cleaning the allergy free table to avoid cross contamination from a sponge or cloth that was used to clean the other tables.
- Don't hesitate to ask questions. Success is achieved by working in partnership with the child's parents and the student with food allergies.
- Maintain contact information for manufacturers of food products and make available to parents on request.
- Avoid the use of latex gloves by food service personnel. Use non-latex gloves instead.
- Have a functioning communication system to support emergencies.
- Take all complaints seriously from any student with a life threatening allergy.
- Be prepared to take emergency action and summon immediate help for student.

# **School Bus Company**

- Provide education for all school bus drivers regarding life-threatening allergies and what to do if they suspect a student is having a reaction.
- Provide education for school bus drivers on specific children, when appropriate.
- Provide functioning emergency communication device (e.g., cell phone, two-way radio, walkie-talkie or similar).
- Know local Emergency Medical Services procedures.
- Maintain policy of not allowing foods or beverages to be consumed on school buses.
- Provide school bus dispatcher with list of students with life-threatening food allergies by bus/van number and instructions for activating the EMS system
- Plan ahead for informing substitute bus drivers of students with life-threatening food allergies.

#### **School Medical Advisor**

- Provide consultation to and collaborate with school nurse(s) on clinical issues and protocols which may include:
  - a. Standing orders for emergency medication including epinephrine; and
  - b. Policy recommendation for emergency interventions (for known and unknown reactors) in case of anaphylaxis.
- 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.
- Attend IHCP planning meetings when requested by the school administrator.
- Assist in the development of educational programs for students to promote wellness.
- Facilitate community involvement by participation in the School Health Council.
- Communicate with other community physicians regarding school district policy, procedure and clinical protocols for managing food allergies.
- Act as a liaison, if necessary, with the media should controversies or opportunities for education occur.

#### Coaches/Trainer in Charge of Conducting Before/After-School Athletic Activities

- Participate in training and education regarding life- threatening allergies annually.
- Trainer will obtain student allergy list from school nurse annually.
- Conduct sports activities in accordance with all school policies and procedures regarding life-threatening allergies.
- Make certain that emergency communication device (e.g. walkie-talkie, intercom, cell phone, etc.) is always present.
- Know EMS procedures and how to access the EMS system from the site of the athletic event.
- Identify who is responsible for maintaining the trainer's first aid kit, if appropriate.
- If student self-administers the EpiPen, remind the student to bring the EpiPen to all practices, games and events.
- Remind the student to replace his/her medical alert identification immediately after the activity is completed if for safety reasons it needs to be removed during a specific activity, if applicable.

#### EMERGENCY HEALTH CARE PLAN

ALLERGY T	:0:					
Students Name:						-
Asthmatic (Y	or N)	Yes*	No	*High risk	for severe rea	action
	SIG	SNS OF A	N ALLERG	IC REACTION	N INCLUDE	:
Systems:	Sympton	ns:				
<ul><li>MOUTH</li></ul>						
• THROAT*						
• SKIN						}
•GUT				ting, and/or dia		
• LUNG*				ughing, and/or v	wheezing	
• HEART*	HEART* "thready" pulse, "passing out"					
*All a				oms can quickly progress to a li		ng situation!
<b>ACTION:</b>						
1. If ingestion	is suspect	ted or docu	mented give			
	If ingestion is suspected or documented give      Activate EMS: Call 911					
3. CALL Pare	nt: Mothe	r	Fat	her	or em	ergency contacts
4. CALL: Dr.				at		ergency contacts
DO NO				ER MEDICATI R CAN NOT B		
Parent Signatu	ıre		Date	Doctor's S	ignature	Date
EMERGENC	Y CONTA	ACTS:		TRAINED S	TAFF MEMI	BERS
Name:				Name:		
Relation:				Room or pho	ne number	
Phone						
Name:				Name:		
Relation:				Room or pho	ne number	
Phone						
Name:				Name:		
Relation:				Room or pho	ne number	
Phone						

For children with multiple food allergies, use one form for each food.

# ATTENTION



# PEANUT PRODUCTS SOLD HERE

# If you have food allergies please read all product labels carefully.

"Strict avoidance of the allergy-causing food is the only way to avoid a reaction. Reading ingredient labels for all foods is the key to maintaining control over the allergy. If a product does not have a label, allergic individuals should not eat that food. If the label contains unfamiliar terms, shoppers must call the manufacturer and ask for a definition or AVOID EATING THAT FOOD." Food Allergy and

Anaphylaxis Network, 2004

# CREC Magnet Schools and Student Services Programs Teacher's Risk Assessment Questions of the Field Trip Destination



# **School Health Office Allergy History Information Request**

Field Trip Destination:	
Teacher in Charge:	
Field Trip Date:	Field Trip Time:
Destination Contact Person (Name):	Telephone Number:
Date of Conversation:	<u>.                                      </u>
Nurse Attending for non-delegated task (e.g. insulin p	pump, tube feeding): (circle) YES or NO
Students with Life-Threatening Food	d Allergies with EpiPens:
Name Allergy	Child's Parent Attending (YES / NO)
**************	**********

#### Questions to Consider

- 1. Do the parents want to be able to accompany the child on a field trip?
- 2. Is there any food used or displayed at the site, what is it and how is it used? Will the children on the field trip be touching any type of food, and what is it?
- 3. Are there any hands-on activities that involve food, and what is it?
- 4. Will any one at the field trip destination be distributing any food or beverage of any type, and what is it?
- 5. Which trained adult will chaperone the child with food allergy while she/he is washing his or her hands with soap and water before snack/lunch? Are wipes needed?
- 6. How will snack/lunches be stored on the bus ride to the fieldtrip destination? What steps will be taken to keep the child's lunch/snack separate from the others?
- 7. Which adult will be responsible for storing and distributing the children's snack/lunches?
- 8. Where will children eat snack/lunch?. Are the tables where the children eat able to be adequately washed with soap and water (and by whom?) or do they need plastic tablecloths?
- 9. Which trained adult will be in charge of the child's snack / lunch who has food allergy?
- 10. Will the teacher in charge (**with parental permission**) discuss with teachers/chaperones responsible for the child, that under no circumstances is the child to be allowed to eat, touch or be given any food or drink unless approved by parent/legal guardian?

- 11. Will the EpiPen and appropriate plans be with the child on all fieldtrips, both long and short, that leave school grounds?
- 12. Will the child's regular classroom teacher be his or her chaperone on a field trip and carry the medications in a secure manner?
- 13. Will the teachers review the Emergency Care Plans **prior** to the field trip?
- 14. If a nurse is necessary for a non-delegated task (e.g. insulin pump care, tube feeding), will the nurse not be given a group of children to chaperone, but travel with the regular classroom teacher?
- 15. How would the teacher contact 911?
- 16. What steps will be taken if 911 cannot be reached (no cell phone connection) in the event of an emergency after the child has received the EpiPen? Is there a land line available on-site?

Adapted 04/06 from 2004-2005, AllergySupport.Org./Provided by the Connecticut State Department of Education,

17. Will the teacher carrying the medicine pack carry a charged cell phone?

Guidelines for Managing Life-Threatening Allergies in Connecticut Schools.

Notes:			



Student Name:	story of, or has an allergy to:
The school health record indicates your child has a hi	•
	•
It is important to update our health records and notify instructions to follow in the event that a reaction shou	
Please check the following signs or symptoms that yo reaction:	our child has experienced during an allergic
RashDifficulty Breathing	Difficulty Swallowing
NauseaFlushed or pale skin color	Loss of consciousness
SwellingOther signs/symptoms	
When was the last reaction to this allergy? Da	ate:_/_/
Was the allergy confirmed/diagnosed by a physician? If yes, name of physician:	
Was the child hospitalized? $\Box \mathbf{Yes} \qquad \Box \mathbf{No}$ Explain	in:
Treatments ordered by Physician:	
EpiPen order: □Yes □ No Does your child he this child is no longer considered allergic to the allerg	
If no longer considered allergic to	please provide documentation ated the allergy.
Parent(s)/Legal Guardian(s) Signature:  Date: Phone: Phone:	
Thank you for your cooperation,	

Date

Phone

Nurse

# Acknowledgements

Food Allergy Association of Connecticut

The Food Allergy & Anaphylaxis Network

Southington Public Schools Life Threatening Allergy Management Plan Southington, CT.

State of Connecticut Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools

#### **Committee Members**

David Cusick, BS RN, EMT-P Managing Director CREC Health Services

Matthew Cushing, RN, BSN Discovery Academy

Brittany Barret, RN, BSN International Magnet Academy

Sabrina Dunchie RN, BSN River Street-Birken