SEVERE FOOD ALLERGY MANAGEMENT PLAN

2014
Version 2
An estimated eight percent (approximately 2 million) of children in the United States are affected by one or more food allergies. With a true severe allergy, an individual’s immune system overreacts to a food that is usually harmless. This response by the immune system can be life-threatening within a matter of minutes.

The most common food allergens are peanuts, tree nuts, fish, shellfish, milk, eggs, soy, and wheat. These ingredients are not always obvious on package products.

The goal for students with food allergies is complete avoidance of the offending agent. In spite of everyone’s best efforts, accidental exposure sometimes occurs. Allergic reactions can result from ingesting or inhaling the allergen and from skin contact with the allergen. The onset of the reaction can occur rapidly or be delayed.

Proper planning and implementation can minimize and often eliminate the risk of an allergic student’s exposure to a food allergen. The student, the student’s parents, the school nurse, classroom teachers, campus administrators, cafeteria staff, custodians, and classmates can all contribute to minimizing the chances of an exposure and a potentially serious reaction.

IDENTIFICATION:

1. Each student is required to have a completed Emergency Form on file annually. The ER form has a location to report severe allergies. (Appendix A) Each campus nurse will review the ER card and contact the parent to obtain further information and/or required forms. This information will be documented in Health Services documentation system.

2. The student parent handbook states: The district requests to be notified when a student has been diagnosed with a food allergy, especially those allergies that could result in dangerous or possibly life-threatening reactions either by inhalation, ingestion, or skin contact with the particular food. It is important to disclose the food to which the student is allergic, as well as the nature of the allergic reaction. Please contact the school nurse or campus principal if your child has a known food allergy or as soon as possible after any diagnosis of a food allergy.

3. Any student with a parent reported or physician documented severe food allergy must have a current Anaphylaxis Emergency Action Plan (Appendix B) and a Special Diet Request form (Appendix C) on file with the school nurse prior to the start of school. The nurse will give the campus’s cafeteria manager a copy and e-mail a copy to the Director of Nutrition.

4. Transportation department will be given a spreadsheet listing all students with a history of anaphylaxis, what they are allergic to and if they self carry an epinephrine auto injector.
SEVERE FOOD ALLERGY MANAGEMENT PLAN

5. The school nurse will discuss with parents/guardians of students with severe allergies the nature of the allergy; obtain a history of the child’s reactions to the allergen (number of reactions, symptoms, treatments, hospitalizations); how long the allergy has been evident; review physician’s written documentation, current orders and develop an anaphylaxis individual health plan as indicated.

NOTIFICATION:

1. A severe allergy alert (Appendix D) form will be given to all campus staff, at the elementary level. Form is placed in each teachers substitute folder.

2. Secondary campus staff will receive a medical alert report listing students per grade with severe allergies. Distributed via e-mail/and a hard copy printed on red paper to be placed in the teacher substitute folder.

3. Transportation department will be given a spread sheet listing all students with an anaphylaxis action plan. The spreadsheet is sent to the Transportation Safety manager at the beginning of the school year and PRN as new students with anaphylaxis enroll on campus. The list is not contingent on if the student rides the bus to and/or from school routinely. The spreadsheet will be given to the bus drivers on their route sheets.

4. Field trip request form (on-line form) will include an area to request seating modifications for students with severe food allergies who the parent has indicated on their Anaphylaxis IHP that bus seating modifications are needed.

6. Nutrition department will be notified of all students with a severe allergy to food via the special diet request form (Appendix C). This information, including foods to be avoided will be entered into the cafeteria’s data base and will be displayed on the cashers screen at the point of sale.

TRAINING:

1. Anaphylaxis awareness training will be given to all campus staff annually regarding signs and symptoms of severe allergic reactions and emergency responses.

2. Elementary campuses-Annual specialized anaphylaxis training, including avoidance, early detection, following anaphylaxis emergency plans and administering epinephrine, will be given to campus teachers, and staff working directly with students with known severe allergies.

3. Secondary teachers/directors will be given specialized anaphylaxis training as determined necessary for students who need assistance following their emergency action plans.

4. Anaphylaxis training will be provided to the SHAC subcommittee responsible for reviewing the severe allergy management plan.
5. Student awareness training, as indicated, to discuss no sharing or trading of food, beverages, or utensils and the importance of hand washing before and after snacks and meals.

6. Specialized age appropriate training for students with severe allergies. The school nurse will reinforce the student’s self-management of the food allergy with emphasis on the following:
   
   a. safe and unsafe foods
   
   b. strategies for avoiding exposure to unsafe foods
   
   c. symptoms of an allergic reaction
   
   d. Following their Anaphylaxis allergy plan (Appendix B)

7. If a student with severe food allergies has a physician’s order to carry their prescribed emergency medication and self-medicate, the school nurse will meet with the student to discuss proper management of an allergic reaction. The student must understand and agree to comply with the following:
   
   a. The Epi-Pen or other prescribed medications for a severe allergic reaction is to be kept in the student’s or a trained adult’s immediate possession for early morning or late afternoon activities while the student is on campus or at a school-related activity.
   
   b. In the event the student self-administers an emergency medication (oral or injection) or a trained adult administers the same, the school nurse or campus administrator will be notified immediately. EMS (911) and the student’s parents/guardians will be contacted.
   
   c. The student must be escorted to the clinic by an adult after self-administration of the Epi-Pen or prescribed emergency medication.

8. Parent awareness training as indicated or requested. Inform parents/guardians the school menus can be accessed on the District’s web site.

**REDUCING RISK OF EXPOSURE:**

1. Students with severe food allergies (such as peanut allergies) may be allowed to sit at a designated table where the allergen is not present (as in a peanut-free table). These students may invite a friend to sit with them at that table provided their lunch does not pose a risk to the student with severe food allergies. If the food allergy is less severe, as documented by written orders from the student’s physician/parent, and the student does not need separate seating, arrangements
SEVERE FOOD ALLERGY MANAGEMENT PLAN

may be made for the student to sit at or near the end of the table with others whose lunches do not pose a risk. A designated and trained staff member will clean the student’s table before the student is seated to remove any food residue that could cause a severe allergic reaction. This must be done with a clean, disposable towel, cloth, or wipe that has not been used to clean another area. This is to be discarded immediately after the area is cleaned. Disinfectant sprays/wipes are to be used as directed on their bottles. (Formula 409 cleanser, Lysol sanitizing wipes, Target-brand cleaner with bleach and terminator have been tested and found to remove peanut allergen oils). Dishwashing liquid was not effective. If snacks are eaten in the classroom, the same seating and cleaning procedures outlined for the cafeteria should be followed and all students must wash their hands after snacks.

2. The school nurse and teacher will discuss with parent/guardian any planning for field trips and special class activities. An anaphylaxis individual health plan will be completed as indicated. (Appendix E)

3. During field trips, a student requiring an allergen free table will be managed in the same manner as the cafeteria table. A designated and trained staff member will clean the student’s table before the student is seated to remove any food residue that could cause a severe allergic reaction. This must be done with a clean disposable towel, cloth, or wipe that has not been used to clean another area. This is to be discarded immediately after the area is cleaned. On field trips, a clean disposable plastic tablecloth may be used to cover the table after the table is properly cleaned. A tablecloth may not be used in lieu of thoroughly and properly cleaning the table prior to eating. The tablecloth must be discarded after use.

4. During field trips, any student with severe food allergies with an order for epinephrine will be placed in the student group led by the child’s classroom teacher (the teacher will complete a specialized anaphylaxis training prior to the fieldtrip).

5. For all Field Trip requests a Field Trip Request form will include accommodations needed and a copy of the student’s Anaphylaxis Plan. Examples of accommodations include; the bus driver wiping down seats before and after transportation/ specialize food allergen free seating.

6. Per CISD transportation’s student/parent contract, the consumption of food and drink (except for water) is prohibited to and from school.

7. At an administrator’s discretion, a food may be ban from a classroom or campus to protect the safety of a student with a severe food allergy.

8. Food will not be allowed to be eaten in common areas such as playgrounds, libraries, hallways, and gymnasiums per campus administration direction/discretion to protect students from exposure to food allergens.
9. The district’s nutrition department operates under the HACCP program. All cafeteria managers are ServSafe certified and restaurant food safety management controls are followed to prevent cross contamination of foods.

TREATMENT AND POST ANAPHYLAXIS REVIEW:

1. An emergency kit for each student with prescribed medications for severe food allergies will be kept in a cabinet in the nurse’s clinic. The cabinet will be clearly marked “Emergency Meds” or “Epinephrine”. The emergency kit must contain the student’s prescribed emergency medications, a copy of the Anaphylaxis Emergency Action Plan, and an Anaphylaxis IHP (if completed) (Appendix E).

2. Stock epinephrine will be available on each campus and administered per standing orders. Epinephrine will be stored with a visible “epi-pen” or “emergency medications” label, unlocked and out of reach of children.

3. If an allergic reaction occurs, the nurse will be notified immediately and will implement the student’s Anaphylaxis Emergency Action Plan. If the nurse is not available a trained staff member will assume responsibility. A student with a severe allergic reaction MUST NOT be sent to the clinic alone or with another student. If a student experiences a severe allergic reaction during a field trip, a trained CISD staff member or the student’s parent will implement the student’s Emergency Health Care Plan and call 911.

4. Students who have proper authorization to carry and self-administer emergency medications for severe allergic reactions are recommended to keep a second set of properly labeled emergency medications in the clinic. This is to ensure that the student will have medication available in the event they are unable to locate their personal supply or a second dose is required.

5. Students who have proper authorization to carry and self-administer their medications for treatment of severe food allergies MUST come to the clinic immediately after self-administration and be accompanied to the clinic by an adult.

6. EMS (9-911) will be summoned when epinephrine is used.

7. After EMS is notified, the student’s parents/guardians will be contacted. Notify a campus administrator and CISD central office anytime EMS is summoned.

8. If EMS arrives to transport the student before the parents/guardians arrive, an administrator or their designee will accompany the student to the hospital and remain with the student until a parent/guardian arrives. If the student’s parent/guardian is attending the field trip or special activity, and the student is transported by EMS, they will accompany the student.
SEVERE FOOD ALLERGY MANAGEMENT PLAN

9. Campus staff involved in responding to a severe allergic reaction will meet within five days following the incident to review and evaluate their response. (Appendix B and E)

   Any changes made as a result of the review will be noted on the Anaphylaxis Emergency Action Plan and Anaphylaxis IHP. The district’s Health Coordinator will be notified of all anaphylaxis incidents and will request a review/revision of this plan as indicated.

10. The student’s parents/guardians will be contacted to replace any used medication/supplies.

RESPONSIBILITIES PER DISCIPLINE:

Family’s Responsibility

1. Review the list of student responsibilities with your child and be sure he/she understands his/her role.

2. Notify the school of the child’s allergies prior to the start of school or as soon as possible after diagnosis.

3. Provide written medical documentation, instructions, and medications as directed by a physician, using the Anaphylaxis Action Plan (AAP). Include a photo of the child on written form as requested.

4. Provide emergency contact information

5. Work with the school team to develop an Anaphylaxis Individual Health Plan (AIHP) that accommodates the child’s needs throughout the school including in the classroom, in the cafeteria, in after-care programs, during school-sponsored activities, and on the school bus.

6. Provide properly labeled medications and replace medications after use or upon expiration.

7. Educate the child in the self-management of their food allergy including:
   - safe and unsafe foods
   - strategies for avoiding exposure to unsafe foods
   - 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)

8. Review policies/procedures with the school staff, the child’s physician, and the child (if age appropriate) after a reaction has occurred.
Student’s Responsibility

1. Should not trade food with others.
2. Should not eat anything with unknown ingredients or known to contain any allergen.
3. Learn to recognize symptoms of an allergic reaction.
4. 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.
5. Follow safety measures established by your parent(s)/guardian(s) and school team at all times.
6. Wash hands before and after eating.
7. Report any instances of teasing or bullying to an adult immediately
8. Should be proactive in the care and management of their food allergies and reactions based on their developmental level.
9. Should notify an adult immediately if they eat something they believe may contain the food to which they are allergic.

School’s Responsibility

1. Be knowledgeable about and follow applicable federal laws including ADA, IDEA, Section 504, and FERPA and any state laws or district policies that apply.
2. Review the health records submitted by parents and physicians.
3. Include food-allergic students in school activities. Students should not be excluded from school activities solely based on their food allergy.
4. Assure that all staff who interact with the student on a regular basis understands food allergy, can recognize symptoms, knows what to do in an emergency, and works with other school staff to eliminate the use of food allergens in the allergic student’s meals, educational tools, arts and crafts projects, or incentives.
5. Coordinate with the school nurse to be sure medications are appropriately stored, and be sure that an emergency kit is available that contains a physician’s standing order for epinephrine. In states where regulations permit, medications are kept in a easily accessible secure location central to designated school personnel, not in locked cupboards or drawers. Students should be allowed to carry their own epinephrine, if age appropriate after
SEVERE FOOD ALLERGY MANAGEMENT PLAN

approval from the student’s physician/clinic, parent and school nurse, and allowed by state or local regulations.

6. Designate school personnel who are properly trained to administer medications in accordance with the State Nursing and Good Samaritan Laws governing the administration of emergency medications.

7. Be prepared to handle a reaction and ensure that there is a staff member available who is properly trained to administer medications during the school day regardless of time or location.

8. Have a plan in place when there is no school nurse available including that at least three staff members that are trained in the recognition of early symptoms of anaphylaxis and in medication administration.

9. Review policies/prevention plan with the core team members, parents/guardians, student (age appropriate) and physician after a reaction has occurred.

10. Work with the district transportation administrator to assure that school bus driver training includes symptom awareness and what to do if a reaction occurs.

11. Enforce a “no eating” policy on school buses with exceptions made only to accommodate special needs under federal or similar laws, or school district policy.

12. Discuss field trips with the family of the food-allergic child to decide appropriate strategies for managing the food allergy and seating accommodation options.

13. Follow federal/state/district laws and regulations regarding sharing medical information about the student.

14. Take threats or harassment against an allergic child seriously.

School Nurse Role

1. Prior to entry into school (or, for a student who is already in school, immediately after the diagnosis of a life-threatening allergic condition), communicate with the student’s parent/guardian to develop a draft of an (AIHP) as indicated.

2. Assure that the AAP 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.

3. Arrange and convene a team meeting, if possible before the opening of school to finalize the AIHP.
SEVERE FOOD ALLERGY MANAGEMENT PLAN

4. Familiarize campus staff with the AAP and AIHPs of their students by the opening of school, or as soon as the plans are written.

5. Provide information about students with life-threatening allergies to all staff on a need-to-know basis (including bus drivers, substitute teachers and other new staff members).

6. Conduct education for appropriate staff regarding a student’s life-threatening allergens, symptoms, risk reduction procedures, emergency procedures, and how to administer an epinephrine auto-injector.

7. Periodically check medications for expiration dates and arrange for them to be current.

8. Arrange periodic follow-up to review effectiveness of the AIHP, at least on an annual basis, or as often as necessary.

9. Make sure that substitute school nurses are fully oriented to students with life-threatening food allergies and their care plans by maintaining substitute folder.

10. Communicate with parents on a regular basis.

**Classroom Teacher/Specialist**

1. Participate in the development of the student’s AIHP when requested.

2. Review and follow the AAP and AIHP of any student(s) in your classroom with life-threatening allergies.

3. Keep accessible the student’s AAP and AIHP in substitute folder.

4. Always act immediately and follow the AAP if a student reports signs of an allergic reaction.

5. Never allow a child you suspect of having an allergic reaction to walk alone to the school nurse.

6. Request that the classroom has a functioning intercom, walkie-talkie or other communication device for communication with the school nurse.

7. Be sure volunteers, student teachers, aides, specialists and substitute teachers are informed of the student’s food allergies and necessary safeguards.

8. Consider coordinating with parent and school nurse a lesson plan about food allergies and anaphylaxis in age appropriate terms for the class.

9. Educate classmates 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.
SEVERE FOOD ALLERGY MANAGEMENT PLAN

10. 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.

11. Inform parents of children with life-threatening food allergies of any school events where food will be served.

12. Participate with the planning for student’s re-entry to school after an anaphylactic reaction.

13. Prohibit students from sharing or trading snacks.

14. Avoid cross-contamination of foods by wiping down eating surfaces 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.

15. Reinforce hand-washing before and after eating.

16. Avoid use of allergenic foods for classroom activities (e.g., arts and crafts, counting, science projects, parties, holidays and celebrations, cooking, pet foods or other projects).

17. Welcome parental involvement in organizing class parties, special events and field trips.

18. Consider non-food treats for rewards and incentives.

19. Collaborating with the school nurse and parents, prior to a field trip to insure the IHP is followed.

20. Ensure the epinephrine auto-injectors and instructions are taken on field trips and remain with the student or in the care of the trained adult during the course of the field trip.

21. 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 trained in the administration of an epinephrine auto-injector.

22. 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.

23. Consider eating situations on field trips and plan for prevention of exposure to the student’s life-threatening foods.

24. Consider ways to wash hands before and after eating while on field trips.

25. Know where the closest medical facilities are located, 911 procedures and whether the ambulance carries epinephrine and EMTs are certified to administer epinephrine.
School Counselors

1. Participate in the development of the student’s AIHP as requested

2. Assist with staff training, especially around staff anxiety in caring for students with life-threatening food allergies.

3. Monitor anxiety, stress level, and social development of students with life-threatening food allergies and provide interventions as appropriate.

4. Act as a resource to parents and students regarding anxiety, stress and normal development.

5. Educate classmates to avoid endangering, isolating, stigmatizing or harassing students with food allergies. Be aware of how the student with food allergies is being treated and use this opportunity to teach community caring.

School Food Service

1. Ensure that all food service staff and their substitutes and cafeteria monitors are trained to recognize the signs and symptoms of an allergic reaction and what to do in the event of a reaction.

2. Enter food allergy data from the Special Diet Request form into software system. Educate nutrition staff to be alert to allergy information on screen at point of sale.

3. Maintain contact information for manufacturers of food products (e.g., Consumer Hotline) and make available to parents on request.

4. Provide parents with food labels as requested.

5. Provide advance copies of the menu to parents/guardian and notification if menu is changed.

6. Review and follow sound food handling and food preparation practices to avoid cross-contact with potential food allergens.

7. Strictly follow cleaning and sanitation protocols to avoid cross-contact.

8. Make required food substitutions with documentation signed by licensed physician. In order to make appropriate substitutions or modifications for meals served to students with life-threatening food allergies, the physician’s statement must identify the student’s disability (as defined under USDA guidelines), why the disability restricts their diet, the food or foods to be omitted from the student’s diet, and the food or foods to be substituted.

9. Avoid the use of latex gloves by food service personnel. Use non-latex gloves instead.
School Transportation

1. Provide education for all school bus drivers regarding life-threatening allergies (provide own training or contract with school) and what to do if they suspect a student is having a reaction.

2. Provide education for school bus drivers on specific children, when appropriate.

3. Provide functioning emergency communication device (e.g., cell phone, two-way radio, walkie-talkie or similar).

4. Know local Emergency Medical Services procedures.

5. Maintain policy of not allowing foods or beverages to be consumed on school buses.

6. Provide school bus dispatcher with list of students with life-threatening food allergies by bus/van number and instructions for activating the EMS system.


Coaches and other On-Site Persons in Charge of Conducting After-School Activities

1. Conduct sports and after school activities in accordance with all school policies and procedures regarding life threatening allergies.

2. Make certain that emergency communication device (e.g., walkie-talkie, intercom, cell phone, etc.) is always present.

3. Enter any bus accommodations from student’s AIHP on field trip request form.

4. Notify all chaperones/volunteers of bus accommodations and students with severe life threatening allergies.

5. Provide education to all chaperones/volunteers regarding specific students IHP/anaphylaxis plans as indicated.

6. Ensure that at least one but ideally two people during activity who have been trained to administer an epinephrine auto-injector when a student self carries an epi-pen.

7. Know EMS procedures and how to access the EMS system from the site of the after school activity or event.
RESOURCES:

SCHOOL: INFORMATION FOR PARENTS

"Managing Food Allergies in the School Setting: Guidance for Parents" (source: FAAN)

SCHOOL: INFORMATION FOR SCHOOL STAFF

"Allergy Ready" Free interactive online course designed to help teachers, administrators and school personnel prevent and manage potentially life-threatening allergic reactions (source: collaboration between FAI, FAAN and others)
http://allergyready.com

"Safe at School and Ready to Learn" (source: National School Boards Association) Comprehensive policy guide for protecting students with life-threatening food allergies
http://www.nsba.org/foodallergyguide.com

"School Guidelines For Managing Students with Food Allergies"(source: FAAN)

"Section 504 Plan Outline for Children with Severe Food Allergies"(source: Education and Advocacy Solutions, LLC)
http://www.foodallergyadvocate.com/504Plan.htm

SCHOOL: LESSON PLANS

"Binky Goes Nuts" Activity Unit (source: PBS Kids)
- http://pbskids.org/arthur/parentsteachers/lesson/health/pdf/Binky_Peanut_Allergy_QA.pdf
SCHOOL: SAMPLE LETTERS

"Sample Food Allergy Letter from a School Principal" (source: FAI)

SCHOOL: CLASSROOM SIGNS

Peanut- and Treenut-Free classroom sign (source: FAI)

Peanut- and Treenut-Free classroom signs (source: Allergy Free Table)

Variety of Peanut/Nut-Free signs for classroom and lunch room (source: Peanut Allergy Info)

Return to Top

Teens

"Talking to Your Teen about Food Allergy" pamphlet (source: FAAN)
APPENDICES:

Appendix A: Emergency Card
Appendix B: Anaphylaxis Action Plan (AAP)
Appendix C: Special Diet Request Form
Appendix D: Severe Allergy Alert Notice
Appendix E: Anaphylaxis Individual Healthcare Plan (AIHP)