**Todd County Public Schools**

**Severe Food Allergy Guidelines**

**School Protocol**

In all schools, the principal/school administrator, in coordination with the school nurse and/or district nurse, shall implement a protocol, consistent with the Food Allergy Action Plan, Individual Health Care Plans (IHCPs) and/or Emergency Health Care Plans (EHCPs), providing food allergic students with protections while they are attending school or participating in school-sponsored activities. The protocols shall be reviewed and updated at least annually, and as deemed necessary after any serious allergic reaction has occurred at school during regular school hours.

**Posting of Signs**

In all schools, signs or folders shall be kept in a conspicuous place and within the cafeteria facility, advising staff that there are students with severe food allergies. The exact wording may vary, in accordance with the measures contained within students’ Food Allergy Action Plan/IHCP/EHCP and the school protocol. Listings of common food allergy symptoms should be posted in a visible location/s.

**Staff Training**

In all schools, the principal/school administrator will provide/arrange annual training for every staff member in their respected building. A roster will be kept of every staff member who has completed the food allergy activity.

The principal/school administrator shall identify school personnel who will be responsible for administering medication (e.g. scheduled, as needed (PRN) and emergency medication) in the event the school nurse is not present and/or during field trips. A more specific training shall be provided, by a qualified professional for these selected personnel. The required medication training should be completed during district day activities (or sooner) or within the first week of the current school year.

At all times during normal school hours, at least one person, other than the school nurse, must be trained and responsible for the administration of the epinephrine auto-injector. These personnel shall review emergency protocols on an annual basis. Any time epinephrine or other emergency medication is administered, 911 should be called.

**Confidentiality**

Pursuant to Section 504 of the Rehabilitation Act of 1973 (Section 504), the Family Educational Rights and Privacy Act (FERPA), the Health Insurance Portability and Accountability Act of 1996 (HIPAA), school policy and procedures, and other statutes and regulations, the confidentiality of students with food allergies shall be maintained, to the extent appropriate and as requested by the student’s parents/caregivers.

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| **Common Allergens** |
| * Animal Dander (ex. cats)
 | * Eggs
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| * Fish
 | * Insect venom (ex. bee stings)
 |
| * Latex
 | * Medications
 |
| * Milk
 | * Peanuts
 |
| * Shellfish
 | * Soy
 |
| * Tree nuts (ex. pecans, almonds, walnuts & cashews; nut extracts & nut products (e.g. coconuts and oils)
 | * Wheat
 |

Non-food items, such as lotions, sunscreen, cosmetics, arts and craft materials, may contain trace amounts of food products capable of causing an allergic reaction in susceptible individuals.

**Recognizing Anaphylaxis**

Anaphylaxis is a severe systemic allergic reaction, resulting from exposure to an allergen that is rapid in onset and can cause death.

**Symptoms of Anaphylaxis** include but are not limited to:

* Sudden difficulty breathing, wheezing, coughing
* Hives, flushed skin, itching, rash or redness of the skin
* Swelling of the throat, lips, tongue, face; tightness/change of voice; difficulty swallowing
* Tingling sensation, itching, or metallic taste in mouth
* Feeling of apprehension, agitation
* Abdominal cramps; vomiting or diarrhea
* Dizziness and/or lightheadedness
* Loss of consciousness

Although anaphylaxis typically results in multiple symptoms, reactions may vary substantially from person to person. In some individuals, a single symptom may indicate anaphylaxis. Anaphylaxis usually occurs quickly-within seconds or minutes of exposure; death has been reported to occur within minutes. *An anaphylactic reaction occasionally can occur up to one to two hours after exposure to the allergen.*

**Treatment of Food Allergies**

Some types of mild food allergies are treatable with an antihistamine (e.g. Benadryl) or bronchodilator (e.g. albuterol). A severe reaction that is life threatening is called anaphylaxis and is treated with epinephrine.

For more information, go to:

[www.cdc.gov/HealthyYouth/foodallergies](http://www.cdc.gov/HealthyYouth/foodallergies)

<https://allergysafecommunities.ca/home/>

<http://www.cdc.gov/healthyyouth/foodallergies/pdf/13_243135_A_Food_Allergy_Web_508.pdf>

**Information and Awareness**

• Identify anaphylactic students to proper school staff (e.g. nurse, cafeteria staff, student’s teacher/s, Principal).

• Maintain a current file with up-to-date medical information

• Provide in-service for teachers and other school staff regarding food allergies.

• Maintain open communication between parents and the school

**Avoidance**

• Establish safe lunchroom and eating area procedures, including cleaning and hand-washing routines.

• Avoid allergens hidden in school activities (playdough, stuffed toys, pet foods, art supplies, etc.).

• No outside food shall be brought in during school hours with the exception of school lunches or for medical necessity. All food for celebrations will be approved by food services to ensure no child in the room has an allergy to any of the ingredients.

• **NO SUNSCREEN SHOULD BE USED WITHOUT PARENT CONSENT** (some sunscreens contain ingredients that may cause a severe reaction in certain students).

**Emergency response**

When accidental exposure triggers an anaphylactic reaction, there is no time to waste. In cooperation with parents and the child’s physician, schools should follow the Allergy Response Protocol in the event a severe reaction should occur.

**Student's Responsibility**

* Should take as much responsibility as possible for avoiding allergens.
* Should not trade food with others.
* Should wash hands before and after eating.
* Should not eat anything with unknown ingredients or known to contain any allergen.
* Should be proactive in the care and management of their food allergies and reactions based on their developmental level.
* Should notify an adult immediately if they eat something they believe may contain the food to which they are allergic.

**Family's Responsibility**

The family is a very integral and important part of the child’s health care.

* Notify the school/school nurse of the child's allergies.
* Work with the school team to develop a plan 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, as well as a Food Allergy Action Plan/IHCP/EHCP.
* Provide written medical documentation (Food Allergy Action Plan/IHCP/EHCP), instructions, and medications as directed by a physician. Include a photo of the child on written form when possible.
* Provide properly labeled medications and replace medications after use or upon expiration.
* 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)
* Review policies/procedures with the school staff, the child's physician, and the child (if age appropriate) after a reaction has occurred.
* Provide emergency contact information.
* Parental attendance is encouraged on field trips.

**Food Services Responsibility**

* Food service manager meets with school nurse regarding students with severe food allergies.
* Assists with individual health care plans as appropriate in regards to food in the school environment.
* Maintains a list of students with food allergies within the food service area with a photo of the student wherever possible (not for public viewing).
* **Reads all food labels and recheck routinely for potential food allergens.**
* Trains annually to recognize symptoms of allergic reaction.
* Reviews and follow sound food handling practices to avoid cross contamination with potential food allergens.
* Strictly follows cleaning and sanitation protocol to avoid cross-contamination.
* Follows policies for the cafeteria regarding food allergic students.
* Thoroughly cleans all tables, chairs and floors after each meal.
* After receiving doctor’s order, makes appropriate substitutions or modifications for meals served to students with food allergies.
* Plans ahead for safe meals for field trips.
* Avoids the use of latex gloves by food service personnel. Use non-latex gloves instead.
* Takes all complaints seriously from any student with a life-threatening allergy.
* Always prepared to take emergency action.

**School Administration (or delegate)**

* Includes in the school’s emergency response plan a written plan outlining emergency procedures for managing life-threatening allergic reactions.
* Identifies faculty or staff that will be trained and responsible for administering medication.
* Provides or arranges training for faculty and staff to be done during district day activities or sooner if appropriate.
* Follows-up with parent after an event/episode occurs.

**Custodial Staff's Responsibility**

* Health care responsibilities that involve the custodial staff will be communicated directly to the head custodian by the Principal.
* Trains annually to recognize symptoms of allergic reaction.

**Teacher's Responsibility**

* Notifies/meets with school nurse regarding any student with a known food allergy.
* Trains annually to recognize symptoms of allergic reaction and to understand their role as a responder in the event of an allergic reaction; including the use of an EpiPen.
* Completes the required medication training to administer epinephrine, if appropriate.
* Keeps pertinent information for substitute teachers regarding students with health conditions, including but not limited to food allergies, in an organized, prominent and accessible format.
* Provides food allergy education to students as deemed necessary.
* Informs parents of any classroom events where food will be served during school hours.
* Never questions or hesitates to act if a student reports or displays signs of an allergic reaction.
* Reinforces hand-washing with soap and water before and after eating.
* Prohibits students from sharing or trading food.
* **Obtains approval from food services prior to the use of foods for classroom activities (e.g. celebrations, arts and crafts, counting, science projects, or other projects).**
* Uses stickers, pencils or other non-food items as rewards instead of food whenever possible. Obtains approval from food services prior to using food for rewards.
* Notifies the school nurse 30 days prior to planning a field trip so that medication can be prepared for the field trip.

**Nurse's Responsibility**

* Maintains Food Allergy Action Plan/IHCP/EHCPs for each student with a documented food allergy, such plan to include an allergy action plan for addressing the prevention and management of anaphylaxis that contains the student’s name, photo with the written permission of the parent/guardian, allergens, allergic reaction if known, risk reduction procedures, emergency procedures and required signatures.
* Notifies need to know staff members of the students with severe allergies, as well as provides any medical documents as deemed necessary (e.g. emergency plans, etc.).
* Maintains emergency medication as ordered by the physician of each student with a food allergy and makes sure these medications are safely accessible.
* Periodically check medications for expiration dates and arranges for them to be current.
* Provides care to student experiencing an allergic reaction.

**Bus Driver's Responsibility**

* Trains annually to recognize symptoms of allergic reaction and to understand their role in the event of an allergic reaction.
* Enforces “no food eating,” unless medically indicated (e.g. diabetics), allowed on school buses.
* No food items should be given to students for special occasions (e.g. birthdays, holidays, etc.).
* Knows and follows protocol for emergency response on the school bus.

**Responsibilities on Field Trips**

The school shall have the following responsibilities when a student with a Severe Food Allergy attends field trips:

* On field trips, consideration given for avoiding food allergen exposure and parental attendance is encouraged.
* Copies of student’s Food Allergy Action Plan/IHCP/EHCP will be carried on all field trips.
* A staff member who has been trained to administer medication (e.g. scheduled, as needed (PRN), and emergency medication) will accompany the class on the field trip and will maintain each applicable student’s epinephrine and will follow the child’s Food Allergy Action Plan/IHCP/EHCP.
* Staff will call 911 in all instances of epinephrine use. Parent or guardian will be notified.

**PROTOCOL FOR STUDENTS WITH FOOD ALLERGIES**

**FORMS**

When parent/guardian notifies school of a student’s allergy, delegated health personnel shall give parent/guardian the following forms, to be completed by the parent and their physician, which shall be returned in a timely manner:

* Food Allergy Action Plan/IHCP/EHCP
* Permission Form for Prescribed Medication

**NOTIFICATION**

The following personnel shall be notified of student’s Food Allergy Action Plan/IHCP/EHCP:

* Delegated Health Personnel
* Student’s Teachers
* Cafeteria supervisor
* Others who are deemed “need to know” staff members

**WHEN AN ALLERGIC REACTION OCCURS** there is no time to waste; the following steps should be followed immediately.

**ALLERGY RESPONSE PROTOCOL For Exposure of Students with Documented Severe Allergies**

1. **Call School Nurse** or trained staff member if nurse is not available
2. **Follow instruction on the Student’s Food Allergy Action Plan/Individual Health Plan/Emergency Action Plan.** In most cases, give epinephrine auto-injector (e.g.EpiPen® or Allerject™) at the first sign of a known or suspected anaphylactic reaction. SOMEONE SHOULD STAY WITH AND OBSERVE STUDENT AT ALL TIME.
3. **Call 9-1-1** or local emergency medical services.  Tell them someone is having a life-threatening allergic reaction.
4. **Call emergency contact person (e.g. parent, guardian).**
5. **If directed to do so on the student’s Food Allergy Action Plan/Individual Health Plan/Emergency Action Plan,** give a second dose of epinephrine in 5 to 15 minutes IF the reaction continues or worsens.
6. **Student should be transported to the nearest hospital immediately (ideally by ambulance)**, even if symptoms are mild or have stopped.  The reaction could worsen or come back, even after proper treatment.
7. **When used, the Epinephrine injector should be given to EMS when they arrive**

***Notes:***

* *It is important to note the time of administration of the first epinephrine auto-injector so that you know how long it has been since the child received the first dose of epinephrine*
* *Be prepared to administer CPR if necessary*
* *Epinephrine will need to be replaced after an event*

**\*For students who exhibit symptoms of a severe allergic reaction that have NO history of anaphylaxis or no previously diagnosed food allergy, EMS/911 should be contacted IMMEDIATELY for evaluation.**

**Documentation** (needed if a food allergy emergency occurs)

Emergency response should include a protocol for documenting or recording each emergency

incident and use of epinephrine.

Documentation should include the following: (see Report of Anaphylactic Reactions)

* Time and location of the incident.
* Food allergen that triggered the reaction (if known).
* If epinephrine was used and the time it was used.
* Notification of parents and EMS.
* Staff members who responded to the emergency.

**Follow-up**

The following steps should be taken as soon as possible following a Severe Allergic Reaction:

* Administrator will call parent or guardian to follow-up on student condition.
* Review anaphylactic or allergy episode with parent/guardian and student as deemed necessary.
	+ Identify allergen and route of exposure-discuss signs and symptoms with parent/guardian.
	+ Review actions taken.
	+ Discuss positive and negative outcomes.
	+ Discuss any needed revision to care plan based on experience or outcome.
* Ask parent/guardian to replace epinephrine doses that was given, if needed.
* Ask parent/guardian to follow up with health care provider.