

Santa Monica-Malibu Unified School District

Food Allergy (Anaphylaxis) Procedure Manual 2018

Introduction

The information in these guidelines helps schools to avoid, recognize and treat allergic reactions while ensuring that students with food allergies are safely included in all school activities. A food allergy is defined as an adverse health effect arising from an immune response that occurs when exposed to a given food. The immune response can be severe and life-threatening. Anaphylaxis is a severe allergic reaction that has a rapid onset and may cause death. Not all allergic reactions will develop into anaphylaxis. Early signs of anaphylaxis can resemble a mild allergic reaction, therefore all children with known or suspected ingestion of a food allergen must be closely monitored for respiratory, gastrointestinal, skin, and/or cardiovascular system symptoms (Appendix A) and treated early. Delay in administering epinephrine is one of the most significant risk factors associated with fatal outcomes. Death due to food-induced anaphylaxis may occur within 30 minutes to 2 hours of exposure (CDC). District protocol is to call 911 after epinephrine auto-injector is administered because 20% of anaphylactic reactions recur within 4-8 hours (called biphasic reaction). Eight foods or food groups account for 90% of serious allergic reactions: milk, eggs, fish, crustacean shellfish, wheat, soy, peanuts, and tree nuts. Because many foods can cause a serious allergic reaction, we do not have “peanut free” tables or areas. We also do not claim to be a “peanut free school” because we can’t guarantee that students/staff will not bring nut products or foods made in facilities that product nut products. Other than foods, medications, bees and latex are known to cause anaphylaxis in some people. 4-6% of students are affected by food allergies, and the incidence is increasing. 1 in 5 students with food allergies will have a reaction while at school (CDC). Approximately 25% of epinephrine administrations in schools involve individuals whose allergy was unknown at the time of the reaction.

Food allergies have a significant effect on the psychosocial well-being of children and their families. Parents and children with a food allergy may have fear and stress from constant vigilance needed to prevent the possibility of a life-threatening reaction. Children can have an emotional impact due to being socially isolated and are many times the victim of teasing. (CDC)

Food allergy reactions happen in multiple locations throughout the school, and are not limited to the cafeteria. Care must be exercised regarding fundraisers, classroom parties, and snacks outside of the cafeteria. In the “Voluntary Guidelines for Managing Food Allergies In Schools and Early Care and Education Programs” (CDC) include specific recommendations for accommodating food allergic students in the classroom, cafeteria, field trips, extra-curricular activities and beyond. 911 is to be called every time an epinephrine auto-injector is administered, regardless of parent request that we not call.

Parent/guardian's Responsibility

- Notify the school of the child's allergies.
- Have the physician fill out the "Food Allergy Action Plan FARE" and "Medication at School Form" (Appendix A and B) and indicate whether or not the child may or may not carry the emergency medication. Parent/guardian will sign the forms.
- Sign an "Authorization For Use or Disclosure of Medical Information" (medical release) (Appendix C).
- Work with the school nurse to develop a plan that accommodates the child's needs throughout the school including in the classroom, in the cafeteria, in after/before school programs, during school-sponsored activities, and on the school bus.
- Parent/guardian will work with before/after school supervising personnel to ensure they are aware of the student's allergies, emergency care plan, and procedures.
- Supervising personnel will be made aware of the student's allergies, emergency care plan, and procedures.
- Provide all medication and epinephrine auto-injector for the student (if the child carries), health office, classroom and afterschool program if possible. Provide labeled medications (original container with label which includes child's name, health care provider's name, dose, method of administration, and time to administer) and replace medications after use or when expired.
- Children 3rd grade and older should consider carrying the epinephrine auto-injector if capable.
- A Medic Alert bracelet should be worn at all times by the student.
- If the child qualifies for free or reduced lunch, have the physician fill out the "Medical Statement to Request Special Meals and/or accommodations" form. Nut products are not served by Food Services, but some items are processed in plants that use nuts.
- Educate the child in the self-management of their food allergy including:
 1. safe and unsafe foods
 2. not to share food
 3. importance of washing hands, especially before and after eating
 4. strategies for avoiding exposure to unsafe foods such as wiping the table where s/he eats and using a cloth/placemat provided by parent if needed.
 5. recognize symptoms of allergen exposure
 6. tell an adult they may be having an allergy-related symptoms
 7. tell an adult of possible exposure
 8. how to read food labels (age appropriate)
 9. how to self-administer the epinephrine auto-injector (age appropriate)
- The parent/guardian may be responsible for providing meals for field trips.

Nurse's Responsibility

- Review the health records submitted by parent/guardian and physician.
- Collect the (a) Medication at School Form, (b) the Authorization for Use or Disclosure of Medical Information form and the (c) Food Allergy Action Plan.
- Determine from the doctor if it is an IgE mediated reaction and if the student also has asthma. Consult with the physician as to whether or not the student is a known or highly suspected to have an anaphylactic response to allergen.
- Establish an Emergency Care Plan (Appendix D) using the Food Allergy Action Plan. (doctor's orders). This should include the location of the epinephrine auto-injector.
- Review the plan with the teacher and health office staff and train as needed. Protect the privacy or confidentiality of student information.
- Send home letters to parents in elementary school (sample Appendix E)
- Epinephrine auto-injector should be located in a safe and secure place that trained staff can get to quickly.
- Inform parent/guardian that they can request a 504 meeting.
- Plan to teach a lesson to the class on Food Allergies using (for example) Be a Pal PPT or Food Allergy awareness for teen from Food Allergy Research and Education (FARE). (Appendix G)
- Plan to teach other parents about food allergies if possible (e.g. PTA meetings, newsletter's etc.) without disclosing the names of students with food allergies.
- Train school staff in allergy awareness, basic prevention/risk reduction procedures, recognizing and allergic reaction and epinephrine auto-injector administration and emergency procedures, including location of epinephrine auto-injector.
- Encourage parent and doctor to consent to having the child to carry epinephrine auto-injector.
- Make sure food service staff (elementary) have a list of students with food allergies and their pictures while assuring confidentiality.
- If an epinephrine auto-injector is used, make sure it is replaced and fill out an accident report.

School's Responsibility

- A life-threatening food allergy can be considered a disability under federal laws such as Section 504, IDEA, ADA, along with the Americans with Disabilities Act Amendments of 2008. If the governing laws are not followed, parents/guardians can file a civil rights claim on behalf of the student (NSBA). Arrange for a 504 meeting. Be aware of privacy laws such as FERPA and any state laws or district policies that apply.
- Students cannot be excluded from school activities based on their food allergy.
- Assure that all staff who interact with the student on a regular basis understands food allergy, can recognize symptoms and knows what to do in an emergency (and maintain

confidentiality). Staff should be trained yearly and have access to epinephrine auto-injector.

- Eliminate the use of food allergens in educational tools, arts and crafts projects, or incentives if possible.
- Provide a positive psychosocial climate and take threats or harassment (bullying) against any child with food allergies child seriously.
- Epinephrine auto-injectors must be easily assessable and not locked in a cabinet.
- Do not use a classroom for after school programs which has a student(s) with known food allergy during the school day.
- Accessibility of epinephrine at all hours programs are in session on campus.

Student's Responsibility

- Should not trade food with others.
- 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. The student shall communicate immediately with teachers or administrators, or "other adults-in-charge" of symptoms, reactions, expose, etc.
- The student shall communicate immediately if he has been bullied, made-fun-of, threatened, or harassed with regards to the food allergy.
- The student shall carry epinephrine auto-injector with him at all times (if approved).

1. Classroom

❖ Elementary

- A letter (Appendix E) will be sent home to the student's class alerting parents/guardians of the severe allergy, requesting that the allergen not brought in to the classroom in lunches, snacks or classroom parties (including class projects, parties, arts and crafts, science, rewards, cooking and snacks).
- Post signage prohibiting allergen in the classroom. (This helps keep the classroom free of allergen, but doesn't guarantee it).
- Class celebrations or lessons that involve food will not contain the allergen.
- Allow only pre-packaged food items with complete ingredient lists for parties or snacks.
- Use nonfood incentives for prizes, gifts, and awards.
- Be vigilant of "food bullying" and report bullying to an administrator. Communicate rules and expectations about bullying related to food allergies.
- Promote handwashing before and after meals.

- Substitute teachers or other personnel (as needed) will be made aware of the student's allergies, medical plan, expectations of allergen-free classrooms, and emergency action plan.
 - The student's teachers will be trained in recognizing symptoms of an allergy exposure and epinephrine auto-injector administration.
 - Nurse will provide a lesson on food allergies and the importance of not sharing food. (Appendix F).
 - Notify the nurse (or HOS) ASAP with a list of field trip dates so they can have medications ready for the field trip.
 - Make sure to bring medications on field trips and the student is with a trained adult at all times.
- ❖ Secondary
- Teacher will access emergency care plan on student information system
 - Security staff will be trained in recognizing symptoms of an allergy exposure and epinephrine auto-injector administration.

2. Cafeteria/lunch duty staff

- The cafeteria personnel will not produce any meal items containing peanuts, tree nuts, or byproducts of either.
- The staff (preschool-2nd grade) or student (2nd grade and above) will wipe the table where a student sits or the student will eat on a cloth/placemat provided by parent if needed.
- Student will self-carry prescribed epinephrine auto-injector with him/her at all times (if approved).
- Cafeteria personnel and lunch duty staff will be trained in recognizing symptoms of allergen exposure and epinephrine auto-injector administration.
- Cafeteria staff will have access to generic epinephrine auto-injector and know where it is kept.
- A list of students with food allergies with pictures will be provided to the elementary school cafeteria staff at the beginning of each school year. This will be kept in a confidential area only assessable to staff.
- Encourage handwashing before and after meals.
- Be vigilant of “food bullying” and report to an administrator.

3. Field trips

- The parent will be encouraged to accompany the student on the fieldtrip. They will be allowed to ride/stay with the student if needed.
- The student will carry the prescribed epinephrine auto-injector with him at all times (if approved).

- Trained staff will be available if parent is unable to accompany the student. Staff will carry the epinephrine auto-injector if a student is unable to carry it.
- The emergency care plan will be reviewed before each field trip.

4. School bus transportation

- Bus drivers will be trained in recognizing symptoms of an allergy exposure and epinephrine auto-injector administration.
- No eating on bus will be enforced when possible.
- The student will self-carry prescribed epinephrine auto-injector with him at all times (if approved).
- The bus driver will follow district protocol and administer the epinephrine auto-injector and call 911 if an epinephrine auto-injector is administered or if the driver does not have access to one and the student is symptomatic.
- The transportation director will be given a list of students with severe food allergies/anaphylaxis.

5. Before/After School Programs on Campus

- Parent/guardian will ensure that supervising personnel will be made aware of the student's allergies, emergency care plan, and procedures.
- Parent/guardian will ensure that they have access to an epinephrine auto-injector.
- Student will bring their own food when possible.
- Train staff in allergy awareness, basic prevention/risk reduction procedures, recognizing and allergic reaction and epinephrine auto-injector administration and emergency procedures
- Be vigilant of “food bullying” and report to an administrator.

6. Special events and school-sponsored activities

- Supervising personnel will be made aware of the student's allergies, emergency care plan, and procedures.
- Student will bring their own food when possible.
- Student will self-carry the prescribed epinephrine auto-injector with him at all times (if approved) or a trained staff member will be designated to carry it.
- Train school staff in allergy awareness, basic prevention/risk reduction procedures, recognizing and allergic reaction and epinephrine auto-injector administration and emergency procedures.
- Do not allow sharing of food.
- Encourage hand washing especially before and after meals/snacks.

Training for school personnel

Appropriate staff (those with frequent contact with the student) will be trained on recognizing symptoms of allergen exposure and how to respond to food allergy emergencies. This training should focus on how to reduce the risk of an allergic reaction, respond to allergen exposure emergencies, and support the social and academic development of children with food allergies.

NASN Get Trained PPT

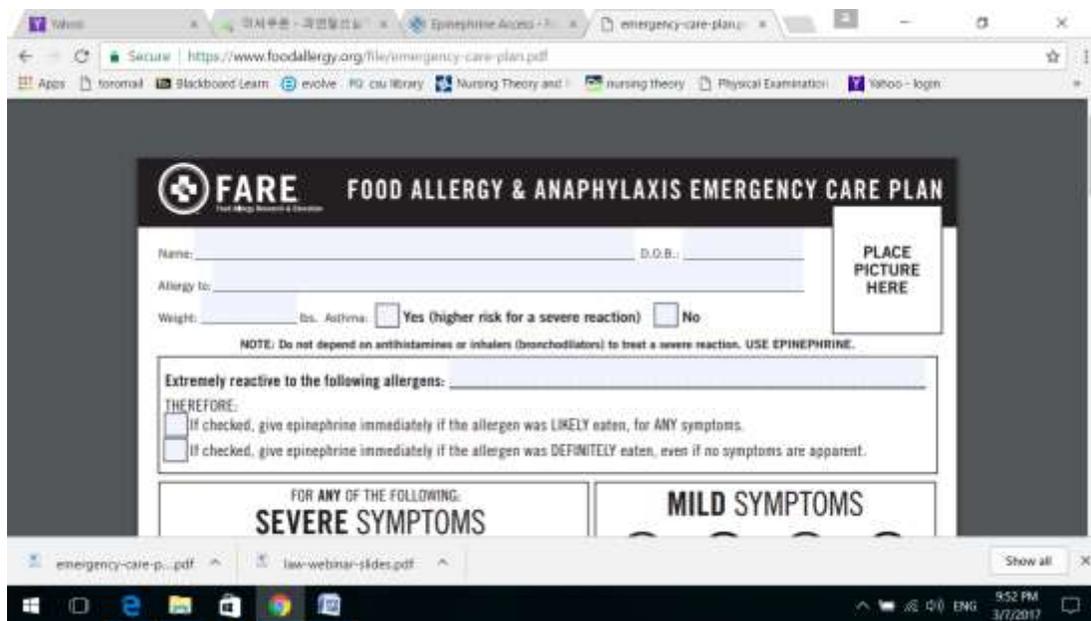
Health education

FARE Food Allergy Awareness PPT Be a Pal (elementary)

FARE Food Allergy Awareness PPT (secondary)

FAACT Food Allergy Awareness Lesson Plan (High School)

Appendix A- Food Allergy Action Plan



The image shows a screenshot of a web browser displaying the FARE (Food Allergy Research & Education) Food Allergy & Anaphylaxis Emergency Care Plan form. The form is titled "FARE FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN" and includes fields for Name, D.O.B., Allergy to, and Weight. It also features a section for "Extremely reactive to the following allergens:" and a "THEREFORE:" section with checkboxes for "Likely" and "Definitely" reactions. The form is divided into sections for "SEVERE SYMPTOMS" and "MILD SYMPTOMS". The browser address bar shows the URL "https://www.foodallergy.org/file/emergency-care-plan.pdf".

Appendix B- Medication at School Form

Appendix C- Authorization For Use or Disclosure of Medical Information

Appendix D- Emergency Care Plan

Appendix E- Examples of Parent letters (elementary)

Welcome to the _____ school year. We here at _____ Elementary are excited to welcome the return of our students and parents.

This year we welcome several students to our classrooms with food allergies. Reactions range from mild to life threatening. We invite and ask your help and cooperation to help them stay safe. A child with a serious nut allergy can suffer a reaction merely by touching a nut-containing food.

The most effective way to prevent a possible life-threatening allergic reaction is avoidance of nuts, peanut butter and products containing nut or nut oil, peanut flour, or that have “traces of nuts” listed as one of the ingredients.

The following safety guidelines will be in effect:

1. Please do not send any nuts, peanut butter or foods containing nuts or nut butter to be eaten as snacks **in the classroom**.
2. We will not be doing any classroom projects that involve nuts, nut butter, or nut products.
3. If you are sending in treats for a party (e.g: holiday parties), please be careful about the ingredients. If you are making the treat, be careful about cross contamination in your kitchen. As a reminder, no food products should be brought in for birthday celebrations, per our wellness policy. For birthdays, consider pencils, stickers, or other non-food items.
4. We will keep a box of wipes in the classroom, and may request that all children who ate nut products for lunch use a wipe to clean their hands after eating. If your child ate a nut product for breakfast, we would greatly appreciate your making sure that his/her hands are washed with soap and water before leaving for school.

After **lunch**, we will encourage all students to wash their hands after they eat.

Although children with nut allergies know not to share food with others, please let your children know that they should not trade or share food, utensils, and food containers. Hand washing should be encouraged before and after eating.

Faculty and staff, including our cafeteria staff and aides, have all been trained to respond to an allergic reaction. Our goal is to provide a safe and healthy environment for all of our students. Your help and support is greatly appreciated.

Thank you,

School Nurse

Principal

Dear Parent,

This letter is to inform you that a student in your child's classroom has a severe food allergy to peanuts/nuts. It is important that there is strict avoidance to this food in order to prevent a life-threatening allergic reaction. We are asking you to help us provide the student with a safe school environment.

Any exposure to peanuts/nuts may cause a life-threatening allergic reaction that requires emergency medical treatment. To reduce the chance of this occurring, we are asking that you do not send any peanut or nut containing products to school with your child that will be eaten in the classroom. If your child has eaten peanuts/nuts before coming to school, please be sure your child's hand and face have been thoroughly washed before entering the school.

We appreciate your support of these procedures. Please contact me if you have any questions.

School Nurse

Appendix F- Lesson Plans FARE Food Allergy Awareness



www.FoodAllergyAwareness.org

Food Allergy Awareness Lesson Plan

9th-12th grade students will become more aware of food allergies when they



Be a PAL[®] to Friends with Food Allergies

Did you know that 1 in 13 kids in the United States has a food allergy? That's about two kids in every classroom. For kids with food allergies, even a tiny amount of the food they are allergic to can make them very sick.

The most common food allergies are to milk, egg, peanuts, tree nuts (like walnuts and almonds), soy, wheat, fish, and shellfish (like shrimp and crab). But a person can be allergic to any food!

Since food allergies affect so many kids, it is good to learn how you can Be a PAL[®] to a friend with food allergies! Here's how:

 **Know that food allergies are very serious.**
It's hard to believe that foods you eat every day can hurt others, but it's true!