

The School Board of Leon County Administrative Procedures

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5335.01 - MANAGING FOOD ALLERGIES AND ANAPHYLAXIS

INTRODUCTION

The ultimate goal of a food allergy policy and guidelines is to protect all allergic students from exposure to their food allergen(s) at school. School staff must collaborate with each other, students, parents, and health care providers to develop a comprehensive approach that reduces not only the risk of accidental student exposure at school, but also the severity of the consequences if they do occur. While the district is unable to ban or control all foods that are brought or sent into the school by students and parents for meals, snacks or classroom parties, all school staff are expected to follow these guidelines to minimize the risk of food allergen exposure to known allergic students.

DEFINITIONS

Allergen is any substance that causes a hypersensitivity reaction. Exposure to allergens may produce immediate reactions or may have delayed symptoms several hours later.

Common allergens include:

- A. foods (most commonly peanuts, tree nuts, milk, dairy products, soy, wheat, fish and shellfish);
- B. insect stings (yellow jackets, bees, wasps, hornets, ants, etc.);
- C. medications;
- D. latex.

Anaphylaxis is the medical term for life-threatening systemic allergic reaction that may occur when allergic individuals are exposed to specific allergens. Anaphylaxis is a collection of symptoms affecting multiple systems in the body.

Epinephrine Auto-injector (Epi-Pen) also known as adrenaline; it is the single most important medication for treating anaphylactic reactions and should be administered at the first sign of a systemic allergic reaction. Administering epinephrine early in anaphylaxis improves the chances of survival and quick recovery.

CALL 911 ANYTIME EPINEPHRINE IS ADMINISTERED!

CALL 911 IF UNCERTAIN ABOUT THE SEVERITY OF ANY REACTION!

SYMPTOMS AND TREATMENT OF ANAPHYLAXIS

In the event a student has symptoms of anaphylaxis that appear life threatening and/or an epinephrine auto-injector is administered, 911 is to be immediately summoned.

Signs and symptoms of anaphylaxis can include:

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| MOUTH: | Itching, tingling, swelling of lips, tongue, and inside of mouth and throat |
| THROAT: | Itching, swelling, tightness, hoarseness, hacking cough |
| SKIN: | Hives, rash, itching, swelling of face or extremities, bluish lips and nails, pale, clammy skin |
| STOMACH: | Nausea, abdominal cramps, vomiting, diarrhea |
| LUNGS: | Repetitive Cough, difficulty breathing (shortness of breath, rapid breathing), wheezing |
| HEART: | Thready, weak pulse, decreased blood pressure, heartbeat irregularities, shock, loss of consciousness |

Accidental exposure to a food allergen at school by a child with a food allergy can result in an allergic reaction. Symptoms for most students with food allergies may be mild but for others, even touching or breathing in a food allergen, may cause a life-threatening allergic reaction called anaphylaxis. While some food-allergic students may only require food ingestion avoidance, others may require a more restrictive, allergen-free environment.

Anaphylaxis can affect multiple body systems, most significantly the respiratory and cardiovascular systems. The symptoms of anaphylaxis are caused by a release of histamine after exposure to an allergen. Histamine produces inflammatory reactions throughout the body. All school staff need to be aware of not only the signs and symptoms of anaphylaxis so emergency care can be promptly initiated, but also that anaphylaxis can occur up to several hours following an exposure. For that reason, any student showing anaphylaxis signs and symptoms will require prompt medical care and follow-up.

Treatment of anaphylaxis in the school setting should follow the student's allergy action plan, as prescribed and signed by a health care provider. If there is no allergy action plan on file or allergy was unknown, emergency medical services personnel (EMS/911) must be summoned. If a student exhibits any signs and symptoms of anaphylaxis, call 911 immediately. **Always** call 911 if an epinephrine auto-injector is administered.

District medication forms and emergency action plans are available in every school's health room.

Forms needed before prescription auto-injector medication can be given at school include:

- A. Form 5330.01 F1, Allergy Action Plan
- B. Form 5330 F1, Authorization for Medication or Treatment

Form needed before student can self-carry prescription epinephrine:

- A. Form 5330 F3, Authorization for Carrying Medication Form
- B. Form 5330.01 F1, Allergy Action Plan
- C. Form 5330 F1, Authorization for Medication and Treatment

Forms needed before student can receive non-prescription antihistamines for allergies at school include:

- A. Form 5330 F1, Authorization for Medication or Treatment
- B. Form 5330.01 F1, Allergy Action Plan

During normal school hours and for school-sponsored activities that include a student with an epinephrine auto-injector, the school principal will designate at least two staff members, other than health room personnel, to be trained by a registered nurse on the administration of an epinephrine auto-injector along with student specific training and CPR certification. Employees are subject to Good Samaritan provisions. Staff members responsible for field trips or other school-sponsored activities involving a student with an epinephrine auto-injector must also be trained and will need to notify the school's registered nurse at least one (1) to two (2) weeks before the fieldtrip/activity, of their need for student specific epinephrine auto-injector training.

Training for a specific student's epinephrine auto-injector will also include a review of the student's Allergy Action Plan (Form 5330.01 F1). All training records will be documented on the student's Allergy Action Plan (Form 5330.01 F1) and kept by the school's registered nurse.

Various staff responsibilities and strategies are listed below and are broken down into categories for consideration by administrators, school nurses, parents, students, classroom staff, coaches and extra-curricular activities staff, and transportation and food services staff. It is recommended all staff review all strategies to effectively team together for the safe, individual management of students with food allergies.

SCHOOL STAFF RESPONSIBILITIES AND STRATEGIES

ADMINISTRATORS

It is the building administrator's responsibility to create a school environment where food-allergic students are safe and staff, parents, and students are supported in implementing the District's food allergy policy and procedures. Responsibilities at the building level and with individual students may vary as elementary principals will likely need to implement more of the following options for their young students than principals of students in the middle and high schools.

At any grade level, the severity of a student's allergy will dictate the extent of preventative safety measures that need to be implemented to assure each student's individual safety. Administrators are encouraged to work with parents and school staff, especially the school registered nurse, to help establish a safety plan for each student in the building with life-threatening allergies.

Administrative strategies can include:

- A. Require parents to provide up-to-date written medical information from the student's provider that includes:
 - 1. child's known food allergy;
 - 2. recommendations for school management;
 - 3. appropriate food substitutions for the school;
 - 4. symptoms and treatment of student's allergic reaction.
- B. Request allergy action plan and signed Authorization for Medication or Treatment and Authorization for Carrying Medication (Form 5330 F1, Form 5330.01 F1, and Form 5330 F3 if student self carries).

- C. Request a parent-signed release for Consent to Share information with provider if needed.
- D. Designate at least two (2) willing staff members to participate in student specific epinephrine auto-injector training and CPR training, for normal school hours, and at least one (1) willing staff member for field trips and off campus activities. Principal or principal's designee must also notify the school's registered nurse of any staff changes that would require additional training throughout the school year.
- E. Encourage teachers not to bring in foods/products in the classroom that contain a student's allergen, like peanuts.
- F. Implement protocols for cleaning common surfaces like computer keyboards, doorknobs, and desks.
- G. Ensure contingency plans and communications are in place for a sub teacher, school nurse, health room staff, or food service personnel that also includes back-up personnel trained to administer an epinephrine autoinjector.
- H. Disseminate risk-reduction strategies for students:
 - 1. enforce hand washing before and after lunch;
 - 2. restrict food or drink sharing at lunch.
- I. Accommodate the needs of students with allergies in order to ensure opportunity for full participation in school activities.
- J. Ensure that substitute teachers are aware of emergency protocol.
- K. Call 911 immediately when any student experiences symptoms of an anaphylactic reaction and/or requires epinephrine auto-injector administration.

SCHOOL NURSES

The school nurse will annually review all students' emergency and medical information cards for food allergies and follow up with parents/guardians as needed. Those students who require an epinephrine autoinjector and/or special accommodations for their safety at school will be assessed by the nurse, who will then develop an Individual Health Care Plan (IHCP) based on prescriber's orders and other information gathered. The nurse will communicate the IHCP and allergy action plan to the appropriate staff. The school nurse will also train designated staff on the administration of student's emergency epinephrine auto-injector as indicated on the allergy action plan.

Each student's Allergy Action Plan/IHCP will include the following:

- A. student's name, grade, and picture (if available);
- B. emergency action plan during the student's school day, including day field trips;
- C. location(s) of student's autoinjector(s);
- D. student's parent and prescriber name and emergency contact numbers;
- E. parent and school nurse signatures/date;

- F. optional "Food Allergy Alert" letter sent home to classmates' parents.

School nurse strategies can include:

- A. orient the child to the clinic and review student procedures for clinic visits;
- B. encourage student hand washing, especially before and after lunch;
- C. encourage child to wear a medical alert bracelet;
- D. encourage child to ask an adult for help if he/she does not know if a food or drink is "safe";
- E. help child learn to recognize the symptoms of anaphylaxis and who/where to go for help at school;
- F. initiate phone calls/parent letter to parents who do not provide prescribed medical orders or epinephrine autoinjector to school;
- G. increase parent and student awareness of need for parents to provide second epinephrine autoinjector for sports/extra-curricular activities;
- H. provide teachers of elementary students and medically fragile students with completed *Food Allergy Alert Letter* to send home to parents of classmates;
- I. forward to the Director of Food Services, head cook, and cafeteria monitors a list of students in the building with food allergies;
- J. when a student that requires an epinephrine auto-injector, has an upcoming field trip then:
 - 1. train designated staff on administration of autoinjector and document staff training on the student's Allergy Action Plan/IHCP;
 - 2. for weekday field trips during school hours, provide student's Allergy Action plan (Form 5330.01 F1), Authorization for Medication or Treatment (Form 5330 F1) the student's epinephrine auto injector and/or other prescribed medications in the health room;
 - 3. for overnight school trips, sporting events, and other extra-curricular activities, training will be provided when properly notified one (1) to two (2) weeks prior to the fieldtrip/event. Parents are responsible for notifying staff and providing medication for the trip.
- K. file original IHCP, Allergy Action Plan, and parent release in student's health folder at year's end;
- L. maintain list of staff trained in epinephrine auto-injector in the health room;
- M. at year's end, send home notification on how to get allergy action plan (paperwork) for the following school year.

OTHER SCHOOL STAFF RESPONSIBILITIES

All school staff is expected to share in the responsibility for keeping students with life-threatening food allergies safe at school, especially when those students fall under their supervision. Whenever a student with life-threatening food allergies is at school or participating in any school-sponsored before or after school activity, supervising staff is expected to not only be aware of the student's food allergy, but also take the steps necessary to help prevent accidental exposure, be able to recognize the symptoms of anaphylaxis, request medical care, and safely administer the students' epinephrine auto-injector if trained. Staff is also to be aware of the below strategies and implement those that are applicable to their job classification.

Classroom staff strategies can include:

- A. read each student's Allergy Action plan;
Enclose a copy in the substitute staff folder.
- B. pre-K-5th grade teachers and 6-12 classroom teachers of medically fragile students may send the District's allergy alert letter home to classroom parents;
- C. post a sign outside the classroom door if "No Peanuts Allowed in this area" or other food restrictions are needed;
- D. monitor snacks, party foods, projects that come into the classroom; if there is evidence of a student's food allergen, do not allow the snack, party food, project into the classroom (re: peanut butter on celery, Reese's, peanut brittle, etc.).
- E. do not bring in prohibited foods in the classroom for use as part of a science, art, cooking, or other class project;
- F. allot time for students to wash hands before and after lunch and snacks;
- G. assure allergic students eat appropriate "safe" snacks in the classroom (preferably parent-provided);
- H. enforce "No classroom trading/sharing of food";
- I. if needed, wipe down allergic student's computer keyboard/desk before using;
- J. double bag or separate allergic student's packed lunches and snacks to avoid cross-contamination;
- K. assist allergic student to learn to read food labels as age and developmentally appropriate;
- L. for classroom rewards, use stickers, pencils, or other non-food items instead of food;
- M. be alert to bullying/harassment/teasing of students with allergies
and enforce school rules about bullying;
Educate classmates about seriousness of food allergies.
- N. for field trips:
 - 1. Notify the school's registered nurse at least one (1) to two (2) weeks before the field trip to request student specific training.
 - 2.

For field trips, consider eating at places where menus include safe foods or make special food arrangements with parents before the trip.

3. Be aware of locations of field trip medical facilities and 911 procedures for that area.
4. Assure a staff member who is trained on the administration of an epinephrine auto-injector rides on the same bus as the student and is assigned responsibility for that student.
5. Pack hand wipes for students to cleanse hands before and after meals in the event there is no soap and water at a site.
6. In-county field trips, check out medications and copies of the allergy action plan, permission forms and emergency contact information, from the health room, before leaving on the trip and return all items to the health room promptly when returning.
7. Extended day field trips, send home Extended Day medication permission form to parent/guardian as soon needed. Parents are responsible for supplying all medications and permissions for any extended day field trip. Staff is responsible for notifying the school's registered nurse for appropriate training.

Coaches, trainers, advisors and extracurricular staff strategies can include:

- A. follow the student's Allergy Action plan and medication orders used during the school day;
- B. classroom staff responsibilities and strategies should be implemented as appropriate;
- C. because many sports and extra-curricular activities occur away from an accessible landline, assure emergency communications are always available via a cell phone or walkie-talkie;
- D. maintain current and accessible health care and emergency contact information on all students participating in any beyond-the-school-day, school sponsored activity;
- E. If a participating student requires an epinephrine auto injector, the school registered nurse must train at least one (1) staff member and a back up. (Note: The school registered nurse can only train District staff, not volunteer parents, or coaches.)
- F. If staff is not sure the student's auto-injector is required, this should be discussed with the school nurse or parent. If a parent decides the student's auto-injector is not required for the activity, or an auto-injector is not provided to the staff member, the school nurse needs to be notified to follow-up with the parent.
- G. Whenever an emergency medical alert is removed for a specific activity, staff is to remind the student to replace the identification alert after the activity is over.

Food service staff strategies can include:

- A. be prepared to discuss menus, food products and ingredients, food handling practices, and staff responsibilities with parents who have a food allergic child;
- B. maintain food label information for at least twenty-four (24) hours in case a student has a reaction from a food eaten in the cafeteria; (If the student's allergic reaction is thought to be from a food provided by the school, notify the Food Services Director.)

- C. maintain contact information for vendors and food manufacturers;
- D. read all food labels for potential food allergens that need to be avoided;
- E. ensure food service staff can recognize symptoms of anaphylaxis, summon emergency personnel, and call for assistance from health room and office staff;
- F. implement appropriate substitutions of foods for students with food allergies;
If exposure to the allergen may result in an anaphylactic reaction, a doctor's note is required.
- G. avoid cross-contamination of foods on surfaces, equipment, or utensils while preparing, cooking, or serving foods by washing them in between use with warm, soapy water;
- H. obtain a full list of food-allergic students in the building from the school nurse;
- I. assign a designated seat for the student with a food allergy and ensure that this area is cleaned immediately prior to the student arriving for lunch;
- J. lunchroom aides will be trained on identifying nut free foods so that they can ensure the allergic student is sitting with students whose foods are nut free;
- K. note each student's food allergy(s) on the student's individual cafeteria record;
- L. at checkout, prohibit students from purchasing any cafeteria foods that are known to contain the student's listed allergen(s).

Transportation staff strategies can include:

- A. enforce the **"No-Eating-on-the-Bus"** rule, with the understanding that appropriate exceptions can only be made to accommodate students with diabetes or other special needs;
- B. ensure that school bus communication devices are on and functional;
- C. attend annual training with the school nurses on symptoms/treatment of anaphylaxis and follow emergency procedures, including the administration of an epinephrine auto-injector;
- D. contact the building school nurse for additional training for any child that is self-carrying an epinephrine autoinjector on the bus;
- E. students who self-carry an epinephrine autoinjector are to be seated near the front of the bus, and drivers are to note on the student's emergency card where the epinephrine autoinjector is being self-carried by the student.

PARENT/GUARDIAN RESPONSIBILITIES AND STRATEGIES

Parents/Guardians of a child with a life-threatening food allergy should teach their child, as capable, to follow strict food avoidance, read food labels and to self-administer the child's epinephrine auto-injector. They must also work with school staff, especially the school nurse, to develop a comprehensive food allergy plan to ensure the safety of their child at school.

Parents/Guardians are responsible for informing school staff of their child's food allergies and the type of allergic reaction(s) experienced by their child in the past. If medication is required at school, the parents must annually provide health room staff with both the required medications and prescriber's written orders. District forms that are to be used as indicated include:

- A. Form 5330 F1, Authorization for Medication or Treatment
- B. Parent Consent to Share
- C. Form 5330.01 F1, Allergy Action Plan
- D. Form 5330 F3, Authorization to Carry (if parent/prescriber believes the student is trained and responsible to self-carry and administer epinephrine auto-injector)

Additional parent strategies can include the following:

- A. provide the nurse with the prescriber's written statement if the student no longer requires an epinephrine auto-injector;
- B. provide "safe snacks" for the teacher to keep in the classroom for special occasions as applicable;
- C. procure a medical alert bracelet and encourage the child to wear it;
- D. as developmentally appropriate, consider the following self-management skills for managing the child's food allergy at school:
 - 1. teach child to learn to read food labels;
 - 2. help child learn to make safe choices of foods;
 - 3. help child learn to avoid unsafe or unknown foods and products;
 - 4. enforce hand washing before and after eating;
 - 5. encourage child to only eat foods sent in by parent for lunch, school parties, and celebrations;
 - 6. teach child not to share food or drink;
 - 7. teach child symptoms of anaphylaxis and encourage to immediately report symptoms to teacher or another responsible adult;
 - 8. train child to self-administer epinephrine auto-injector.

STUDENT RESPONSIBILITIES AND STRATEGIES

Students should be encouraged by parents, health care providers, and school staff, as developmentally capable, to learn how to take personal responsibility for avoiding and managing their food allergies.

Student strategies can include:

- A. wash hands before and after eating;
- B. do not share snacks, lunches, or drinks;
- C. read food labels and avoid products that contain food allergen(s);
- D. recognize symptoms of an allergic reaction;
- E. learn to self-administer auto-injector;
- F. know what to do if an allergic reaction occurs:
 - 1. Promptly report symptoms to a parent or trusted adult like a teacher.
 - 2. Unless the child is self-carrying an auto-injector and can self-administer, the child needs be aware of where epinephrine auto-injector(s) is kept during the school day, during field trips, and any after school activities at the school.
 - a. During the school day, the epinephrine auto-injector will be in the health room.
 - b. On school field trips a designated, trained staff member will have the auto-injector.
 - c. During extra-curricular school activities, a trained coach or advisor will have the auto-injector, if provided by the parent.
- G. report teasing/bullying/harassment due to food allergies to a parent or a staff member.

Foods Containing Peanuts or Peanut Oil

This is not an exhausted list, please read all food labels carefully.

- A. "Mike-Sells" potato chips (baked in pure peanut oil)
- B. Ritz cheese cracker snacks
- C. Ritz S'mores cracker snacks
- D. Individually wrapped cheese/crackers
- E. White cheddar cheese popcorn
- F. Caramel popcorn
- G. Chex mix
- H. Cereals with nuts
- I. Plain M&Ms
- J. Most Keebler cookie products

- K. Frosted animal crackers/cookies
- L. Pre-made or store bought bakery cookies/muffins/cakes
- M. Nestle products (cookies, pre-made slice and bake cookie dough) most store-bought ice-cream (some vanilla & chocolate o.k., read labels)
- N. Sunflower seeds
- O. Egg rolls
- P. Jellybeans (most)
- Q. Novelty foods: crackers, cookies i.e. Nemo, Dora, Spiderman, etc.
- R. Granola bars
- S. Entenmann's Bakery foods
- T. Most chocolates
- U. Most individually packed snacks, cookies
- V. Dried mixed fruit snacks (usually trace peanuts)
- W. Chips Ahoy cookies with frosting fillings

Watch for these ingredients:

- A. Peanuts
- B. Peanut protein
- C. Peanut flour
- D. Trace of peanut(s) or peanut oil
- E. Tree nuts
- F. Arachis oil (oil extracted from peanuts)
- G. Mandelonas (peanuts soaked in almond flavoring)

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