



GUIDELINES FOR MANAGING LIFE THREATENING ALLERGIES IN SCHOOLS

**School District of Elmbrook
June 2018**

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I. MANAGING LIFE-THREATENING ALLERGIES IN THE SCHOOLS

OBJECTIVES OF THE GUIDELINES

The guidelines are presented to assist our schools in caring for students with life-threatening allergic conditions. The guidelines address:

- The definition of childhood allergies,
- Guidelines to help prevent allergic reaction emergencies and deaths from anaphylaxis,
- The systematic planning and multi-disciplinary team approach needed for the student with known life-threatening allergies,
- The school's role in preventing exposure to specific allergens,
- Emergency management should a life-threatening allergic event occur, and
- The roles of specific staff members in the care of the student with a life-threatening allergic condition.

II. OVERVIEW

Allergies are presenting increasing challenges for schools. Because of the life-threatening nature of these allergies and the increasing prevalence, school districts and individual schools need to be ready for the entry of students with all types of allergies. The principles for the successful management of allergies are avoidance and preparedness for the treatment of acute reactions. Every school district should expect at some point to have students with allergies, and must be prepared to deal with allergies and the potential for anaphylaxis.

III. WHAT IS AN ALLERGY?

A. The function of the immune system is to recognize foreign invaders of the body and respond defensively. People with allergies have over-reactive immune systems that target otherwise harmless elements of their diet and the environment. During an allergic reaction, the immune system recognizes a specific allergen as foreign. This initiates a sequence of events in the cells of the immune system resulting in the release of chemical mediators such as histamine. These chemical mediators trigger inflammatory reactions in the tissues of the skin (itching, hives, rash), the respiratory system (cough, difficulty breathing, wheezing), the gastrointestinal tract (vomiting, diarrhea, abdominal pain), and the cardiovascular system (decreased blood pressure, heartbeat irregularities, shock). When symptoms are widespread and systemic, the reaction is termed **anaphylaxis**, a potentially life threatening event that requires immediate treatment.

B. Characteristics of Allergic Reaction

- Allergic reactions vary among individuals and can range from mild to severe life-threatening anaphylactic reactions. Some individuals, who are very sensitive, may react to just touching or inhaling the allergen. For other individuals, minimal exposure may cause death.
- Eight foods (peanut, tree nut, milk, egg, soy, wheat, fish, and shellfish) account for most of the total food allergies, although any food has the potential to cause an allergic reaction.
- Insect sting and latex allergies are other common allergens found in school-aged children which may cause a severe reaction.

C. What is anaphylaxis?

Anaphylaxis is a life threatening medical condition occurring in allergic individuals after exposure to their specific allergens. It is a medical emergency requiring immediate action to prevent a fatal outcome. Anaphylaxis refers to a collection of symptoms affecting multiple organ systems in the body. These symptoms may include one or more of the following:

Organ System	Signs and Symptoms	Incidence
Skin	Urticaria (hives), angioedema (similar to hives, more diffuse swelling) Flushed Pale skin, cyanosis (blue lips and mouth area) Pruritis without rash (itching; especially lips, tongue, mouth or throat)	88% 46% 4.5%
Respiratory	Dyspnea (shortness of breath), wheezing Upper airway edema Rhinitis (coughing, headache, itching, runny nose, impaired smell, sneezing, stuffy nose, tearing eyes, sore throat, wheezing) Throat tightness or closing	47% 56% 16%
Gastrointestinal	Nausea, vomiting, diarrhea, cramping abdominal pain Difficulty swallowing	30%
Cardiovascular	Dizziness, syncope (fainting or loss of consciousness), hypotension (low blood pressure) Substernal chest pain	33% 6%
Central nervous	Headache Seizure Change in mental status (no longer orientated)	15% 1.5%

The onset of symptoms after exposure to the allergen is variable. Symptoms commonly present within seconds or minutes after exposure but can be delayed for several hours. The duration of anaphylaxis may be longer than 24 hours or it may recur after initial resolution.

Anaphylaxis that has an early and late phase is said to be biphasic. Biphasic anaphylaxis requires repeated doses of epinephrine and prolonged medical support and observation. **It is imperative that following the administration of epinephrine that the student be transported by the emergency medical services to a hospital familiar with the treatment of children even if the symptoms appear to have resolved. Prevention is the mainstay of treatment of allergen induced anaphylaxis. Elimination and/or strict avoidance are the most effective methods of prevention.** This works well if the student's allergies have been previously identified. Unfortunately, an individual's first reaction after sensitization to the allergen may be anaphylaxis and it may occur at school. Education and preparation of school staff is thus required. An understanding of allergen induced anaphylaxis allows prompt recognition of the onset of symptoms and the method of initial treatment.

Recognition or suspicion that the student is beginning to have an anaphylactic response requires the immediate administration of epinephrine. The emergency medical response should then be activated.

IV. THE ROLE OF THE SCHOOL IN PREVENTING AND MANAGING LIFE THREATENING ALLERGIES

- Adequate plans and staff who are knowledgeable and well prepared to handle severe allergic reactions, can save the life of a child. An effective allergy program requires the cooperation of parents, teachers, counselors, food service director, administrators, school nurses, primary care physicians, extracurricular advisors, bus/transportation personnel, and any staff that might be present where children can be exposed to the allergens that can trigger their extreme reaction. Elmbrook School District will follow guidelines regarding the care of students with life-threatening allergies. .

DISTRICT EMERGENCY PREPAREDNESS:

- Health related information will be collected annually during student registration and updated throughout the year as needed.
- Students with known food/insect or anaphylactic allergy should have an individualized health care plan (IHP) which includes prevention (allergen avoidance) and emergency preparedness. The school nurse will oversee the development of the (IHP) for each student with the diagnosis of a life-threatening allergic condition. The school nurse should be responsible for organizing the process and distributing to everyone who has regular interaction with the student being careful not to compromise confidentiality
- Students are discouraged from bringing foods containing relevant food allergen to school to share with the classroom for celebratory functions (such as birthdays) in classrooms and with food allergic children.
- SDE has a 'No Bullying' policy and encourages students who are bullied to report such behaviors
- Students are discouraged from sharing food throughout the school day.
- SDE medical advisor provides the school district with an updated standing non-patient specific order for epinephrine to be administered to any student or staff who appears to be experiencing an anaphylactic emergency. This plan will indicate that a repeated dose of epinephrine should be given after 10 minutes if the affected person responds poorly to the initial dose of epinephrine or has ongoing or progressive symptoms and EMS has not arrived..
- SDE will provide annual training for recognizing LTA and epinephrine administration training for all staff. Schools should be prepared to manage an anaphylactic emergency by:
 - a. Having responsible school personnel designated and trained to respond.
 - b. Identifying clearly the student's needs as outlined in the IHP created by the School Nurse in conjunction with the student's physician.
 - c. The practitioner's medication orders and IHP will be on file in the health room and available to appropriate school staff.
 - d. The parents or guardians of students identified with life-threatening allergic conditions should provide the school with at least one, non-expired auto-injector containing epinephrine and authorized medications. It is recommended that these be kept in an easily accessible locations and/or carried by the student when appropriate. (*Please note: epinephrine should be kept in an unlocked cabinet while school is in session*). The parents are responsible for providing epinephrine for before or after school activities and informing the appropriate staff members.
 - e. 911 (EMS) should be called immediately when someone requires the use of epinephrine. Health Room staff will assist school emergency responders in the documentation of anaphylactic reactions and epinephrine administration.
 - f. A debriefing and discussion of the management of all anaphylactic episodes. Review of policies and protocols with an attention to recognizing the things that went well, and to fixing the system to help make things go better in the future.

V. PLANNING FOR THE INDIVIDUAL STUDENT

Protecting a student from exposure to offending allergens is the most important way to prevent life-threatening anaphylaxis. Most anaphylactic reactions occur when a child is accidentally exposed to a substance to which he/she is allergic, such as foods, medicines, insects and latex.

Procedures shall be in place at school to address allergy issues in the classrooms and gym, outdoor activity areas, school buses, field trips, and before and after school activities. By implementing the plan utilizing a multi-disciplinary approach.

A. PARENT/GUARDIAN RESPONSIBILITY

- Provide to the school the documentation completed by the student practitioner naming the specific allergen(s) (e.g., to milk, tree nuts, latex, insect stings) .
- Provide Licensed practitioner orders for epinephrine by auto-injector as well as other medications needed. Medication orders must be renewed every school year. Practitioner shall indicate if student may self-carry medication as well as self-administer,
- Provide parent/guardian's signed consent to administer all medications.

- Provide parent/guardian's signed consent to share information with other school staff.
- Provide a minimum of one up-to-date EpiPen (More may be necessary based on the student's activities and travel during the school day).
- Provide a description of the student's triggers and warning signs, including typical responses during previous allergic reactions
- Provide a description of the student's emotional response to the condition and need for support if warranted.
- Name/telephone number of the student's health care provider.
- Parent/guardian and alternate contact information.
- Consider providing a medical alert bracelet for your child.
- Provide the school nurse with at least annual updates on your child's allergy status.
- Provide the school nurse with the licensed practitioner statement if student no longer has allergies.
- Determine with child's teacher whether a bag of "safe snacks" should be stored in the classroom so there is always something your child can choose from during an unplanned special event in your child's classroom.
- Provide information to your child's classroom teacher that may be shared with parents of the students in the class, so that treats for special occasions are safe for all students.
- Depending on the severity of the allergy, be willing to go on your child's field trips if asked/possible

B. STUDENT WITH ALLERGIES/ANAPHYLAXIS RESPONSIBILITY

- Take as much responsibility as possible to avoid allergens.
- Do not trade or share foods.
- Wash hands before and after eating.
- Learn to recognize symptoms of an allergic reaction.
- Promptly inform an adult as soon as accidental exposure occurs or symptoms appear. Promptly inform a supervising adult after self-administration of epinephrine as outlined in your IHP/physician orders.
- Develop a relationship with the school nurse and/or another trusted adult in the school to assist in identifying issues related to the management of the allergy in school.
- Report teasing, bullying and threats to an adult authority.

C. SCHOOL NURSE RESPONSIBILITIES

- Prior to entry into school (or, for a student who is already in school, immediately after the knowledge of a diagnosis of a life-threatening allergic condition), assure that the Individual Health Care Plan (IHP) for the student has been obtained..
- Assure that the IHP includes the necessary information and signatures.
- Inform teachers of their students with LTA, by the beginning of school, or as soon as the plans are written--according to the districts process. Other staff members who have contact with students with LTAs should be familiar with their IHPs on a need-to-know basis.
- Conduct inservice training and 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.
- Educate new personnel as necessary.
- check medications for expiration dates
- Preparing the student's own auto-injector to be taken on field trips.
- Arrange periodic follow-up to review effectiveness of the IHP

D. CLASSROOM TEACHER/STAFF RESPONSIBILITIES

- Teachers and other staff must be familiar with allergy status of their students, per student information software, and be aware of Individual Health Care Plan (IHP) of affected students in their classes and respond to emergencies per the emergency protocol documented in the IHP per district emergency response

- Teachers should keep a copy of a student's IHP in their substitute teacher folder.
- Teachers should participate in team meetings for their student with life-threatening allergies
- In the event of an allergic reaction (where there is no known allergic history), the health room should be called and the school's Emergency Response Plan activated including the administration of Stock Epinephrine as outlined in the districts standing orders and policy. Emergency Medical Services, 911, should be called immediately.
- The classroom should have easy communication with the health room by such means as functioning intercom, walkie-talkie or phone.
- Information should be kept about students' allergies on the student information software. A student with food allergies should have no exposure to their identified food allergens during the school day, including class projects, parties, holidays and celebrations, arts, crafts, science experiments, cooking, snacks, presentations or other purposes.
- All school staff, students should be educated about the risk of allergies in specific classrooms.
- Non-food items should be used for rewards.
- Teachers may consider celebrations, including birthdays, with non-food items.
- A parent or guardian of a student with food allergies is responsible for providing classroom snacks for his/her own child. These snacks should be kept separate from the other students' food items.
- It is the responsibility of groups using school facilities to do their own clean up.
- Sharing or trading food in the class should be discouraged.
- Never question or hesitate to act if a student reports signs of an allergic reaction.
- Proper handwashing technique by adults and children should be encouraged before and after the handling/consumption of food.
- If an animal is present in the classroom, consideration should be given to the animal which may be an allergen as well as to the ingredients in their food as many animal feeds contain allergens. (See Board Policy referring to animals in schools).
- In school settings where food is served:
 - a. An "allergen-free" table should be established and maintained as an option for students with food allergies if requested. These tables should be designated by a sign and it will be the responsibility of the principal or designee to take reasonable precautions so that these areas are not contaminated. The need for a child to sit at a "allergen-free" table should be indicated on the IHP by parent.

E. DISTRICT FOOD SERVICE DIRECTOR

- Establish communications and training for all school food service staff and related personnel at all schools in relation to proper cleaning and sanitation of "allergen-safe" tables.
- Be prepared to make food ingredient lists used in food production and service available to staff and parents.
- Maintain contact information with vendors and purveyors to access food content information.
- Understand and implement the laws protecting students with food allergies as they relate to food services.
- Read all food labels for potential food allergens as manufacturers can change ingredients.
- All food service staff should be trained how to read product labels and recognize food allergens.
- Will compile of list of students with food allergies for each building per student information software
- Will train cafeteria staff on how to identify the food allergy alert in their software program to ensure that a student with food allergies does not receive foods that have been identified allergens
- Follow up on SDE "Nutritional Accommodation" form with parents.
- Training for all food service personnel about cross contamination should be part of the regularity scheduled sanitation program.

F. SCHOOL FIELD TRIPS

- The school nurse should be consulted regarding field trips and the safety of the student with life-threatening allergies. Notification to the nurse should be timely.
- Teachers will provide the school nurse with a roster of students attending field trip.

- Medications including epinephrine auto-injector and a copy of the student's IHP must be in possession of the teacher or student's supervising parent, during the field trip.
- A cell phone or other communication device must be available on the trip for emergency calls.
- No student shall be excluded from a field trip due to risk of allergen exposure.
- See SDE Field Trip Policy

G. SCHOOL BUS RESPONSIBILITY

- Eating food is not be permitted on school buses.
- Parents may inform the bus driver of their student's LTA.
- School bus drivers shall implement bus emergency plan procedures in the event of an allergic event on the bus.

H. GYM AND RECESS

- Teachers and staff responsible for gym or recess supervision Will be educated on how to recognize and respond to an allergic reaction.
- Staff in the gym, playground and other sites used for recess should have a walkie-talkie or similar 2 way communication device for emergency communication.

I. RESPONSIBILITIES OF COACHES AND OTHER ONSITE PERSONS IN CHARGE OF CONDUCTING BEFORE OR AFTER SCHOOL ACTIVITIES

- Participate in medication/IHP training to determine how to implement students Individual Health Plan.
- Conduct activities in accordance with all school policies and procedures regarding life-threatening allergies.
- With parent's consent, keep a copy of the IHP and photo of students with life-threatening allergies.
- Make certain that emergency communication device (e.g. walkie-talkie, intercom, cell phone, etc.) is always present.
- One to two people should be present who have been trained to administer epinephrine auto-injector.
- Maintain a current epinephrine auto-injector provided by parent/guardian in the first aid kit.
- Establish emergency medical procedures with EMS.
- Clearly identify who is responsible for keeping the first aid kit.
- Parents are responsible for informing the coach or activity supervisor of their child's allergy and will provide a copy of the IHP and emergency medication to the supervising adult who will keep it in their possession during the activity.
- Instructions for accessing Emergency Medical Services (EMS) will be posted in all activity areas.
- If for safety reasons medical alert identification, (ID bracelet) needs to be removed during specific activities, the student should be reminded to replace this identification immediately after the activity is completed.
- If there is a food distribution, including bake sales held on school grounds, consideration should be give to students with LTA. Food should be tightly wrapped or sealed and ingredients clearly labeled. The display table should be washed after use.

J. OUTSIDE FOOD BEING BROUGHT INTO SCHOOL FOR SCHOOL SPONSORED EVENTS: (High Interest Day, bake sales, graduation, etc.)

Outside organizations bringing food into the district will clearly label all ingredients used in a product served or provided at school. Store bought products shall have manufacturers product labeling available on each item at the event. If possible persons bringing food into the district will be mindful of common allergens and avoid these foods/products altogether. Organizers of events will be aware of the risk of cross-contamination of highly common allergens, providing separate areas for these foods containing known allergens. Clean up after events needs to occur without cross contamination.

If food will be a component of a high interest day or similar activity, the volunteer teachers and or group leaders shall:

1. In course objectives or letter to families, organizers shall clearly state that a wide variety of foods/ingredients will be used, and families must consider this, when choosing to enroll in said activities. The volunteer in charge of the food groups shall ask families to provide allergy information during registration process.
2. Parents/families of students involved in the activity shall be made aware of all ingredients being consumed or handled during the activity. Families who choose to enroll their child with food allergies in a HID activity involving food shall be provided with a list of ingredients, and manufacturers labels for products being used in recipes.
3. Parents of children with food allergies may consider volunteering at such events
4. In accordance with ESD Dietary Department, we ask you keep all ingredients peanut and nut free.

VI. RESPONSE TO EMERGENCIES

- A. Each Elmbrook School will follow the emergency procedures outlined in a student's IHP.
- B. For a student or staff member with new onset life-threatening allergy, the emergency protocol for Stock Epinephrine Protocol will be followed .

5141.1--Practice Statements--

Use of stock epinephrine auto injector.

Care of students with unidentified life threatening allergies/anaphylaxis may include the use of stock epinephrine. Stock epinephrine may only be given under the orders and direction of Elmbrook School District's Medical Advisor per emergency protocol seen below.

Emergency Protocol

Summon the nurse if available or trained staff to implement emergency protocol
Check airways patency, breathing
Administer medication (EPI pen) per standing order
Call 911, monitor and provide CPR if indicated
Contact parents immediately

Any individual treated for symptoms with epinephrine will be transferred to medical facility as directed by parent/guardian and EMS.

C. RETURNING TO SCHOOL AFTER A REACTION

Students who have experienced an allergic reaction at school need special consideration upon their return to school. The approach taken by the school is dependent upon the severity of the reaction, the student's age and whether their classmates witnessed it. A mild reaction may need little or no intervention other than speaking with the student, parents, and/or staff and re-examining the IHP.

The following actions may be taken.

- The school nurse or designated health room staff should obtain as much accurate information as possible about the allergic reaction.
- Meet with the team of adults to review the allergic reaction and to discuss the events..
- Review the IHP, or if a student does not have an IHP then consider initiating one.
- Amend the student's IHP to address any changes that need to be made.

Appendix A



**Individual Health Care Plan for
Life Threatening Allergies**

School Year: _____
Expires at end of current school year

Student Picture

Student Name: _____
DOB: _____ Weight: _____

Allergy to: _____

Had allergic reaction on the following date: _____ Required Epinephrine: Yes No

Describe reaction: _____ Has asthma: Yes No

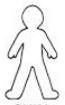
SEVERE SYMPTOMS:

 LUNG Shortness of breath, wheezing, repetitive cough	 HEART Pale or bluish skin, faintness, weak pulse, dizziness	 THROAT Tight or hoarse, trouble breathing or swallowing	 MOUTH Significant swelling of the tongue or lips	 SKIN Hives over body, widespread redness	 GUT Repetitive vomiting, severe diarrhea	 OTHER Feeling something bad is about to happen, anxiety, confusion	OR A COMBINATION of symptoms from different body system areas
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Epinephrine Auto Injector: 0.15mg or 0.30mg **Call 911 if administered**

Other medication to administer: Medication: _____ Dose: _____ Frequency: _____
Medication: _____ Dose: _____ Frequency: _____

MILD SYMPTOMS:

 NOSE Itchy or runny nose, sneezing	 MOUTH Itchy mouth	 SKIN A few hives, mild rash	 GUT Mild nausea or discomfort	For MILD SYMPTOMS from more than one body system area GIVE EPINEPHRINE. For MILD SYMPTOMS from a single system area follow the medication directions below:
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Medications to administer: Medication: _____ Dose: _____ Frequency: _____
Medication: _____ Dose: _____ Frequency: _____

This student has been instructed on his/her symptoms and when and how to administer Epinephrine Auto Injector.

Self Carry Self Administer

All food provided from home My child may eat from the school meal program Allergen safe lunch table

Snacks in class allowed if adult checks packaging for allergen safety Other: _____

Parent Signature: _____ Date: _____

Medical Provider Signature: _____ Date: _____ Contact Phone #: _____

District Nurse Signature: _____ Date: _____

Reference SDE Guidelines for managing life threatening allergies for additional information Form updated 5/16/19

To be completed by Medical Practitioner

Appendix B

Additional Resources:

For information on how to read food labels see:

<https://www.foodallergy.org/life-with-food-allergies/living-well-everyday/how-to-read-food-labels>

Food Allergy Research and Education website:

www.foodallergy.org

Appendix C

This manual was based on Recommendations from the CDC Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Educational programs (2013); WISHeS Project document Food Allergies: Managing and Preventing Acute Reactions in the School Setting (Fall 2014); and NSBA Safe at School and Ready to Learn (2012).