



Food Allergy Management Policy

Purpose

Food allergies can be life threatening. The risk of accidental exposure to foods can be reduced in the school setting if schools work with scholars, parents, and physicians to minimize risks and provide a safe educational environment for food-allergic scholars.

The purpose of this policy is:

- To provide a safe and healthy learning environment for scholars with food allergies.
- To reduce the likelihood of severe or potentially life-threatening allergic reactions.
- To ensure a rapid and effective response in the event of an allergic reaction
- To protect the rights of scholars with food allergies to participate in all school activities

Definitions and Background Information

Anaphylaxis is a severe, potentially life-threatening allergic reaction caused by contact with certain foods, medications, insect venom or latex. Anaphylaxis can also be caused by physical exercise. If someone exhibits difficulty breathing, a drop-in blood pressure, or symptoms in more than one body system (cutaneous, respiratory, gastrointestinal, or cardiovascular) after possible exposure to an allergen, it should be considered anaphylaxis. Medical attention and treatment should be sought immediately.

Emergency Health Care Plan (EHCP) means a set of procedural guidelines that provides specific directions about what to do in a particular emergency situation.

Epinephrine (also known as adrenaline) is the definitive emergency treatment for severe allergic reactions. This medication reverses the allergic reaction, at least temporarily, to provide the life-saving time needed to obtain further treatment in a medical facility.

Epinephrine auto-injector (sometimes called EpiPen) shall mean a prescribed device for self-administration of emergency supportive therapy of epinephrine to treat anaphylaxis.

Food allergy is an abnormal, adverse reaction to a food that is triggered by the body's immune system. The immune system responds to an otherwise harmless food as if it was harmful, resulting in the release of various chemicals, including histamines. The most common food allergies are to peanuts, tree nuts, milk, soy, eggs, fish, crustacean shellfish, and wheat.

Food allergy symptoms are manifestations of the allergic reaction in various parts of the body. Symptoms may affect:



- The cutaneous system (skin inflammation, tingling, itching, hives, rash, swelling of the lips, tongue and/or throat);
- The respiratory system (runny or stuffy nose, sneezing, coughing, wheezing, difficulty breathing)
- The gastrointestinal tract (abdominal cramps, vomiting, diarrhea)
- The cardiovascular system (drop in blood pressure, dizziness, lightheadedness, heartbeat irregularities, fainting, shock).

Symptoms can begin immediately upon, or up to two hours after exposure to an allergen. Some individuals exhibit initial symptoms followed by a second phase of symptoms two to four hours later. If more than one system is affected, it is considered anaphylaxis.

Individual Health Care Plan (IHCP) means a comprehensive plan for the care of children with special health care needs, including food allergies. IHCPs may include both preventive measures and treatment options.

Individual Health Care Plans and Emergency Health Care Plans

An Individual Health Care Plan and an Emergency Health Care Plan shall be developed for each scholar identified with any food allergy with potentially serious health consequences. The school nurse will develop the IHCP and EHCP in collaboration with the scholar's health care provider, the school administrator, the food service manager, the parents/guardians of the scholar, and the scholar (if appropriate). These plans should include both preventative measures to help avoid accidental exposure to allergens and emergency measures in case of actual exposure.

Staff Training

The Principal or his/her designee shall identify school personnel who might be involved in managing an emergency in the School, including anaphylaxis. Training shall be provided for these personnel on the signs and symptoms of anaphylactic shock, proper epinephrine auto-injector administration, adverse reactions, accessing

School Responsibilities

The School and its personnel shall not be responsible for determining food allergens and/or those foods or ingredients in foods that are safe to consume for a scholar with an identified food allergy.

For all life-threatening food allergens relative to identified scholars in the School, the School will make every attempt to:

1. Designate allergen-free zones to decrease exposure to allergens, such as the scholar's desk in the home base classroom, or designating certain classrooms as "allergen free", specific



to the allergy present within that classroom. There shall be clear signage to indicate these areas.

2. Provide signage throughout the school to promote awareness of life-threatening allergies.
3. Establish effective sanitation and cleaning measures, such as cleaning of lunch table and classroom surfaces with disposable paper towel/cleaning cloths and cleaning products known to effectively remove allergens.
4. Promote hand washing practices prior to and following eating to prevent cross contact using soap and water. Hand sanitizers are not effective for removing food allergens.
5. Develop common practices for alerting and assigning substitute staff for nurse and teachers.
6. Plan for celebrations which may include alternatives to food and provisions for allergy free foods.
7. Encourage safe practices among scholars, such as discouraging meal/snack swapping, utensil swapping and discourage eating on school transportation.

Parent/Guardian Responsibilities

1. Parents are expected to inform the school nurse of their child's allergies prior to start of the school year or as soon as the diagnosis is made by a physician. Update the school annually on child's allergy, or when changes in the child's medical plan occur.
2. Parents are expected to provide written documentation, instructions, and properly labeled medication (up to date) as directed by a physician, prior to the opening of school (or as soon as possible after a diagnosis) and replace medications after use or upon expiration.
3. In extreme cases, parents are expected to allow the School to consult directly with the physician regarding the nature and extent of the allergy and treatment protocols.
4. Upon enrollment, parents are expected to provide a recent photograph of the scholar to help provide easier recognition of the scholar by staff.
5. Parents are expected to be responsible for determining food allergens and/or those foods or ingredients in foods that are safe to consume for a scholar with an identified food allergy.
6. Parents are expected to provide the school nurse with at least two up to date epinephrine auto injectors.
7. Parents are encouraged to provide for their child, non- allergy snacks for daily classroom and special classroom events, and lunches for field trips.
8. Parents are to provide emergency contact information.

Scholar Responsibilities



The role that scholars with life threatening allergies play in staying safe at school will increase as they become older. Younger children cannot be expected to assume the same responsibility for their safety as older children can.

1. Scholars should be proactive in the care and management of their food allergies and reactions based on their developmental level.
2. Scholars shall not share/trade food or utensils.
3. Scholars are expected to wash hands with soap and water before and after eating to prevent cross contamination.
4. Scholars are to immediately notify an adult if they eat something they believe may contain the food to which they are allergic.
5. Scholars will be expected to report any instances of bullying immediately.
6. Scholars are expected to demonstrate responsibility when carrying emergency medication (if authorized to self-carry).

Food Safety Considerations

Parents of children with allergies will be encouraged to provide their children with allergen-free snacks and lunches and/or consult with food service for safe school lunch choices. Upon request, parents may review menus and ingredients used in school lunches in order to select safe foods. Food service staff will be informed and updated with known allergies and are not responsible for determining food allergens and/or those foods or ingredients in foods that are safe to consume for a scholar with an identified food allergy. This determination will be made by the scholar's parent or the scholar if age appropriate.

Communication

The Principal or his/her designee shall ensure that all school employees and other adults – including, but not limited to, school nurse, classroom teachers, specialty teachers, food service staff, and custodial staff– who may be involved in the care of a scholar diagnosed with a peanut/tree-nut allergy shall be informed of the IHCP and the EHCP, as appropriate. These individuals should understand and consistently follow plans and protocols, be able to recognize symptoms of an allergic reaction, know what to do in an emergency, and work with other school staff to reduce the use of food allergens in the allergic scholar's snacks and meals, educational tools, arts and crafts projects, or incentives. The Principal or his/her designee shall work with transportation companies to ensure school bus drivers are aware of scholars who have 504 plans or extreme allergies, properly trained to recognize symptoms of allergic reactions and know what to do in case of an emergency. A no eating policy should be promoted, with appropriate exceptions made to accommodate diabetic scholars and others with special needs.

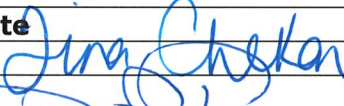
Self-Management



Consistent with the Epinephrine Auto Injector Policy, each scholar at risk for anaphylaxis shall be allowed to carry an epinephrine auto-injector with him/her at all times, if appropriate. If this is not appropriate, the epinephrine auto-injector shall be kept in the health office. The school nurse shall prepare and update, as appropriate, but at least on an annual basis, written emergency protocols and standing orders in the event of injuries and acute illnesses, including anaphylaxis. The school nurse shall also review at least annually the procedures for addressing incidents of anaphylaxis and the use of the epinephrine auto-injector. Such procedures must also stipulate that the epinephrine auto-injector be used only upon the scholar for whom it was prescribed. In the event of an episode of anaphylaxis, the Principal or his/her designee shall verbally notify the scholar's parents/guardians as soon as possible or delegate someone to notify them. Following the episode, the school nurse shall complete a written report and file it in the scholar health record.

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), and other statutes and regulations, the confidentiality of scholars with food allergies shall be maintained, to the extent required by law and as requested by the scholar's parent/guardian.

Approved By	Date
Dr. Tina Chekan	
Board of Trustees	