

## **CHILDREN WITH LIFE-THREATENING ALLERGIES**

### **General Information about Allergies**

The first two pages of this guide are intended to give the reader general information about allergies, the importance of prevention and general considerations when planning for children with life-threatening allergies.

Common causes of life-threatening allergies may include food allergies, bee or insect stings, as well as medicine and latex.

Allergic reactions to natural latex rubber frequently have been reported, particularly in children with chronic conditions, such as spina bifida, and urological anomalies.

### **Bee Sting Allergy Facts**

While pain, redness, swelling, and itching commonly occur after a sting from a venomous insect, only a limited portion of the population is truly allergic or hypersensitive to bee or wasp stings. Stinging insects are limited to the order Hymenoptera, which includes wasps, bees, yellow jackets, and hornets. Remove the stinger as quickly as possible, because venom continues to enter the skin from the stinger for forty-five (45) to sixty (60) seconds following a sting. If removed within fifteen (15) seconds of the sting, the severity of the sting is reduced. A stinger should be scraped away with the edge of a credit card or similar object; it should never be squeezed or removed with tweezers as this can inject more venom from the sac.

Symptoms can begin immediately following the sting or up to thirty (30) minutes later and might last for hours. Anaphylaxis is a rapidly progressive life-threatening reaction and medical emergency that can occur when individuals with venom allergy are stung.

### **Food Allergy Facts**

Forty to fifty percent of those persons with a diagnosed food allergy are judged to have a high risk of anaphylaxis (a life threatening allergic reaction). Food allergy reactions have the possibility of developing into a life threatening and potentially fatal anaphylactic reaction. A life threatening reaction can occur within minutes after exposure to the allergen.

Allergic reactions to food vary among students and can range from mild to severe life threatening anaphylactic reactions. Prior reaction severity does not indicate future risk as reactions can progress over time. Some students, who are very sensitive, may react to just touching or inhaling the allergen but this rarely results in a life-threatening anaphylactic reaction, which almost always requires ingestion. The severity of a reaction is not predictable. However, the student with an undiagnosed food allergy may experience his/her first food allergy reaction at school.

Eight foods account for 90% of total food allergies

Peanut  
Milk  
Soy  
Fish

Tree nut  
Egg  
Wheat  
Shellfish

Many students with food allergies who have experienced a life threatening (anaphylactic) reaction may be aware of their own mortality. The emotional, as well as the physical, needs of the child must be respected. Children with food allergies are at-risk for eating disorders or teasing or bullying.

### **Anaphylaxis**

Anaphylaxis is a potentially life threatening medical condition occurring in allergic individuals after exposure to their specific allergens. Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body. The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock that are potentially fatal.

#### **A. Recognizing Signs of Anaphylaxis**

- Flushing and/or swelling of the face
- Itching and/or swelling of the lips, tongue or mouth
- Itching and/or sense of tightness in the throat or chest, hoarseness, difficulty breathing and/or swallowing
- Hives, itchy rash and/or swelling about the face, body or extremities
- Nausea, abdominal cramps, vomiting
- Shortness of breath, repetitive coughing and/or wheezing
- Faint, rapid pulse, low blood pressure
- Light headedness, feeling faint, collapse
- Distress, anxiety and a sense of dread
- Tingling in hands, feet, lips or scalp

B. How a Child Might Describe a Reaction (Food Allergy News, Vol. 13, No 2 ©The Food Allergy & Anaphylaxis Network)

- This food is too spicy
- My tongue is hot (or burning)
- It feels like something is poking my tongue
- My tongue (or mouth) is tingling (or burning)
- My tongue (or mouth) itches
- It (my tongue) feels like there is hair on it
- My mouth feels funny
- There's a frog in my throat
- There's something stuck in my throat
- My tongue feels full (or heavy)
- My lips feel tight
- It feels like there are bugs in there (to describe itchy ears)
- It (my throat) feels thick
- It feels like a bump is on the back of my tongue (throat)
- My throat hurts

Anaphylaxis typically occurs either immediately or up to 1-3 hours following allergen exposure.

Anaphylaxis can be successfully treated with the administration of epinephrine, a prescribed medication that immediately counteracts the life threatening symptoms. Epinephrine is administered by an injection that is easily administered.

In about one third of anaphylactic reactions, the initial symptoms are followed by a late phase of symptoms two to four hours later. It is imperative that following the administration of epinephrine, the student be transported by emergency medical services to the nearest hospital department even if the symptoms appear to have been resolved. When in doubt, medical advice indicates that it is better to give the student's prescribed epinephrine and seek medical attention. Risk from administration of epinephrine at a dose available in prefilled auto-injectors is minimal and benefit is great; thus, when in doubt epinephrine should be administered.

## **Individual Health Care Plan**

An Individual Health Care Plan puts in writing what the school can do to accommodate the individual needs of a child with a life threatening allergy. Prior to initial entry into school (or immediately after the diagnosis of a life threatening allergic condition), the parent/guardian should meet with the building nurse and others as determined by the district to develop an Individualized Health Care Plan. This plan details the preventative steps a school will take to help protect a student with life threatening allergies.

The Individual Health Care Plan details specifically what steps staff must take in the event of an emergency.

Sections 504 procedures must be followed to identify and provide accommodations or services for students' eligible under Section 504. Any 504 plan should be reviewed annually.

## **Importance of Prevention**

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 s/he is allergic, such as foods, medicines, insects, and latex. Avoidance is the key to preventing a reaction.

School is a setting in which accidental ingestion of a food allergen can occur, due to such factors as the large number of students, potential increased exposure of the food allergic student to food allergens, as well as potential cross-contamination of tables, desks, and other surfaces. Other risk areas and activities for the student with food allergies include:

- A. The cafeteria
- B. Food sharing
- C. Hidden ingredients
- D. Craft, art and science projects
- E. Bus transportation
- F. Fundraisers
- G. Bake sales
- H. Parties and holiday celebrations
- I. Keyboards
- J. Field trips
- K. Before and after school hours school sponsored events (dances, after school clubs and sports)
- L. Substitute teaching staff being unaware of the allergic student

Ingestion of the food allergen is the principal route of exposure; however, it is possible for a student to react to tactile (touch) exposure or, in rare cases, inhalation exposure. The amount of food needed to trigger a reaction depends on multiple variables but cross contamination with shared utensils or food preparation equipment may be enough exposure to cause a reaction. Each food allergic person's level of sensitivity may fluctuate over time. The symptoms of a food allergy reaction are specific to each individual. S/He should be medically evaluated and information provided to the school district regarding the individual student from the medical provider.

As required for an individual student, district procedures shall be in place at school to address allergy issues in the following risk areas: classrooms and physical education, food service/cafeteria, for art, science, and mathematics, projects, crafts, outdoor activity areas, school buses, field trips, and before and after-school activities.

## **GENERAL GUIDELINES**

This next section serves as a guide to outline the range of responsibilities staff can have concerning a child with a life threatening allergy. Note that each child's team ultimately determines the responsibilities of individual staff members. This guide will help teams determine which accommodations are necessary for a given child.

Epinephrine by auto-injector should be readily accessible and reasonably secure at all times during school hours. It may be carried by the student if appropriate in compliance with Ohio Revised Code 3313.718. To promote rapid life-saving steps, emergency medication should be in a safe accessible and reasonably secure location that can be properly supervised by a school nurse or other authorized and trained staff members. Key staff members, such as the teacher, principal and cafeteria staff, should know where the auto-injector is stored even if they are not trained to administer it. All staff trained in use of epinephrine should know exactly where it is located. Identification of the place where the epinephrine is stored should be written in the student's health care plan. When epinephrine is administered, there shall be immediate notification of the local emergency response services system (911), followed by notification of the school nurse, principal and student's parents.

Ohio Revised Code 3313.718, 3313.713, and applicable district policies apply to epinephrine by auto-injector and all other prescription drugs.

The school system shall maintain a list of those school personnel authorized and trained to administer epinephrine by auto-injector.

## **Guidelines for Students with Life-Threatening Allergies**

The long-term goal is for the student with life threatening allergies to be independent in the prevention, care, and management of their allergies and reactions based on their developmental level. To this end students with life-threatening allergies are asked to follow these guidelines.

- A. It is important NOT to trade or share foods.
- B. Wash hands with soap and water before and after eating. Hand sanitizers are not a substitute for proper hand washing with soap and water and will not remove food allergens.
- C. Learn to recognize symptoms of an allergic reaction and notify an adult immediately if a reaction is suspected.
- D. Promptly inform an adult as soon as accidental exposure occurs or symptoms appear.
- E. Develop a relationship with the building nurse and at least one other trusted adult in the school to assist in identifying issues related to the management of the allergy in school.
- F. Do not eat anything with unknown ingredients or ingredients known to contain an allergen.
- G. Develop a habit of always reading ingredients before eating food.
- H. Don't provoke a known nest or hive for stinging insects.
- I. Never board the bus if you are experiencing any symptoms of an allergic reaction.
- J. If medically necessary, the student is responsible for carrying medication(s). If a Medic Alert bracelet is provided by the parent, the child is responsible for wearing the ID at all times.
- K. Advocate in situations that the student might perceive as compromising their health.

## **Guidelines for Parents/Guardians**

Parents/guardians are asked to assist the school in the prevention, care and management of their child's allergies and reactions. Additionally, parents are encouraged to foster independence on the part of their child, based on her/his developmental level. To achieve this goal, parents are asked to follow these guidelines.

- A. Inform the building nurse in writing of your child's allergies prior to the opening of school (or immediately after a diagnosis) and request a meeting with the school nurse to develop an Individual Health Care Plan/ & Allergy Action Plan (and possible 504 Plan) be scheduled. Provide if appropriate:
  - Medication orders from the licensed provider included on a written allergy treatment plan with specifications for what treatment should be given according to symptoms that may occur during an allergic reaction. Ohio Revised Code 3313.718, 3313.713, and the school district's drug policy requirements must be followed.
  - Up-to-date epinephrine injector and other necessary medication(s)

- Annual updates on your child's allergy status including a description of student's past allergic reactions, including triggers and warning signs
  - A current picture of your child, for the IHCP, for use in the school and bus
  - If the child carries medication, periodically check for expiration dates and replace medication as needed
  - Consider a Medic Alert bracelet for your child.
- B. Participate in developing an Individual Health Care Plan, which includes an Allergy Action Plan, with the building nurse.
  - C. Notify supervisors of before and after school activities regarding your child's allergy and provide necessary medication.
  - D. May introduce your child to the cafeteria staff to explain your child's allergy.
  - E. The school will not exclude an allergic student from a field trip due to an allergy, unless medically necessary to do so.

#### **Food at School**

- A. If needed, help provide input on an "allergy-free" eating area in the cafeteria.
- B. Provide safe classroom snacks for your own child.

It is important that children take increased responsibility for their allergies as they grow older and as they become developmentally ready. Consider teaching your child to:

- A. Understand the seriousness and recognize the first symptoms of an allergic/anaphylactic reaction and notify an adult immediately.
- B. Carry his/her own epinephrine injector when appropriate (or know where the epinephrine injector is kept), and be trained in how to administer her/his own epinephrine injector, when this is an age-appropriate task. Ohio Revised Code 3313.718, 3313.713, and the applicable school district policy requirements must be followed.
- C. Recognize safe and unsafe foods and do not share snacks, lunches, or drinks.
- D. Encourage the habit of reading ingredient labels before eating food.
- E. Understand the importance of hand washing before and after eating.
- F. Report teasing, bullying, and threats to an adult authority.
- G. Inform others of your allergy and specific needs.

## **Guidelines for School Administration**

As required by a student health care plan/504, a school team should be established to adequately prevent, recognize and respond to allergic reactions. Administrators are asked to assist the school team in the prevention, care and management of children with allergies and reactions, using the Individual Health Care Plan/504 plan.

- A. Offer training and education for staff regarding:
  - Food allergies, insect stings, medications, latex, etc.
  - How to read food labels.
  - How to recognize symptoms of anaphylaxis.
  - Emergency and Risk reduction procedures including having periodic anaphylaxis training. This training should be a practice in the procedures that would be carried out if there were an anaphylactic emergency. The training may include but is not limited to: who helps the student, who retrieves the epinephrine injector or administers it, who calls 911, and who direct the paramedics to the child.
  - How to administer an epinephrine injector for an emergency. Optimally, training will include hands on practice with an epinephrine training device(s).
  - Special training for food service personnel and lunch/recess monitors.
- B. If necessary, arrange for an allergy free table in the lunchroom and/or provide an allergen free lunch substitute.
- C. Have the custodian wash doorknobs, tables, desks, and other potentially contaminated surfaces when cleaning the classroom, as needed.
- D. Plan for student transitions each spring for the next school year.
- E. Educators are encouraged to foster independence on the part of children, based on her/his development level.

## **Administrator Guidelines for Substitute Teachers**

- A. Make sure a contingency plan is in place for substitute teachers, nurses, or food service personnel.
- B. Substitutes are responsible for reading the information in the Substitute Teacher folders.
- C. Substitutes will be provided a copy of the Individual Health Care Plan for any student assigned to them. Emergency procedures and contacts are provided in the folder. No snacks or food are permitted on the day there is a substitute in the classroom, if there are students with severe allergy needs in the classroom. Signs are posted in the classroom alerting visitors of Major Food Allergies.

### **Guidelines for the Building Nurse**

When it comes to the school care of children with life-threatening allergies, nurses may carry the largest responsibility. Nurses are asked to assist the school team in both preventative and emergency care of children with food allergies and reactions. Nurses are encouraged to foster independence on the part of children, based on her/his developmental level. To achieve this goal, nurses are asked to consider these guidelines when developing an Individual Health Care Plan for a student with a life-threatening allergy.

- A. Schedule a meeting including the classroom teaching team, and the student's parent/guardian and others as needed to develop the Individual Health Care Plan/504 for the student.
- B. Conduct and track attendance of in-service training for staff that works with the child on a yearly basis.
- C. In the clinic, post and label location of Allergy Action Plans and emergency medication e.g. EpiPen, AuviQ, Twinject or Adrenaclick.
- D. For Benadryl/antihistamines and epinephrine injectors stored in the health office, periodically check medications for expiration dates. Contact parent/guardian for replacement as needed.
- E. Make sure there is a contingency plan in place in the case of the absence of a trained employee in the clinic.
- F. Nurses are your wellness expert available for educational consultation if requested.

### **Guidelines for the Classroom Teacher**

Since many Southwest Licking Local School buildings do not have school nurses on site, the teachers are ultimately the students' first line of defense. Teachers are asked to assist the school team in the preventative care and management of children with allergies and reactions. Educators are encouraged to foster independence on the part of children, based on their developmental level. To achieve this goal, teachers are asked to consider these guidelines as they work with their team to develop an Individual Health Care Plan/504 for a student with a life-threatening allergy.

- A. Prior to the start of school, teachers will receive the Individual Health Care Plan 504 of any student(s) in the classroom with life-threatening allergies.
- B. Participate, as needed, in any team meetings for the student with life-threatening allergies and in-service training.
- C. Keep accessible the student's Individual Health Care Plan with photo in classroom.
- D. In the event of an allergic reaction the Individual Health Care Plan should be activated. Be sure both student teacher and classroom aides are informed of the student's allergies and care management.
- E. Parents may request that the teacher notify parents in the class that there is a child in the class with a life-threatening food allergy.
- F. Reinforce school guidelines on bullying and teasing to avoid stigmatizing, or harassing students with food allergies.

- G. When possible inform parents of the allergic child in advance of any in class special events where an allergen may be present.
- H. Never question or hesitate to immediately initiate the Individual Health Care Plan if a student reports signs of an allergic reaction.
- I. Students with severe allergies should not be sent home on the bus if they report any symptoms of an allergic reaction, no matter how "minor".
- J. Have students wash hands if they come in contact with an allergen.
- K. Sharing or trading food in the classroom should be prohibited.
- L. Nurses are the wellness experts available for classroom education.

### **Snacks/Lunch Time**

- A. If contamination from foods is suspected, have the students clean the desks with a fresh paper towel and soap for every desk (to avoid cross-contamination).
- B. Encourage hand washing before and after eating. Hand sanitizers do not effectively remove food allergens.
- C. 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 in a separate snack box or chest.

### **Classroom Activities**

- A. Consider the presence of allergenic foods in classroom activities (e.g., arts and crafts, science projects, and celebrations, or other projects). Modify class materials as needed.
- B. If a food event has been held in an allergic child's classroom(s), have the custodian wash the tables and chairs.
- C. Try not to isolate or exclude a child because of allergies (e.g. using candy as part of a math lesson).
- D. Encourage the use of stickers, pencils, or other non-food items as rewards instead of food.
- E. If an animal is invited to the classroom, special attention must be paid to other allergies children may have (e.g. dander) and to the animal's food (peanuts, soy milk).
- F. For birthday parties, encourage non-food treats.

### **Field Trips**

- A. Consider the student when planning a field trip due to a risk of allergen exposure. Field trips should be chosen carefully; no student should be excluded from a field trip due to risk of allergen exposure, unless medically necessary.

- B. Collaborate with the building nurse prior to planning a field trip. Ensure Benadryl, epinephrine injector and Allergy Action Plan are taken on field trips with trained personnel.
- C. Consider eating situations on field trips and plan for prevention of exposure to the student's life-threatening foods.
- D. Invite parents of student(s) at risk for anaphylaxis to accompany their child on school trips, in addition to the chaperone(s). However, the parent's presence at a field trip is not required.
- E. Notify parents if special meals are needed before the field trip.
- F. Keep allergic child's meal separate to avoid cross-contamination.
- G. Encourage hand washing before and after meals.
- H. A cell phone or other communication device must be available on the field trip for emergency calls.

### **Guidelines for the Lunchroom**

If medically necessary through a 504 Plan, a cook will make available an allergy free lunch substitute. It is ultimately the responsibility of the parent to decide whether the child will buy the medically necessitated allergy-free lunch substitute or bring a lunch to school.

- A. If requested, meet with parent/guardian to discuss student's allergy.
- B. Provide sound food handling practices to avoid cross-contamination with potential food allergens.
- C. Follow cleaning and sanitation protocol to prevent cross-contamination.
- D. Create specific kitchen areas that will be allergen safe (e.g. allergen-free prep tables, fryers). If unable to accommodate this related to space, make sure the space is thoroughly sanitized between preparation and/or use barriers to allow for an allergen-free prep area.
- E. Make appropriate substitutions or modifications for meals served to students with food allergies when appropriate.
- F. Make available advanced copies of the menu to parents/guardian when requested.
- G. If requested, have safe meals for field trips if meals or food are part of the trip.
- H. When necessary, avoid the use of latex gloves by food service personnel. Order non-latex gloves instead.
- I. Read all food labels and re-check with each purchase for potential food allergens. (Manufacturers can change ingredients.)
- J. All food service staff should be trained on how to read product labels and recognize food allergens.

- K. For non-English speaking staff provide a simple list of basic allergens (e.g. peanuts, milk, eggs) in their native language.
- L. Cross contamination of a food allergen poses a serious risk to a child with food allergies. Training all food service personnel about cross-contamination should be conducted regularly.
- M. Consider creating a peanut-free table (same practice applies for other allergies.)
- N. Train cafeteria monitors to observe the situation surrounding a child with allergies and intervene quickly to help prevent trading of food or bullying activities. All students eating lunch in the cafeteria should be encouraged to wash their hands before and after eating so that no traces of allergens will be left on their hands.
- O. After all meal service, all table and chairs should be thoroughly washed with soap and water. Use disposable wipes and dedicate water to avoid cross-contamination.
- P. Provide sound food handling practices to avoid cross-contamination with potential food allergens.
- Q. Have cooks trained on safe food handling procedures pertaining to food allergies (e.g. cross-contamination).
- R. Have cooks trained on proper cleaning and sanitation pertaining to food allergies.
- S. Provide information about reading product food labels and identifying food allergens.

#### **Guidelines for Recess/Lunch Room Monitors**

Teachers and staff responsible for lunch and/or recess should be trained to recognize and respond to a severe allergic reaction or anaphylaxis.

- A. Take all complaints seriously from any student with a life-threatening allergy by immediately contacting the building nurse.
- B. Encourage hand washing for students after eating.
- C. Reinforce that only children with "safe lunches" eat at the allergy free table.
- D. Staff in the gym, playground and other sites used for recess should have a walkie-talkie, cell phone or similar communication device for emergency communication.

#### **Guidelines for Coaches and Supervisors of School Activities**

- A. Review the Individual Health Care Plan with the building nurse.
- B. After school activities sponsored by the school must be consistent with school policies and procedures regarding life-threatening allergies.
- C. Make certain that emergency communication device (e.g. walkie-talkie, intercom, cell phone, etc.) is always present.

- D. Call 911 if you suspect an allergic reaction and follow the Individual Health Care Plan.
- E. Clearly identify who is trained and responsible for keeping the epinephrine injector and emergency medication and where it will be kept.
- F. Medic Alert identifications may be covered or taped.
- G. Consider the presence of allergenic foods in extra-curricular activities (e.g. arts and crafts, celebrations, or other projects).

## **TRANSPORTATION DEPARTMENT GUIDELINES**

Parents are strongly encouraged to share any pertinent information with transportation personnel that will allow the best service to students.

Southwest Licking Local Schools may provide annual training for school bus drivers on managing life-threatening allergies and this training shall be conducted by licensed health care professionals. Training will include emergency medication administration.

- A. A student who is suspected of or has been confirmed to be having an active allergic reaction should never be allowed to board the bus. In this case, the driver should notify transportation of the situation. If the incident is during a field trip, the driver should notify a trip chaperone immediately.
- B. School bus drivers shall adhere to the school bus policy of no food eating allowed on school buses.
- C. All school bus drivers are to either have a cell phone available, be able to contact transportation via the two-way radio, or have someone call 911 for them when an allergic reaction is suspected.
- D. School bus drivers shall review the Individual Health Care/ 504 plan of the student with life-threatening allergies.