

Anaphylaxis Policy

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Guidelines for Managing Life-Threatening Allergies Policy

Overview

Ticonderoga Central School District recognizes the presence of students with allergies and the life-threatening nature of allergies for some students. The school board has developed a policy to assist in implementing strategies to minimize the potential for exposure to allergens and train staff to respond in an emergency situation. Although there can be no guarantee to provide an allergen-free environment, education and awareness are key to keeping students with potentially life-threatening allergies safe.

Food Allergy

According to the American Academy of Allergy, Asthma and Immunology, food allergies affect between 3% to 8% of children and approximately 2% of adults in the United States. Ninety percent of allergic reactions are caused by eight foods (peanuts, tree nuts, milk, eggs, wheat, soy, shellfish and fish).

Individuals with a food allergy experience an exaggerated response by their immune system to a “foreign” substance, namely allergens in the food product. Symptoms range from mild (itching and hives) to severe including life threatening “anaphylactic reaction”. Symptoms of anaphylaxis can include tingling in the mouth, a feeling of warmth or light-headedness, breathing difficulty such as wheezing and coughing, gastrointestinal symptoms such as cramping, vomiting and diarrhea. Left untreated, anaphylactic reactions can ultimately lead to cardiovascular collapse and death. The only treatment for anaphylaxis is emergency medications such as injectable epinephrine (Epipen), steroids and antihistamines.

What does an anaphylactic reaction look like?

An anaphylactic reaction can begin within seconds of exposure or after several hours. Any combination of the following symptoms may signal the onset of a reaction:

- hives*
- itching (on any part of the body)
- swelling (of any body parts, especially eyes, lips, face, tongue)
- red watery eyes
- running nose
- vomiting
- diarrhea
- stomach cramps
- change of voice
- coughing
- wheezing
- throat tightness or closing
- difficulty swallowing

- difficulty breathing
- sense of doom
- dizziness
- fainting or loss of consciousness
- change of color

*Hives may be entirely absent, especially in severe or near-fatal cases of anaphylaxis.

Symptoms do not always occur in the same order, even in the same individuals. Time from onset of first symptoms to death can be as little as a few minutes if the reaction is not treated. Even when symptoms have subsided after initial treatment, they can return as much as eight hours after exposure, regardless of the initial reaction severity.

There is no accurate way to predict who will develop an anaphylactic reaction. In the Bock et al. study, 94 percent of the fatalities followed previous milder reactions, and two individuals died on a first exposure. To the extent that an anaphylactic reaction can be predicted, common risk factors include asthma (even if well controlled) and previous anaphylaxis. A full 96 percent of those who died in the Bock et al. study has asthma.

Food intolerance is often confused with food allergy. Food intolerance does not trigger an allergic reaction. Symptoms are generally gastrointestinal in nature. For example, a person may experience abdominal pains after drinking milk. In this instance, the person lacks the enzyme for digesting the milk sugar (lactose). Your healthcare provider can help determine the difference between food intolerance and a food allergy.

Other Life-threatening Allergies

The information contained in this brochure focuses on food allergies but the treatment of serious allergic reactions is the same whether caused by insect stings, latex or food.

Management of Life-threatening Allergy Policy

Definitions:

For purposes of this policy, life-threatening allergy is defined as a condition in which there is documented evidence by the student's healthcare provider that the presence of specific allergens may result in an immunologic response that can cause potentially harmful and/or fatal consequence.

Policy Content:

Life threatening allergies pose a significant risk for some students. A collaborative approach involving parents, administrators, teachers, staff and school nurses has been used in planning and preventing the incidence of allergic reactions in our schools. Education, awareness, prevention and emergency response procedures have been identified as key components of a comprehensive life threatening allergy management plan. Procedures in support of the policy use age specific protocols to assist children in assuming increased individual responsibility for their health and safety, as they grow older.

A. Education

The school district will provide education regarding life-threatening allergies that is current, medically accurate and evidence-based. Annual educational sessions for staff and teachers will include a description of severe allergies, the signs and symptoms of anaphylaxis, the correct use of EpiPens and specific steps to follow in the event of an emergency. The administrator for Human Resources and Building Principal will be responsible for scheduling the training and ensuring that all appropriate employees are trained.

In addition, the District will make every attempt to identify and train a core group of substitutes to fill in for teachers who have students with severe allergies in their classroom.

B. Awareness

A formal process exists for identifying students with life-threatening allergies. An individual health care plan and emergency allergy action plan is developed for each student by the school nurse in collaboration the parent/guardian and student's healthcare provider. Parental consent to share information with the student's healthcare provider is obtained to elicit cooperation within the school community.

C. Prevention

Safe lunchroom and eating protocols are established which include: provisions for holiday and special celebrations; transportation and field trips; and recognizing and avoiding allergens in school activities.

D. Emergency Response

Protocols for rapid response to an emergency exist including: recognizing anaphylaxis in a student; administering epinephrine; availability of a communication system and activating the emergency action plan (EAP); contacting parents/guardians/ conducting role play/ drills during the school day.

E. Monitoring Effectiveness of District Policy

Assessments should occur at least annually and include new research, practices and district emergency event information involving the administration of medication to determine the effectiveness of the protocols.

Ref. Individuals with Disabilities Education Act (IDEA) of 1976, the Americans with Disabilities Act (ADA) Of 1990, Section 504 of the Rehabilitation Act of 1973, the Family Education Rights and Privacy Act of 1974 (FERPA).

Protocols and Procedures

Implementation of an individual healthcare plan for students at risk for a life-threatening allergic reaction requires a team approach. A critical role is played by the parent of guardian in notifying the building principal or school nurse of their child's allergy.

Classroom Procedures (Elementary School)

1. At the start of the school year, the school nurse in collaboration with the parent will provide the classroom teacher information regarding students with allergies.
2. The teacher, in collaboration with the parents of the allergic child and with input from the school nurse, will develop a classroom specific protocol regarding activities that will affect the child especially during holidays or celebrations involving food. Students with severe allergies may store snacks from home, clearly labeled with their name, for their consumption at special times during the school year, in the classroom. Plans for cafeteria lunch and snack time will be reviewed as well as any curriculum related activity involving allergens. These protocols will be recorded in the individual healthcare plan (IHP). A copy of this plan will be submitted to the building principal.
3. An age appropriate review of food allergies will be conducted with the classroom students at the beginning of the school year. This review will be done by the teacher or in conjunction with the school nurse if requested by the teacher.
4. Clear instructions will be provided to a substitute teacher about the classroom specific food allergy protocol.
5. All students will be instructed that sharing or trading food will not be allowed.
6. The school nurse should be notified as early as possible to any grade wide or school wide activity during school hours involving the consumption of food.
7. A letter from the classroom teacher will be sent to all parents in the class informing them that a student with a food allergy is a member of the class and to solicit their support in accommodating the needs of the child to reduce the risk of accidental exposure to the offending allergen.

Classroom Procedures (Middle School)

1. At the start of the school year, the nurse will provide the teaching team information regarding students with allergies. The teachers will provide a mechanism to inform special subject teachers and substitutes of students with allergies.
2. The teaching team, in collaboration with the parents of the allergic child and with input from the school nurse, will develop specific protocol regarding activities that will affect the child especially during holidays or celebrations involving food. Plans for cafeteria lunch and snack time will be reviewed as well as any curriculum related activity involving allergens. These protocols will be recorded in the individual healthcare plan (IHP). A copy of this plan will be submitted to the building principal.

Classroom Procedures (High School)

1. At the beginning of each academic semester, the school nurse will inform the teaching team of a student with a life-threatening allergy and the procedures for emergency response for that student.
2. The teaching team, in collaboration with the parents of the allergic child and with input from the school nurse, will develop specific protocols regarding activities that will affect the student. These protocols will be recorded in the individual's healthcare plan (IHP). A copy of this plan will be submitted to the building principal.

Cafeteria Procedures

1. The school kitchen will prepare all products in a manner that will minimize the risk of cross contamination of foods. The preparation area and all utensils will be washed in hot, soapy water immediately after completion of the task.
2. School kitchen staff will use latex-free gloves.
3. Areas of the cafeteria or areas of tables will be reserved for students that require reduced risk of exposure to others with allergen products.
4. The staff on duty must provide proper oversight and cleaning of reserved table areas.
5. Wipes must be provided and used by any child given permission to leave the cafeteria during his/her lunch period.
6. In order to provide a safe environment the amount of available items for purchase will be limited.

Transportation Procedures

1. The school nurse will notify the Director of Transportation of any students with severe allergies who may be riding a bus.
2. School bus drivers employed by the school district will be included in annual training provided to all staff regarding allergy symptom recognition, and implementation of emergency bus procedures.
3. Eating and sharing food is prohibited on routine transportation routes unless medically indicated for a student.
4. School buses must have a working means of two-way communication.

Extracurricular and Sports Participation Procedures

1. Prior to participating in a sport either modified, intramural or high school teams, students must have had a physical examination by a healthcare provider within the past year. Verification is provided on the grey card by the school nurse.
2. In addition to verifying the presence of physical examination information regarding the presence of allergies is given to the coach by the school nurse.
3. Practice sessions, home and away games will include plans to implement a student's Allergy Action Plan, plans for carrying an Epipen and implementing emergency protocol should the need arise.

Field Trip Procedures

1. Planning for field trips will include plans to implement a student's Allergy Action Plan, plans for carrying an Epipen as needed, and plans for emergency response such as identification of the nearest family member.
2. The school nurse or a trained staff member will attend field trips including a student with a life-threatening allergy in the event a parent cannot attend.
3. The student's emergency medications and a copy of their emergency allergy action plan will accompany them on the trip.
4. The teacher or school nurse will have a means of communication to activate emergency medical services.
5. Plan for lunch and snack will be discussed prior to the field trip with the school nurse. Protocols established in the student's IHP will be followed.

6. In addition to the usual school safety precautions applying to field trips, the following procedures should be in place to protect the anaphylactic child.

- Include a separate “serious medical conditions” section as part of the school’s registration/permission forms for all field trips in which the details of the anaphylactic student’s allergens, symptoms, and treatment can be recorded. A copy of this information should be available on site at any time during the field trip.
- Require all supervisors, both staff and parents, to be aware of the identity of the anaphylactic child, the allergens, symptoms and treatment.
- Ensure that a supervisor with training in the use of an auto-injector is assigned responsibility for the anaphylactic child.
- Ensure access to a telephone, cell phone, or radio communication in case of emergency
- Two to three epipens will accompany anaphylactic child on a field trip to be administered every 10-20 minutes en route to the nearest hospital in the event that symptoms persist or reoccur.
- Notify the school nurse at least a week in advance with a list of students attending the field trip
- Invite parents or guardians of a student at risk for anaphylaxis to accompany their student on school trips, in addition to the chaperone. However, the student’s safety or attendance must not be conditioned on the parent’s or guardian’s presence.
- If the risk factors are too great to control, the anaphylactic child may be unable to participate in the field trip. Parents should be involved in this decision.
- Only peanut/nut safe foods allowed (provided by cafeteria or brought from home).
- Consider eating situations on field trips and plan for prevention of exposure to the student’s life-threatening foods.

Collaboration and Responsibilities

The implementation of the District policy and of the individualized healthcare plan for each allergic student requires a team approach and cooperation among administrators, teachers, staff members, parents, nurses and the student as appropriate.

Allergies hidden in school activities

Not all allergic reactions to food are a result of exposure at meal times.

- Teachers, particularly in the primary grades, should be aware of the possible allergens present in curricular materials such as:
 - Playdough
 - Beanbags, stuffed toys (peanut shells are sometimes used)
 - Counting aids (beans, peas)
 - Toys, books, and other items that may have become contaminated in the course of normal use
 - Science projects
 - Special seasonal activities, such as Easter eggs and garden projects
- Computer keyboards and musical instruments should be wiped before and after use
- Anaphylactic children should not share musical instruments that go in mouth
- School fund-raising activities should avoid products containing the very allergens that parents are being asked to avoid sending with their children to school
- Schoolyard cleanliness contributes to safety of children with life-threatening allergies. Additional yard clean-ups may be advisable after special occasions such as Halloween, Easter, or special outdoor school events.
- Anaphylactic children should not be involved in garbage disposal, yard clean-ups, or other activities that could bring them into contact with food wrappers, containers, or debris.
- Foods are often stored in lockers and desks. Allowing the anaphylactic child to keep the same locker and desk all year may help prevent accidental contamination. Thorough cleaning of lockers and desks at the end of the school year is crucial.

Division of Responsibilities

In a school setting, ensuring the safety of children affected with anaphylaxis depends on the cooperation of the entire school community. To minimize risk of exposure and to ensure rapid emergency response, parents, students, and school personnel must all understand and fulfill their responsibilities. Some school boards have prepared formal agreements between the school and the parents, outlining the commitments that each is prepared to make in order to protect the anaphylactic student.

Responsibilities of Parents of an Anaphylactic Child

- Assist in school communication plans
- Provide support to school and teachers as requested
- Inform the school of their child's allergies
- Provide a Medic Alert bracelet for their child
- Provide the school with up-to-date epipens, and keep them current
- Provide the school with an epipen trainer if necessary
- Participate in parent advisory/support groups
- Assist in developing policies and procedures for reducing risk to their child
- Participate in the development of an emergency response plan for their child
- Review both the emergency response protocol and the procedures for reducing risk with school personnel annually
- In cooperation with the principal and classroom teacher, implement a "buddy" system to identify unusual behavior
- Be willing to provide safe foods for special occasions
- Welcome other parents' calls with questions about safe foods

The School District Administrator will:

Coordinate communication between the school and the district regarding the *Guidelines for Managing Life-threatening Allergies*.

- Arrange time necessary for training to be conducted for staff and teachers in the management of life-threatening allergies.
- Facilitate and support the accommodations developed for individual students, including classroom and cafeteria specific protocols.
- Provide continuing in service activities for teachers and staff
- School should occasionally simulate an anaphylactic emergency, similar to a fire drill to ensure that all elements of emergency plan are in place
- Provide reminders to staff of the risks of food allergies at high-risk times of the year for example: Halloween, Valentines Day and end of the year field trips.

Responsibilities of the School Principal

- Work as closely as possible with the parents of an anaphylactic child; have team meeting before start of school year
- Ensure that the parents have completed necessary forms
- Develop a school policy or procedure (or implement the board policy or procedure) for reducing risk in classrooms and common areas. Ensure that all policies/procedures are being followed consistently
- Ensure that the parents of anaphylactic child are aware of all relevant board and school policies and procedures and have the opportunity to review them
- Ensure that an emergency response plan, based on physician's instructions, is developed and reviewed annually for each child with a life-threatening allergy
- Ensure that instructions from the child's physician are on file and that classroom teachers are informed
- Notify the school community of the anaphylactic policy and that we have children in our school with life-threatening allergies
- Post allergy-alert forms in staff room and office
- Maintain up-to-date emergency contacts and telephone numbers
- Ensure that all staff, substitutes and volunteers have received information on anaphylaxis, and that those in positions of responsibility for the anaphylactic child receive training in the use of an epipen
- Maintain an up-to-date list of school personnel who have received in-service and training in the use of an epipen
- Advise the transportation department of the presence of a child with life-threatening allergies on his/her bus, and ensure that he/she receives appropriate information and training in emergency response procedures
- Ensure that all substitute teachers & nurses are informed of the presence of an anaphylactic child and have been adequately trained to deal with an emergency
- Establish a disciplinary procedure for dealing with bullying and threats as, it pertains to the School District discipline policy and building code

The School Counselor will:

- Participate in the development of the student's IHP and EAP as needed.
- Monitor anxiety, stress level and social development of students with life-threatening food allergies and provide interventions as appropriate.
- Act as a resource to parents and students regarding anxiety, stress and normal development.
- Educate classmates to avoid endangering, isolating, stigmatizing or harassing students with food allergies.
- Be aware of how the student with food allergies is being treated; use this opportunity to teach community caring; and enforce school rules/policies about bullying and threats.

Responsibilities of the Classroom Teacher

- Participate in the planning of the individual plan for children in his/her classroom with life-threatening allergies
- Discuss the anaphylaxis with the class, in age-appropriate materials
- Encourage students not to share lunches or trade snacks
- In cooperation with the parents and classroom teacher, implement a “buddy” system to identify unusual behavior
- Choose allergy-free foods for classroom events; read all labels at all times
- Establish procedures to ensure that the anaphylactic child eats only what he/she brings from home
- Reinforce hand washing before and after eating for student & teacher; proper procedure for wipes
- Facilitate communication with other parents
- Establish a buddy system when sending child to nurse
- Follow the school policies for reducing risk in classrooms and common areas
- Enforce school rules about bullying and threats including transportation
- Leave information in an organized, prominent, and accessible format for substitute teachers, parent volunteers, or others who may have occasional contact
- Plan appropriately for time spent outside the building (re: field trips, gym class, recess, etc)
 - Ensure that emergency response plans are considered
 - Ensure that epipens are taken
- Escort any child who is identified to the peanut free table

Holidays and special celebrations

Food is usually associated with special occasions and events. The following procedures will help protect the anaphylactic child.

- Review field trip steps regarding students with anaphylactic allergies
- If foods are to come into the classroom from home, it is encouraged they be prepackaged with ingredient label
- Suggest that the parents of anaphylactic child provide the school with a supply of non-perishable treats for those times when other parents send food into the school.
- Focus on activities rather than food to mark special occasions

Responsibilities of Bus Operators and Bus Drivers

- Once a student has been identified as anaphylactic, ensure that drivers trained in emergency response procedures are assigned to the student's bus
- Attend in-service sessions provided by the administration; learn to watch for symptoms of anaphylactic reaction
- Receive annual training in the use of an epipen
- Carry a copy of the emergency alert form on the school bus, displayed in a prominent location
- Ensure that the principal and/or parents are informed if a trained driver is unavailable
- Assist in developing procedures to minimize risk while traveling on the school bus. NO FOOD ALLOWED!
- Assist in developing an EAP that relates directly to busing
- Carry out emergency action plan as necessary

Responsibilities of Public Health/School Nurse

- Meet with parents, teacher and building principal to develop an individual healthcare plan (IHP) and allergy emergency action plan (EAP).
- Distribute copies of the EAP to classroom teacher, administrator, cafeteria staff and anyone else who interacts with student on a regular basis.
- Educate staff regarding food allergy, allergic reactions, recognizing signs and symptoms of anaphylaxis and prevention and treatment plans.
- Train school staff in epipen administration as appropriate and maintain documentation of those trained.
- Review with student, at least annually, his/her knowledge of the symptoms of anaphylaxis and skills necessary for self-administration of epipen.
- Coordinate team meeting with counselors, nurse, allergic children on an as needed basis
- Participate in planning school policy
- Refer known cases of anaphylaxis to the school principal & other appropriate personnel
- Arrange periodic follow-up, at least quarterly, to review effectiveness of individual plans or update medical conditions

Responsibilities of the Coaches, Athletic Director, After-School Employees /Volunteers

- Will collaborate with nurse regarding specific health concerns and ensure appropriate plan of action is in place and shared with appropriate personnel
- Coaches will keep a copy of the EAP and student's photograph for all students with life-threatening allergies
- All school sponsored after-school activities should be consistent with school policies and procedures regarding life-threatening allergies
- Participate in training, and be comfortable in implementing the emergency care
- Ensure that emergency communication equipment is always available
- Clearly identify who is trained and responsible for administering the epipen
- Know how to access EMS if an allergic reaction is suspected, following district policies:
 - Call 911 and request Advanced Life Support
 - Implement other school board approved emergency procedures
 - Ensure that an emergency plan is in place if a child has to be transported to the hospital
- Consider the presence of allergens involved in after school activities and modify as needed.

Responsibilities of School Doctor

- Provide guidance, collaboration, and consultation to school nursing personnel and school administration on the management of anaphylaxis at school.
- In accordance with 8NYCRR §64.7, a licensed physician or certified nurse practitioner may provide non-patient specific standing orders and protocols for the treatment of anaphylaxis. Memo titled "Clarification about Administering Immunizations and Anaphylactic Agents by Registered Professional Nurses using Non-Patient Specific Orders and Protocols" (Oct 3, 2001) may be found at http://www.schoolhealthservicesny.com/laws_guidelines.cfm
- Assist in the development of procedures for prevention of anaphylaxis and emergency planning in the school
- May participate in faculty/staff trainings regarding life-threatening allergies
- Attend 504 and CSE meetings when requested by administration
- Act as liaison with school and private health care providers if necessary
- Assist in developing educational programs for students to promote wellness
- Communicate with community health care providers regarding school district policy, procedures and plans for managing anaphylaxis.

Responsibilities of the School Food Services Manager

- Attend training according to the student's individual health care plan
- Follow sound food handling practices to avoid cross contamination with potential food allergies
- Follow cleaning and sanitation protocol to avoid cross-contamination and thoroughly clean all tables, chairs and floors after each meal
- Set up procedures for the cafeteria regarding food allergic students
- After receiving a doctor's note, and in accordance with the guidance from the Central Food Service Office, make reasonable modifications for meals served to students with food allergies
- Take all complaints seriously from any student with a life-threatening allergy
- Cover or fold nut free table, chairs with plastic at the end of each day
- Monitor the nut free table
- Different shape/ color table and chairs
- Cafeteria monitors will clean peanut free table after each use
- Monitor the activities at the peanut free table

First Reading: August 17, 2010

Adoption: September 21, 2010