

Allergy/Anaphylaxis Standard Operating Procedure (S.O.P.) “Universal Food Precautions”

INTRODUCTION

Food allergies are a growing food safety and public health concern that affect an estimated 4%–6% of children in the United States. Children with food allergies are two to four times more likely to have asthma or other allergic conditions than those without food allergies. Although the number of children with food allergies in any one school or Early Childhood Education (ECE) program may seem small, allergic reactions can be life-threatening and have far-reaching effects on children and their families, as well as on the schools or ECE programs they attend. (*Excerpt from “Voluntary Guidelines for Managing Food Allergies in Schools and Early Child Care and Education Programs”*).

Anaphylaxis is a sudden, severe immune system response (allergic response) to an allergen (usually a protein) that involves several areas of the body simultaneously. The reaction can progress quickly from mild symptoms to death. Immediate action may be required to prevent fatality. Extreme sensitivity may develop to anything. The information provided here focuses on foods of which tree nuts, peanuts, fish, crustacean shellfish, wheat, milk or dairy products, and soy account for 90% of food allergies.

Allergen Awareness

Universal Food Precautions is a food allergy management model that treats all students as though they may be allergic to another student’s food.

While the district will take appropriate measures to remove food proteins from student contact surfaces, food proteins may still be present and parents, students, and school district staff need to recognize that risk and plan accordingly.

PREVENTION STRATEGIES (Allergy Awareness and Allergen Safe Zones)

1. School staffs routinely receive education about allergies/anaphylaxis including symptoms of both mild and severe allergic reactions, Epinephrine injection information, and the district field trip planning process (see TSD Staff Guide to Student Health Concerns).
2. Allergy Aware practices create classrooms and lunch rooms that are allergen safe zones.
 - a. Student contact surfaces are cleaned and sanitized after contact with food thereby allowing these surfaces to be part of the student’s allergy safe zone. However, the use of allergy safe zone indicators such as allergy aware signs, place mats on cafeteria tables, or Allergy Aware designated cafeteria tables are also available if desired and as indicated in individual student health plans (IHPs).
 - b. Signage must state either “Allergy Aware Table” or “Allergy Aware Classroom” and include the Thompson School District logo and date, when applicable and requested.
 - c. Classroom provided snacks, regardless of the source of these snacks (i.e. donation, parent or school provided), must be commercially prepared/labeled and smart snack compliant.

- d. Nutrition labels are to be read by the parent in order to determine if the student with the allergy is able to have the snack.
 - e. Parents of students with allergies are notified in advance of classroom snacks, parties, or celebrations so that parents can provide alternative foods if needed.
 - f. A district wide list of non-food rewards and incentives is available. Contact Wellness Department for support or for additional information.
 - g. Classroom routines should include hand washing as part of the classroom schedule. Note: hand sanitizers are not effective at removing the residue of known allergens (soap and water or cleaners are effective). The district protocol is not to provide hand sanitizer to staff or students except for activities that do not have access to soap and water).
3. Letters to classroom parents alerting them to a classroom allergy are issued upon request (use only the approved district Allergy Aware letter—see template on the employee intranet). However, parent compliance with the allergy alert is voluntary.

MANAGEMENT STRATEGIES (Roles)

Nutrition Services Management

1. The school nutrition services department will accommodate all substitutions or modifications as identified by a licensed physician in the DIET ORDER FORM. The following are examples of what the nutrition services staff will do:
 - a. Substitute foods with similar foods currently menued.
 - b. Provide foods according to doctor's orders that are within district standards.
 - c. Communicate with the school nurse, registered dietitian on staff, physician and parent or guardian regarding your child's school meals.
2. The physician's statement must:
 - a. Identify the child's disability.
 - b. Provide an explanation of why the disability restricts the child's diet.
 - c. Identify the major life activity affected by the disability.
 - d. Identify the food or foods to be omitted from the child's diet and the food or choice of foods that must be substituted.

Learning Services Management

The teacher is responsible for duties as outlined in the classroom plans, field trip plans, and/or plans for school-sponsored activities.

1. Field trips and other school sponsored activities require additional health planning in collaboration with Health Services.
2. Designated staff are delegated the administration of student-specific Emergency Epinephrine injection and/or other medications as ordered both at school, at school-sponsored activities and on school sponsored field trips (*reference board policy JLCDA*).
3. Teaching and other staff, who handout snacks to students, must remain familiar with the food allergies of students under their care and not provide allergic snacks to identified students with known food allergies. If teacher or staff member is unsure of the safety of a food/snack for an individual student, staff must clear the snack with the health office staff or parent BEFORE providing the snack to the

student in question. Note that parents may opt to provide a safe snack alternative for their student with allergies thereby requiring the teacher and other staff to provide only the designated safe snacks to that particular student in all school or school sponsored settings.

4. Classroom staff is responsible for cleaning student work surfaces potentially contaminated with food proteins. Contact building custodian for training on the cleaning process and to request supplies (Reference board policy regulation ADF – R [k]).

Transportation Services Management

Transportation Supervisors (Reg Ed & ESS/SPED) reference and accommodate as per the student bus/transportation plan.

Transportation maintains a no eating or drinking rule on the bus. While the district will take appropriate measures to remove food proteins from surfaces, food proteins may still be present and parents, students, and school district staff need to recognize that risk and plan accordingly.

NOTE: Parents of students with medical conditions that require food consumption to control the effects of the condition may supply food product during transportation.

Health Office Management (also see Allergy/Anaphylaxis Nursing Protocol)

Routine Response:

1. All students with a known history of allergic reactions, whether mild or anaphylactic, are provided with the “State of Colorado, Allergy and Anaphylaxis Action Plan and Medication Orders” either through the mail, the student, or by email. This is also available on the district web site.
2. School nurses assess the severity of the student’s reported allergy using a combination of sources including health update questions completed by the family, verbal information provided by the parent and/or student, as well as clarification calls, texts, emails, or faxes to the parent or health care provider as necessary.
3. Classroom Allergy/Anaphylaxis plan is provided electronically to the student’s teachers for all known severe allergies based on best practices.
4. Field trip/school sponsored activities and/or bus Allergy/Anaphylaxis plans will be provided as indicated.
5. Health office staff will provide medication and emergency plans/lists to the trip sponsor.
6. Student emergency medications are stored in a secure location that allows for easy access by authorized personnel and are monitored for expiration, as only non-expired medication can be given by school personnel.
7. Emergency medications and plans are evacuated from the building along with students and other emergency supplies during crises that require evacuation.
8. If special diet orders are received by the health office, these will be given to the kitchen manager at the site, who will contact the nutritional services director.

Emergency Response:

1. All students experiencing allergic reaction symptoms in the school setting are evaluated by trained staff. Students with only mild symptoms will be treated according to the student's "State of Colorado, Allergy and Anaphylaxis Action Plan and Medication Orders" if available or "CO Emergency Guidelines for Schools", if not, and parent notified.
2. Students with only mild symptoms of allergic reaction will be monitored closely for progression to severe symptoms.
3. Students with severe symptoms as defined by "State of Colorado, Allergy and Anaphylaxis Action Plan and Medication Orders" or "CO Emergency Guidelines for Schools" will receive emergency medications as outlined in the student's "Allergy and Anaphylaxis Action Plan and Medication Orders" if available, and be evaluated by Emergency Medical Services personnel (911).
4. In an emergency, 911 is called then the parent or emergency contact and further emergency care recommended (because 25 % of people with an anaphylactic response will go on to have a biphasic reaction [second reaction] 2-12 hours after the initial response).
5. School nurses provide follow up evaluation of staff training and emergency plans with all emergency events. Emergency plans are updated by parents and/or school nurses as needed.

Facilities Management

Facilities Services will train school staff in the proper use and technique for cleaning student work and Allergy Aware surfaces potentially contaminated with food proteins:

1. Student work surfaces will be cleaned and sanitized after food consumption (including universal breakfast) using a district approved cleaner and an approved EPA registered sanitizer or a bleach solution mixed at (50 - 100 ppm).
2. The use of baby wipes or other non-sanitizer wipes is not sufficient to remove oils or sanitize surfaces and therefore, wipes are not to be used to remove food proteins.
3. Use a separate bucket and cleaning cloth when cleaning Allergy Aware surfaces so that cross contamination does not occur.
4. Sanitizers may be sprayed on cleaned surfaces and left to air dry.

Chemical Storage/Shelf Life:

Cleaning and sanitizing chemicals must be kept out of the reach of students at all times. Store these chemicals in locked drawers or cabinets.

Ask custodial staff to check the chemical containers/bottles/dispense systems of sanitizer and disinfectant on a weekly basis to assure proper concentrations of solutions.

Parent and Student Management

Families/Parents

1. Work with the school team to develop a plan that accommodates your child's needs.
2. Provide the completed Medical Statement to Request School Meal Modification Statement and a completed Allergy and Anaphylaxis Action Plan and Medical Statement to Request School Meal Modification which includes written medical documentation of allergy, instructions, and medications for allergy treatment as directed by a physician.
3. Educate your child in the management of their food allergy including:
 - a. Safe and unsafe foods
 - b. Strategies for avoiding exposure of unsafe foods, e.g., do not share food or accept food from others
 - c. Symptoms of allergic reactions
 - d. How and when to tell an adult they may be having an allergy-related problem
 - e. How to read food labels, as this becomes developmentally appropriate
 - f. Review policies/procedures with the school staff, your child's physician, and the child after a reaction has occurred
4. Parents are encouraged to share student health information with health office personnel either verbally or through completion of a health questions (on-line registration) and update this information if the student's condition or treatment changes so that the health and safety of the student can be maintained in the school setting. Parents are encouraged to contact the health office during student enrollment or prior to the student's return to school if the student might need accommodations at school related to allergies.
5. Parents are asked to complete health questionnaire forms and/or provide detailed health information using the online registration process. Parents may be asked to sign a release of information allowing school personnel to contact the health care provider for specific instructions or orders related to the creation of a health care plan, 504 plan, or Individualized Educational Plan should any of these be required.
6. Families may elect to have a secondary-age student self-monitor his/her diet, environment and/or self-carry emergency medications (a signed EpiPen Contract is required).
7. It is recommended that students with serious allergies wear medical identification jewelry.
8. Parents take the responsibility for reading labels on all school foods, snacks, and menu items in order to determine if the student with the allergy is able to have the snack/food item.
9. Parents can access allergy/anaphylaxis information at the Thompson School District web site: <http://thompsonschoools.org>; select departments then Health Services.
10. If a food or snack is necessary for students with health concerns, we ask parents to supply the food/snack.

Students

1. Do not share foods or accept foods from others.
2. Do not eat anything with unknown ingredients or known to contain an allergen.
3. Be proactive in the care and management of food allergies and reactions, if possible and as developmentally appropriate.
4. Immediately notify an adult if you eat something you believe may contain the food to which you are allergic.
5. Know your own allergy safe zones

REFERENCES

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Code of Federal Regulations (7CFR Part 15b)

School Wellness ADF and ADF-R, Thompson School District Board of Education Policy and Regulation