

**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 8% of children in the United States (CDC). 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, sesame, eggs and soy account for 90% of food allergies (AllergyAsthmaNetwork .org).

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 PROTOCOLS

Allergy Awareness and Allergen Safe Zones

1. Individual student health and classroom plans include specific practices that provide allergen safe zones in classrooms and the lunch room. These practices include but are not limited to:
 - a. Cleaning and sanitizing student contact surfaces after contact with food allows these surfaces to be part of the student’s allergy safe zone. The additional use of allergy safe zone indicators such as allergy aware signs, place mats, or food trays on cafeteria tables or Allergy Aware designated cafeteria tables are also available if desired.
 - b. Using signage which states either “Allergy Aware Table” or “Allergy Aware Classroom” and includes the Thompson School District logo and date, when applicable and/or requested.

- c. Providing only commercially prepared and labeled snack items when snacks are allowed in the classroom. Consider ordering Smart Snacks from Amazon using the [Nutrition Services webpage information/calculator](#).
 - d. Considering the use of non-food items for classroom projects and activities as well as for awards and incentives ([see lists](#)).
 - e. Notifying parents of allergies in advance of classroom snacks, parties, or celebrations so that parents can provide alternative foods and planning if needed.
 - f. Requiring nutrition labels on foods that come into classrooms, so these labels can be read by the parent in order to determine if the student with an allergy is able to have the snack.
 - g. Developing a routine which includes hand washing as part of classroom schedules. Note: hand sanitizers are not effective at removing the residue of food allergens (soap and water or cleaners are effective). The district protocol is not to provide hand sanitizer in lieu of handwashing except at locations or activities that do not have access to hand washing facilities.
2. Letters to classroom parents alerting them to a classroom allergy will be issued upon request (use only the approved district Allergy Aware letter template). However, note that classroom parent compliance with the allergy alert is voluntary.
 3. Refer to this list of [non-food rewards and incentives](#). Contact the Wellness Team for support or for additional information.

MANAGEMENT STRATEGIES

Nutritional Services Management

1. The school nutrition services department will accommodate substitutions or modifications as identified by a licensed healthcare provider (MD, DO, advanced nurse practitioner or physician assistant with prescriptive authority) on the [Medical Statement for Meal Modification Form](#) (nutritional services needs the original signed copy or electronic copy).
2. Students with food allergies who do not intend to participate in the school meal program or who are independent in school food selection, do not need to complete the meal modification process.
3. The meal modification process is only required to be completed once and remains in effect until the parent discontinues it with nutritional services staff.
4. The following are examples of what the nutrition services staff will provide when the meal modification process is completed for nutritional services:
 - a. Notifies parents that the meal modification is ready.
 - b. Substitutes foods with similar foods currently menued.
 - c. Creates an individualized student menu to be used to create a student specific meal at each meal time.
 - d. Provides foods according to the health care provider order that are within district standards.
 - e. Communicates with the school nurse, registered dietitian on staff, and parent or guardian regarding the student's school meals.
5. The physician's statement must:
 - a. Identify the student's disability.
 - b. Provide an explanation of why the disability restricts the student's diet.
 - c. Identify the major life activity affected by the disability.

- d. Identify the food or foods to be omitted from the student's diet and the food or choice of foods that must be substituted.
6. In accordance with USDA SP 26-2017, a student's IEP or 504 plan may be used to meet the medical statement requirements. In order to use this alternative option, the following steps must be completed:
 - a. The school nurse must contact the parent to determine that the student either needs the assistance of kitchen staff to safely select school food and will, in fact, be eating meals at school (kitchens are required to construct a menu and meals in accordance with all meal modification plans on record each day). Parents should be encouraged to only apply for modified meals if their student will be eating at school on a regular basis.
 - b. The school nurse should explain that the only students for whom the kitchen staff will have a record of specific food allergy information and therefore will have the assistance of kitchen staff when selecting food for meals at school, are those students who have completed the meal modification process/orders for nutritional services.
 - c. The school nurse must complete the [School Nurse Request for Meal Modification Form](#) to notify a district dietician of the food allergy and need for modified meals.
 - d. Nutritional services will share the diet modification information that they receive directly from parents with the school nurse, so that student records can be updated to reflect food allergy information and health staff can document in the health record that the meal modification process has been completed. This will assure that parents are not being asked repeatedly to complete the meal modification process.

Learning Services:

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 school nurses.
2. Designated staff are delegated the administration of student-specific emergency Epinephrine injection and/or other medications as ordered at school, at school-sponsored activities, and at school sponsored field trips (*reference board policy JLCDA*).
3. Teaching and other staff, who hand out snacks to students, must remain diligent in following student health plans and not provide food allergens to students with known food allergies. If a 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. Parents must also be given an opportunity to read food labels to determine which foods are safe for their student. Note that parents may opt to provide a safe snack(s) alternative for their student with a food allergy and can designate that the teacher and other staff only provide the safe snack(s) to that particular student in all school or school sponsored settings.
4. Classroom staff are responsible for cleaning student work surfaces potentially contaminated with food proteins (after all meals or food activities in classrooms).

Contact building custodian for training on the cleaning process and to request supplies (Reference board policy regulation ADF – R [k]) when needed.

Transportation Services

Transportation Supervisors (Reg Ed & ESS/SPED) reference and accommodate for student health needs by following the student bus/transportation plan which is provided by the school nurse.

Transportation maintains, as much as possible, a no eating or drinking rule on the bus. However, parents of students with medical conditions that require food consumption to control the effects of the condition may supply food products during transportation. 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.

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

1. Families of 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 by sending it home with the student or via email. This is also available on the district [Health Services website](#).
2. School nurses assess the severity of the student’s reported allergy using a combination of sources including the online health update questionnaire completed by the family, verbal information provided by the parent and/or student, as well as clarification calls, texts, or emails, as well as paper forms.
3. School staff 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). A classroom Allergy/Anaphylaxis plan is provided electronically to the student’s teachers for all known severe allergies as this is best practice.
4. Field trip/school sponsored activities and/or bus Allergy/Anaphylaxis plans will be provided as indicated.
5. Designated staff are delegated the administration of student-specific emergency Epinephrine injection and/or other medications as ordered while at school, at school-sponsored activities, and on school sponsored field trips. Health office staff will provide medication and emergency plans/lists to the trip sponsor.
6. Student emergency medications are stored in a 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 a [Medical Statement for Meal Modification Form](#) is received by health office staff, it will be forwarded to a district Registered Dietician.

Emergency Response:

1. All students experiencing allergic reaction symptoms during the school day 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 the 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 will be evaluated by Emergency Medical Services personnel (911).
4. In an emergency, 911 is called then the parent or emergency contact. Further emergency care is recommended (because up to 20 % of people with an anaphylactic response will go on to have a biphasic reaction [second reaction] 8-72 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.

Cleaning Process

Upon request, 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 and lunch) 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

Cleaning and sanitizing chemicals must be kept out of the reach of students at all times. Store these chemicals so that they are inaccessible to students.

Chemical Shelf Life

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 Responsibilities:

Families/Parents

1. Work with the school nurse to develop a health care plan for the management of your student's needs.
2. Provide a completed Allergy and Anaphylaxis Action Plan (medical information about the known allergen, instructions for treatment and orders for emergency medications) and a Medical Statement for Meal Modification Form which includes the known food allergen, foods to omit, and foods to substitute.
3. Educate your student 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 procedures with the school nurse, your student's health care provider, and the student after a reaction has occurred
4. Parents are asked to share student health information with health office personnel either verbally or through completion of a health questionnaire (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 new accommodations at school related to allergies.
5. 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.
6. Families may elect to have a secondary-age student self-monitor their diet, environment, and/or self-carry emergency medications (a signed EpiPen Contract and "State of Colorado, Allergy and Anaphylaxis Action Plan and Medication Orders are required).
7. It is recommended that students with serious allergies carry or wear emergency medical information.
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. Parents may be contacted to approve foods that are not pre-planned menu or snack foods.
9. Parents can access allergy/anaphylaxis information at the Thompson School District Health Services website: Thompson School District—departments—[Health Services](#).
10. If a food or snack is routinely 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 (e.g. bring safe snacks and carry your Epipen at activities, be sure someone knows you have an allergy at activities, do not accept foods that you are not familiar with, for example, stuffed pretzels may contain peanut butter etc...).
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

American Heart Association. (2016) *Heartsaver First Aid with CPR & AED*. Dallas, TX: Author

Centers for Disease Control and Prevention. Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs. Washington, DC: US Department of Health and Human Services; 2013. Available at: <http://www.cdc.gov> Accessed October 18, 2023.

National Association of School Nurses. (2023). School nursing evidence-based clinical practice guideline: Students with allergies and at-risk for anaphylaxis. Available at: <https://learn.nasn.org/courses/58496> Accessed October 18, 2023.

NSBA. Safe at School and Ready to learn: a comprehensive policy for protecting students with life-threatening food allergies. Second edition 2012. Available at: <http://www.nsba.org/safe-school-and-ready-learn-comprehensive-policy-guide-protecting-students-life-threatening-food>

The Nebraska Department of Health and Human Services. Nebraska Emergency Guidelines for Schools; 2012 Edition. Available at: http://emscnrc.org/files/PDF/EMSC_Resources/NE_Emergency_Guidelines_for_Schools.pdf

Colorado Department of Education, Child Nutrition Programs, Administrator's Reference Manual. Available at: <http://www.cde.state.co.us/nutrition/nutriSpecDietaryNeeds.htm>

Code of Federal Regulations (7CFR Part 15b)

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