

Albemarle County School Food Allergy Procedures

Component A: Identification of Students with Life-Threatening Food Allergies

Once notified of a severe food/sting allergy (from registration, report of physical examination form or directly from the parent) the school nurse will:

1. Contact parents to discuss the following:
 - History of allergic reaction
 - Physician diagnosed allergy
 - Need for a Food Allergy Action Plan (see below)
 - In elementary schools, permission to send letter out to classmates' parent/guardian about the student with food allergy (not by name)
2. Compile information on all students with severe allergies
3. Share information with the Department of Child Nutrition Services
4. With parent consent, share information with all classroom teachers, specialists and other staff assigned instructional or supervisory duties (see alert)

Component B: Individual Written Management Plans

1. Utilizing the standard FAAP, an individualized action plan will be developed for each student with severe allergies. This plan can come from the allergist / physician with parent's and doctor's signature or it can be initiated by the school nurse, but must contain necessary signatures. Plan must state medication to be administered and contain emergency contact numbers. Plans must be renewed each school year.
2. Nurse may develop a *food allergy alert* to be shared with employees who have supervisory duties over student but will not be responsible for providing treatment.
3. Plans will be kept in an orderly fashion in the office or nurse's station as well as other necessary sites throughout the school.
4. Share plan with necessary personnel or distribute *Food Allergy Alert* to all personnel with supervisory assignments for a student with a food allergy.
5. Maintain *incident reports* and follow up. Modify plan as necessary.

Component C: Medication Protocols: Storage, Access, and Administration

The school nurse will:

1. Maintain written medication orders for students, including permissions for students to carry and self-administer medications as appropriate.
2. Identify authorized personnel to administer medications.
3. Store medications appropriately in location accessible to school employees.
4. Request multiple (at least two) epinephrine auto-injectors from parents.
5. Monitor expiration dates of medications.
6. Stock school clinic with diphenhydramine, monitor expiration date and replace as necessary.
7. Maintain standing order for epinephrine for emergency use, as required by law.
8. Maintain floor-stock epinephrine for use with student not previously diagnosed with symptoms of anaphylaxis.
9. Document any medication that is administered and notify parent/caregiver.

Component D: Healthy School Environment: Comprehensive and Coordinated Approach

1. Classroom

- With permission, send letter to classmates' parents in elementary school notifying them that a student in the class has a food allergy.
- Restrict or limit the use of foods containing known allergens for projects, activities and class parties.
- Consider allowing only pre-packaged food items with complete ingredient lists if food is shared.
- Ensure appropriate hand washing procedures.
- Communicate rules and expectations about bullying related to food allergies.
- Classroom teachers and other staff will be trained about food allergies – awareness of signs and symptoms of allergic reaction, what foods contain allergens, safe food handling, and cleaning procedures to avoid cross contamination.
- Consider eliminating cooking and food preparation activities.

2. Cafeteria

- Enforce responsibilities of school nutrition staff and contracted food service staff.
- Develop procedures to identify students with life-threatening food allergies.
- Identify specific areas/tables that will be allergen safe.
- Promote hand washing before and after meals.
- Encourage and enforce no trading of food or sharing utensils.
- Be vigilant of "food bullying."
- Monitor and enforce strict cleaning and sanitation policies and procedures.
- Assign staff trained in administration of epinephrine to food service areas.
- Provide ready access to epinephrine and functional two-way communication devices.
- Train school nutrition staff in allergy awareness.

3. Buses

- Follow Transportation Services established procedures.
- Ensure that transportation personnel receive information on which students have food allergies.
- Consider no eating policies.
- Equip all school vehicles with functional two-way communication devices.
- Train bus drivers in allergy awareness.
- Require bus companies/ personnel be trained on local EMS procedures.
- Consider assigned seating to support safety of students.

5. Extracurricular Activities, Before- and After-School, Field Trips

- Teachers will notify school nurse of scheduled field trips for necessary preparation.
- Nurse will delegate responsibilities for carrying necessary medications (epinephrine); provide a copy of the student's individual written management plan and contact information of parent/ caregiver, the licensed healthcare provider, and the nearest hospital(s). Teacher will be trained in when and how to administer medication and will be assigned to carry the medication.
- Schools will provide access to functioning two-way communication devices or cell phones.

- Teachers will discourage trading of food and sharing of utensils and promote good hand washing practices.
- Activity personnel will restrict the use of foods that are known allergens.
- Train before- and after- school coordinators in allergy awareness.
- Train before- and after- school coordinators in basic food handling procedures.
- Communicate with and permit parents of students with food allergies opportunities to attend field trips/activities and include information on the provisions for food.

Component E: Communication and Confidentiality

Policies and communication plans must comply with state and federal privacy and confidentiality laws and accommodate parent requests, as feasible (U.S. Department of Education, 2007). Communication plans should be developed with the intent to:

1. Increase awareness of life-threatening food allergies throughout the school environment.
2. Share lists of students with allergies with need-to-know personnel (as above).
3. Consider providing “alerts” to all school employees having supervisory capacity over student.
4. Train all personnel in awareness of allergic reactions and emergency intervention.

Component F: Emergency Response:

1. Identify roles and responsibilities of adults identified to respond to an allergic reaction. Identify and post the list of employees who are designated.
2. Follow individual healthcare and emergency procedures when responding to signs of life-threatening allergic reaction. Follow *flow chart (algorithm) and standing order and protocol* when responding to signs of allergic reaction in students without individualized plans.
3. Follow emergency protocol for activating EMS responding to a life-threatening allergic reaction. Consider using script:
Hello, my name is _____, at _____ (address). A _____ - year old child is experiencing an anaphylactic allergic reaction to _____ (food, insect). I have already given him/her a shot of epinephrine and some liquid antihistamine. Please send your advanced life support people as quickly as possible, and tell them to bring more epinephrine with them.

Component G: Monitoring and Evaluation

Food allergy policy and practices should be reviewed and updated at least annually to:

1. Collect and review data on when and where medication was used and the impact on the affected individual. (See post incident report form)
2. Incorporate lessons learned by food allergy management teams.
3. Align with current science on food allergies.
4. Comply with current state and federal legislation, recommendations, and/or guidelines.
5. Verify that health records submitted by parents and licensed healthcare providers are current.
6. Determine whether the appropriate personnel received allergy awareness training and are adequately informed, competent, and confident in performing assigned responsibilities.