

Cambridge Public Schools

Life Threatening Food Allergy Administrative Procedures and Guidelines

In accordance with the Massachusetts Department of Elementary and Secondary Education's Guidelines on Managing Life Threatening Food Allergies in Schools, the Cambridge School Committee has adopted a Policy and Procedures for the Administration of Prescription Medication and for Management of Life Threatening Food Allergies in the School Setting and these administrative procedures and guidelines are promulgated pursuant to that policy to ensure the safety and well-being of any individual with life threatening food allergies. The purpose of these Administrative Procedures and Guidelines are to:

- (a) Provide a safe and healthy learning environment for all students;
- (b) Protect the rights of food allergic students to participate in all school activities;
- (c) Reduce the likelihood of severe or potentially life-threatening allergic reactions during school; and
- (d) Ensure a rapid and effective response in the case of a severe or potentially life-threatening allergic reaction.

I. Overview

These Administrative Procedures and Guidelines have been developed based on review of the pediatric scientific literature. The principles that govern these Administrative Procedures and Guidelines are allergy awareness, prevention, safety, inclusion, and appropriate intervention. The framework for implementation is education, planning, training and emergency response.

Current recommendations from the Food Allergy & Anaphylaxis Network and other experts do not include using school or district wide bans of any specific allergens (peanut or other), because these provide a false sense of security and are polarizing and discriminating.^{1, 2, 3} Therefore, the Cambridge Public Schools does not support a district-wide or school-wide food ban. Given the rise in allergy to other foods, developmentally appropriate allergen avoidance strategies will be developed and documented in the student's individualized health care plan (IHCP).

The Cambridge Public Schools (CPS) recognizes that an effective food allergy program depends on a cooperative effort among school staff, parents/guardians/caregivers and the school nurse. In order to facilitate the cooperative effort and nature of a food allergy program the Cambridge Public Health Department (CPHD) School Health Services in collaboration with Cambridge Public Schools will provide district oversight. Accountability and support at the district level includes, but is not limited to: CPS Superintendent or designee; Chief Operating Officer;

¹ Munoz-Furlong A, Sicherer SH, Feldweg AM. Food allergy in schools and camps. Last literature review version 16.3: October 2008 | This topic last updated: December 17, 2007.

http://www.uptodateonline.com/online/content/topic.do?topicKey=ped_allg/2131&selectedTitle=1~150&source=search_result

² Leo HL and Clark NM. Managing children with food allergies in childcare and school. Curr Allergy Asthma Rep. 2007 Jun;7(3):187-91 ³ School guidelines for managing students with food allergies. American Food Service Association. National Association of Elementary School Principals, National Association of School Nurses. National School Boards Association. The Food Allergy & Anaphylaxis Network. <http://www.foodallergy.org/guidelines.htm>

Director of Food Service; Assistant Superintendent of Student Services; Director of Transportation; and Director of Facilities. Clinical accountability and protocol development rests with CPHD School Health Medical Director, Nurse Manager, Nutritionists and Registered Nurses. Principals and department heads are responsible for ensuring that their individual staff members attend appropriate training on management of food allergies.

Based on the individual student needs, the school nurse, with administrative support and authority from the school principal, shall be responsible for school based implementation and management of food allergies.

II. Education and Training

Staff to be trained include, but are not limited to, teachers, paraprofessionals, food service staff, cafeteria and playground monitors; bus drivers and monitors; principals, assistant principals, deans, school administration managers, support staff and student interns/teachers. Additionally, in those instances where a student and their parents/guardians/caregivers have entered into an agreement regarding the conditions under which self-administration of prescription medication may occur, the student also will be trained. Education and training will include:

- (a) review of food allergy program Administrative Procedures and Guidelines;
- (b) identifying potential food allergens and assisting children to avoid them;
- (c) role and responsibilities in prevention and reducing risks;
- (d) recognizing allergic reactions;
- (e) responding to an allergic reaction; and
- (f) how to administer an epinephrine auto-injector (EpiPen®).

III. Role and Responsibilities

CPS Principals

Principals will:

- a) support training for school staff;
- b) direct questions or concerns from current or prospective parents/guardians/caregivers of food allergic students to the school nurse; and
- c) ensure Administrative Procedures and Guidelines adherence for all CPS school based personnel.

CPHD Nursing Staff

The school health nursing staff will:

- (a) provide annual training for school staff, food service and transportation staff that will include information on food allergies, how to recognize an allergic reaction and how to respond in the event of an allergic reaction, including the use of an EpiPen®;
- (b) maintain an individual health care plan for each child with a documented food allergy, such plan to include an allergy action plan for addressing the prevention and management of anaphylaxis that contains the student's name, photo with the written permission of the

- parent/guardian/caregiver, allergens, allergic reaction if known, risk reduction procedures, emergency procedures and required signatures;
- (c) maintain emergency medication as ordered by the physician of each child with a food allergy;
 - (d) ensure EpiPens® are available and safely accessible;
 - (e) be authorized to administer epinephrine in order to manage anaphylaxis in individuals within unknown allergies; and
 - (f) with permission from the family, contact the primary care provider or allergist when indicated to clarify specific orders and/or directions to be included in the child's allergy action plan.

Additionally, as the provisions of M.G.L.c. 71, §54B provide, in pertinent part, that no school district shall prohibit students with asthma or other respiratory diseases from possessing and administering prescription inhalers or students with life threatening allergies from possessing and administering epinephrine or students with cystic fibrosis from possessing and administering prescription enzyme supplements or students with diabetes from possessing and administering a glucose monitoring test and insulin delivery system in accordance with the Department of Public Health's regulations concerning a student's self-administration of a prescription medication, if a student and their parents/guardians/caregivers wish for the student to be able to self-administer one of these prescription medications, the school nursing staff, in addition to the responsibilities detailed above, will, in accordance with the provisions of 105 C.M.R. 210.006:

- a. enter into an agreement with the student and parent/guardian/caregiver, where appropriate, which specifies the conditions under which prescription medication may be self-administered;
- b. as appropriate, develop a medication administration plan (in accordance with 105 C.M.R. 210.005(E)) which contains only those elements necessary to ensure safe self-administration of prescription medication;
- c. evaluate the student's health status and abilities and deem self-administration safe and appropriate. As necessary, the school nurse shall observe initial self-administration of the prescription medication;
- d. be reasonably assured that the student is able to identify the appropriate prescription medication, knows the frequency and time of day for which the prescription medication is ordered and follows the school self-administration protocols;
- e. if requested by the school nurse, the licensed prescriber provides a written order for self-administration;
- f. have the student follow a procedure for documentation of self-administration of prescription medication;
- g. make sure there is written authorization from the student's parent/guardian/caregiver that the student may self-medicate, unless the student has consented to treatment under M.G.L. c. 112, § 12F or other authority permitting the student to consent to medical treatment without parental/guardian/caregiver permission;

- h. establish a policy for the safe storage of self-administered prescription medication and, as necessary, consult with teachers, the student and parent/guardian/caregiver, if appropriate, to determine a safe place for storing the prescription medication for the individual student, while providing for accessibility if the student's health needs require it. This information shall be included in the medication administration plan. In the case of an inhaler or other preventive or emergency medication, whenever possible, a backup supply of the prescription medication shall be kept in the health room or a second readily available location;
- i. develop and implement a plan to monitor the student's self-administration, based on the student's abilities and health status. Monitoring may include:
 - i. teaching the student the correct way of taking the prescription medication;
 - ii. reminding the student to take the prescription medication;
 - iii. visual observation to ensure compliance; and
 - iv. recording that the prescription medication was taken, and notifying the parent/guardian/caregiver or licensed prescriber of any side effects, variation from the plan, or the student's refusal or failure to take the prescription medication;
- j. with parental/guardian/caregiver and student permission, as appropriate, inform appropriate teachers and administrators that the student is self-administering a prescription medication; and
- k. follow any documentation/recording requirements as specified in 105 C.M.R. 210.009.

CPHD Nutrition Staff

The school nutrition staff will:

- (a) assist with individual health care plans as appropriate in regards to food in the school environment;
- (b) coordinate the needs of individual health care plans with the director of food service and school kitchen staff as appropriate;
- (c) provide training for school food service staff regarding the specific food needs of allergic children according to the individual health care plan; and
- (d) work with food service to provide information to parents of food allergic children on school food service menus and ingredients as appropriate.

CPS Teaching Staff/Classroom Staff

The classroom staff will:

- (a) be trained annually to recognize symptoms of allergic reaction and to understand their role as a responder in the event of an allergic reaction; including the use of an EpiPen®;
- (b) work with the school nurse, and parent/guardian/caregiver to develop and implement a plan for ensuring that their child is safe from potential allergens, including during field trips, classroom festivities, arts & crafts activities and cafeteria management;
- (c) in collaboration with the school nurse, create developmentally appropriate allergy avoidance strategies (plans) – for pre-K, primary, middle and high school age groups;
- (d) work with classroom parents/guardian/caregivers, as appropriate, to set guidelines for classroom concerns that relate to food allergy;

- (e) remind students never to share or trade food;
- (f) ensure student handwashing with soap and water before and after eating to avoid cross contamination. Hand sanitizers have not been shown to be an effective means of removing allergens (Munoz-Furlong 2008); and
- (g) keep information for substitute teachers in an organized, prominent and accessible format
- (h) notify the school nurse ahead of time of an upcoming field trip so that medication can be prepared for the field trip. It is the teacher's duty to ensure that all emergency medications are brought on the trip as well as emergency information, and is kept with the student's teacher at all times.

CPS Food Services

The food service staff will:

- (a) be trained annually to recognize symptoms of allergic reaction and to understand their role as a responder in the event of an allergic reaction; including the use of an EpiPen®;
- (b) receive training and use correct protocols to serve food to food allergic children according to their individual health care plan as appropriate;
- (c) ensure appropriate non-allergenic food substitutes are available according to individual health care plans, in consultation with CPHD nutritionists; and
- (d) make every effort to avoid cross-contamination during handling, preparation, and serving of food.

CPS Lunch Monitor/Cafeteria Aides

Lunchroom monitors and cafeteria aides will:

- (a) be trained annually to recognize symptoms of allergic reaction and to understand their role as a responder in the event of an allergic reaction; including the use of an EpiPen®;
- (b) maintain separate table-washing supplies (sponges, washcloths) for PAL table; and
- (c) be responsible for lunch table supervision as directed by their principal and food service supervisor.

CPS Transportation Services

Bus drivers and monitors will:

- (a) be trained annually to recognize symptoms of allergic reaction and to understand their role to respond in the event of an allergic reaction; including the use of an EpiPen® ;
- (b) enforce no eating Administrative Procedures and Guidelines on the bus, unless medically indicated, i.e. for diabetes;
- (c) have radio/phone access for communicating emergencies; and
- (d) know and follow protocol for emergency response on the school bus.

CPS Custodial Services

Health care responsibilities that involve the custodial staff will be communicated directly to the head custodian.

Parents/guardians/caregivers

Parents/guardians/caregivers must:

- (a) inform the school nurse, if their child has a food allergy;
- (b) provide physician documentation regarding allergy diagnosis & treatment;
- (c) work with the school nurse, school principal and classroom teacher to develop and implement an IHCP for ensuring that their child is safe from potential allergens;
- (d) provide physician ordered emergency medications if indicated for their child's safety; and
- (e) provide medic alert-type jewelry (typically bracelet), or other emergency identification to alert their child's school bus driver/monitor.

Additionally, if a student and their parent/guardian/caregiver wishes for the student to self-administer a prescription medication, the parents/guardians/caregivers, in addition to the responsibilities set forth above will, in accordance with the requirements of 105 C.M.R. 210.006(B)(1), 105 C.M.R. 210.006(B)(5) and 105 C.M.R. 210.006(B)(10):

- (a) enter into a written agreement in conjunction with the student and school nurse, which specifies the conditions under which prescription medication may be self-administered by the student;
- (b) give written authorization that the student may self-medicate, unless the student has consented to treatment under M.G.L. c. 112, § 12F or other authority permitting the student to consent to medical treatment without parental permission;
- (c) give permission, as appropriate, to the school nurse so the school nurse may inform appropriate teachers and administrators that the student is self-administering a prescription medication; and
- (d) deliver all prescription medication to be administered by school personnel or to be taken by self-medicating students, if required by the self-administration agreement (105 C.M.R. 210.006(B)), to the school nurse or other responsible person designated by the school nurse.

Student Self-Management and Self-Administration

A student at risk for anaphylaxis shall be allowed to carry an epinephrine auto-injector with them at all times, if age-appropriate. If this is not appropriate, the epinephrine auto-injector shall be kept in a safe, but unlocked location in the classroom, cafeteria, physical education facility, health room and/or other areas. Additionally, the self-administration procedures set forth above in section III for CPHD Nursing Staff and parents/guardians/caregivers shall be followed.

EMS Collaboration

CPS in cooperation with the CPHD will collaborate with emergency response systems to confirm their availability and use of EpiPen and will review EpiPen administration and transport incidents as needed.

IV. CPS Communication

- (a) Parents/guardians/caregivers will be informed by CPS about their rights and responsibilities regarding food allergic students.

- (b) Parents/guardians/caregivers will be given clear and consistent guidance on the CPS Life Threatening Food Allergy Administrative Procedures and Guidelines at all CPS interfaces such as Student Registration Center, School Open House, etc.

V. Allergy Bullying

All threats or harassment of students with food allergies will be taken very seriously and will be dealt with in accordance with appropriate Cambridge Public Schools student discipline policies, including without limitation, the Cambridge Public Schools Non-Discrimination Policy, Sexual Misconduct/Title IX Policy and the Cambridge Public Schools Anti-Bullying Policy.

VI. Medication Delegation and Restrictions

Medication Delegation

Massachusetts Department of Public Health Regulations governing the Administration of Prescription Medications in Public and Private Schools 105 C.M.R. 210.100(A)(4) and (A)(4)(c)(iv) authorize school personnel who are trained and tested for competency to administer epinephrine by auto-injector to individuals with previously diagnosed life-threatening allergies who are experiencing an anaphylactic event. School districts must be registered with the Massachusetts Department of Public Health for this purpose.

Two Dose Auto-injectors

For those devices that incorporate two epinephrine doses in one device, the auto-injector mechanism (first dose) is the only administration technique which unlicensed personnel (delegated as described above) may be trained to use. School nurses are the only school personnel authorized to administer a subsequent (second) epinephrine dose.

Over-the-Counter Medications

Only School nurses may administer over the counter medications to students based on protocols that have been developed in collaboration with the School Health Medical Director. These protocols must include the following information:

- (a) Drug Name
- (b) Dose to be administered
- (c) Dosage frequency
- (d) Indications for use
- (e) Contraindications
- (f) Potential side effects
- (g) Assessment criteria to be gathered prior to administering a particular medication, including, without limitation:
 - (i) student's current medication profile
 - (ii) student's history of allergies
 - (iii) parent/guardian/caregiver consent
 - (iv) documentation of over-the-counter medication administered according to such

protocols must conform to the school department's and Cambridge Public Health Department's regulations for documentation of medication administered to students.

Diphenhydramine (Benadryl®)

Unlicensed staff (as described above) according to 105 C.M.R. 210.005 may not administer Benadryl® as a first line intervention, due to the rapid and unpredictable sequence of events during an anaphylactic reaction.

VII. Administrative Procedures and Guidelines Review

Pursuant to the requirements of 105 C.M.R. 210.003, the review and revision of this Administrative Procedures and Guidelines and any related procedures should occur as needed but at least every two years.

VIII. Emergency Response Protocol

Anaphylaxis is a rare, extremely serious form of allergic reaction that may occur in adults or children. The reaction ranges from mild, self-limited symptoms to rapid death. Immediate action may be required to prevent fatality. This response may happen in adults and children not previously known to be allergic or hypersensitive.

- i. Extreme sensitivity to one or more of the following may cause an anaphylactic response:
 - (a) insect sting – usually bee or wasp
 - (b) medication or immunizations – usually by injection
 - (c) food, such as peanuts or shellfish
 - (d) industrial or office chemicals or their vapors
 - (e) latex rubber
- ii. Immediately bring an individual, staff or student, to the health office when the individual exhibits the initial symptoms of an allergic reaction, including any of the following:
 - (f) bright red face or blotchy face
 - (g) red patches of face or body (hives)
 - (h) watery itchy eyes
 - (i) swollen eyelids
 - (j) swollen lips
- iii. Emergency intervention is necessary if a staff or student develops one or more of the following symptoms:
 - (k) sudden onset of symptoms beginning within 15 minutes after exposure to an allergen
 - (l) feeling of apprehension, sweating, weakness
 - (m) feeling of fullness in throat
 - (n) respiratory difficulty and/or change in quality of voice (This may signal closure of an airway).
 - (o) tingling sensation around the mouth or face
 - (p) nasal congestion, itching, wheezing

- (q) low blood pressure with weak, rapid pulse
- (r) loss of consciousness, shock, coma

If the school nurse is present, they will administer the EpiPen®. If the school nurse is not present, a delegated staff member, trained to administer the EpiPen® will inject the individual with the appropriately dosed EpiPen® obtained from the designated storage location in the school. If the requirements for student self-administration have been met, then the student may self-administer the EpiPen®.

Adult: EpiPen;

Children under 66 pounds: EpiPen, Jr.

Only those staff trained in accordance with the Cambridge Public Schools Administrative Procedures and Guidelines in the administration of prescription medication may administer an EpiPen® in the event of a known prior diagnosis of life threatening allergic reaction. A current prescription for the administering of EpiPen® must be on record.

- iv. School personnel should immediately notify the school nurse or health aide and the main office. If no other adult is present to provide such notification, the school staff member responding to the emergency situation should have a student immediately notify the main office. The main office should immediately call 911 for emergency care and transport to the nearest medical facility.
- v. Contacting 911, the following information must be provided:
 - (a) identify self
 - (b) identify school, and
 - (c) advise that an allergic reaction is suspected and an EpiPen® has been given
- vi. The main office should:
 - (a) immediately notify the student's parents/guardians/caregivers, and the school principal
 - (b) ensure that emergency medical response personnel who are responding to the call are met at the school entrance and are directed to the student
- vii. While waiting for emergency response team:
 - (a) cover the affected individual with blankets, if necessary, to keep warm
 - (b) monitor time between initial administration of the EpiPen® and if 15-20 minutes has elapsed and if affected individual is still at school repeat EpiPen dose
 - (c) maintain affected individual under constant observation until school nurse or emergency response team arrives

School nurse will file a report of an EpiPen® administration and forward it to the school health manager.

Cambridge Public Schools Administrative Guidelines for Food Allergy Program

A. Guidelines for School Staff

- (i) Parents/guardians/caregivers of food allergic students should be involved in developing a class plan for dealing with food allergies.
- (ii) Encourage parents/guardians/caregivers to help organize class parties and other special events.
- (iii) Encourage parents/guardians/caregivers to send in a box of “safe snacks” so there is always something the student can choose from during an unplanned special event.
- (iv) Ask parents/guardians/caregivers to provide a list of foods and ingredients to avoid.
- (v) Avoid food rewards in the classroom.
- (vi) If parents/guardians/caregivers agree, send a letter home to other parents/guardians/caregivers to enlist their help in keeping certain foods out of the school/classroom setting.
- (vii) Use allergy aware tables as determined by each student’s individual health care plan.
- (viii) Avoid cross contamination. Be sure students wash their hands with soap and water before and after eating.
- (ix) Inform other classroom staff or volunteers that there is a student in the classroom with a food allergy. Designate one person (teacher) in the class to be responsible for food distribution in the classroom.
- (x) Remind the food-allergic student not to accept food from anyone unless it is the designated person.
- (xi) Review lesson plans that involve food. Make sure that supplies are non-allergenic.
- (xii) Keep information about each food-allergic student, including the student’s name (with parental/guardian/caregiver permission), in your class roster so that substitute teachers will be aware.
- (xiii) With the student’s and their parents/guardians/caregivers’ permission and help, conduct a lesson about food allergies. The school nurse also will be available to help.
- (xiv) Observe and be aware of how other students are reacting to the allergic student to prevent teasing and harassment.
- (xv) Review plans for field trips and plan how to handle eating situations.
- (xvi) Work with the school nurse to plan for taking and using emergency medication on a field trip if ordered.
- (xvii) Ensure that you have access to a phone in the case of emergency on a field trip.
- (xviii) Know and follow the protocol for emergency response in the school.
- (xix) Encourage students to take responsibility for each other
- (xx) Provide a designated PAL (Protect a life) table in each cafeteria, as needed.

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