



Southington Public Schools School Health Services

Life-Threatening Allergy and
Glycogen Storage Disease Plan





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Southington Public Schools Food Allergy Plan

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Introduction

The goal of the Southington Board of Education Food Allergy Management/ Glycogen Storage Disease (GSD) Plan is to maintain the health and safety of students with life-threatening allergies and GSD in ways that are developmentally appropriate, promote self-advocacy and competence in self-care and provide educational opportunities. It focuses on education, prevention and appropriate response should an emergency occur. Using this district plan as a resource each school will identify all students with life threatening allergies and develop and implement an Individualized Health Care Plan (IHCP) and Emergency Care Plan (ECP) for these students. These plans will be implemented for all life-threatening allergies.

Strategies for early identification of students with life-threatening allergies may include kindergarten registration, new student health history form, mandated school physicals, emergency medical authorization form, school newsletter, web site and communication with families.

The basis of the following Food Allergy Management/Glycogen Storage Disease Plan is to assist an identified allergic student in avoiding exposure to allergens and increase awareness and planning of students with GSD. It is recognized, however, that the school district cannot guarantee the elimination of allergens from the school environment.

While this plan focuses on life-threatening food allergies, treatment of serious allergic reactions and anaphylaxis will be managed whether caused by food, insect sting, latex, exercise induced or unknown or other allergen.

Overview

In severe allergic cases, consuming a food, being stung by an insect or exposed to the allergen to which one is allergic can cause a life-threatening reaction called anaphylaxis - a systemic allergic reaction that can be severe and sometimes fatal. The first signs of anaphylaxis may be a feeling of warmth, flushing, tingling in the mouth or a red, itchy rash. Other symptoms may include feelings of light-headedness, shortness of breath, severe sneezing, anxiety, stomach or uterine cramps, and/or vomiting and diarrhea. In severe cases, patients may experience a drop in blood pressure that results in a loss of consciousness and shock. Without immediate treatment, anaphylaxis may cause death.

Symptoms of anaphylaxis can be reversed by treatment with injectable epinephrine, antihistamines, and other emergency measures. It is essential that anyone with symptoms suggesting possible anaphylaxis get emergency treatment immediately. Anaphylaxis is a severe allergic reaction that may involve the entire body. It can result in trouble breathing, loss of consciousness and even death. Anaphylaxis is a medical emergency that requires immediate medical treatment. Call 911 if epinephrine (EpiPen) is administered or an emergency situation exists.

Prevention is essential in managing life-threatening allergies, but be prepared for emergencies. Anaphylactic reactions caused by food allergies can be potentially life-threatening. Those who have experienced an anaphylactic reaction to a food must strictly avoid that food. They may need to carry and know how to use (age appropriate) injectable epinephrine and antihistamines to treat reactions due to accidental ingestion.



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Symptoms of Anaphylaxis

Anaphylaxis is a "systemic reaction," which means that various parts of the body are affected. Symptoms of anaphylaxis can vary from mild to severe and are potentially deadly.

Here is a list of possible symptoms that may occur alone or in any combination:

Skin: hives, swelling, itch, warmth, redness, rash

Breathing: wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion/hay fever-like symptoms, trouble swallowing

Stomach: nausea, pain/cramps, vomiting, diarrhea, itchy mouth/throat

Circulation: pale/blue color, poor pulse, passing-out, dizzy/lightheaded, low blood pressure, shock

Other: anxiety, feeling of "impending doom," itchy/watery eyes, itchy/red eyes

Reactions usually begin within minutes of exposure, but may be delayed. Sometimes symptoms resolve, only to recur or progress a few hours later. The most dangerous symptoms are low blood pressure, breathing difficulties, shock and loss of consciousness, all of which can be fatal.

Substances That Trigger Reactions

Foods: Essentially any food can trigger an allergic reaction. The FDA has determined the "Big 9 Allergens" include: **peanuts, tree nuts, shellfish, fish, eggs, milk, wheat, soybeans, and sesame.** Food additives such as sulfites can also sometimes trigger anaphylactic reactions.

Stinging insects: The venom of stinging insects such as yellow jackets, honeybees, paper wasps, hornets and fire ants cause discomfort for most people who are stung. However, reactions can be severe and even deadly for people with allergies to these venoms.

Medications: Virtually any medication can trigger an allergic reaction. Common categories of drugs that cause anaphylaxis are antibiotics and anti-seizure medicines.

Latex: Some products made from natural latex (from the rubber tree) contain allergens that can trigger reactions in sensitive individuals.

Exercise: Although rare, exercise can also trigger anaphylaxis. Oddly enough, it does not occur after every exercise session and in some cases, only occurs after eating certain foods before exercise.

Other: Anaphylaxis has rarely been associated with exposure to seminal fluid, hormones and exposure to extreme temperatures. When no cause is found and the reaction is definitely anaphylaxis, it is termed idiopathic anaphylaxis.

If a student begins experiencing severe allergy symptoms, immediately implement the student's Emergency Care Plan. The sooner the reaction is treated, the less severe it is likely to become.



Glycogen Storage Disease

Glycogen storage disease (GSD) is an inherited disorder in which an abnormal amount or type of glycogen is stored in the liver. This abnormal storage results from the liver's inability to adequately regulate the metabolism of glycogen and glucose. "Glycogen storage disease occurs when an enzyme (proteins produced by the body) that regulates conversion of sugar (glucose) into its storage form (glycogen) or release of glucose from glycogen is missing" (Cincinnati Children's Hospital Medical Center [CCHMC], 2012).

"Many sugars (including glucose) are present in foods and are used by the body as a source of energy. After a meal, blood glucose levels rise. The body stores the extra glucose that is not needed right away as glycogen in the liver and muscles. Later, as the blood glucose levels in the body begin to decrease, the body uses this stored energy. These sugars, stored in the form of glycogen, need to be processed by enzymes in the body before they can carry out their functions. If the enzymes needed to process them are missing, the glycogen or one of its related starches can accumulate, causing problems" (CCHMC, 2012).

"There are at least 10 different types of GSDs, which are put into groups based on the enzyme that is missing. Approximately one in about 20,000 people are affected by glycogen storage diseases. The most common forms of GSD are types I, III and IV.

The main types of glycogen storage diseases are categorized by number and name. They include:

- Type I (Von Gierke disease) – this is the most common type of glycogen storage disease, and accounts for 90% of all glycogen storage disease cases GSD I (von Gierke disease) results from a deficiency of the enzyme Glucose-6-Phosphatase (CCHMC, 2012). It is the most common type of GSD and the effects are apparent very early in childhood. GSD I accounts for approximately 25 percent of all GSD cases" (American Liver Foundation, 2011).
- Type II (Pompe's disease, acid maltase deficiency)
- Type III (Cori's disease) In GSD III (Cori disease) an enzyme called the debrancher is deficient, causing the body to form glycogen molecules that have an abnormal structure. This abnormal structure also prevents the glycogen from being broken down into glucose.
- Type IV (Andersen's disease) In GSD IV (amylopectinosis) glycogen that accumulates in the tissues has very long outer branches. This is due to a genetic deficiency of the branching enzyme. This abnormal glycogen is thought to stimulate the immune system. The result is tremendous scarring (cirrhosis) of the liver as well as other organs, such as muscle and heart (CCHMC, 2012).
- Type V (McArdle's disease)
- Type VI (Hers' disease)
- Type VII (Tarui's disease)
- Type VIII

Causes of Glycogen Storage Disease

Glycogen Storage Disease (GSD) occurs when there is an absence or deficiency of one of the enzymes responsible for making or breaking down glycogen in the body. This is known as an enzyme deficiency (Association for Glycogen Storage Disease, 2012).

Symptoms of Glycogen Storage Disease

"Symptoms of GSD vary based on the enzyme that is missing. They usually result from the buildup of glycogen or from an inability to produce glucose when needed. Because GSD occurs mainly in muscles and the liver, those areas show the most obvious symptoms.



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Symptoms of GSD may include:

- growth failure
- muscle cramps
- low blood sugar
- enlarged liver
- swollen belly
- abnormal blood test

Treatment of Glycogen Storage Disease

Treatment of GSD depends on the type of GSD. Some GSD types cannot be treated; others can be treated by controlling the presenting symptoms. For the types of GSD that can be treated, patients must carefully follow a special diet.

- Frequent high carbohydrate meals during the day. For some children, eating several small meals rich in sugars and starches every day helps prevent blood sugar levels from dropping.
- Cornstarch. For some young children over the age of 2, giving uncooked cornstarch every four to six hours – including during overnight hours – can also relieve the problem.
- Continuous tube feeding. In order to maintain appropriate blood glucose levels, gastrointestinal tube feedings with solutions containing high concentration of glucose may need to be administered. Younger children may have to use this treatment method during the night until they get older. In the daytime the feeding tube is sometimes removed, but the patient must eat foods rich in sugars and starches about every three hours. This treatment can be successful in reversing most symptoms.
- Drug treatment. GSD tends to cause uric acid (a waste product) to accumulate, which can cause gout (painful inflammation of the joints) and kidney stones.
- Medication is often necessary (CCHMC, 2012).

With regard to glycogen storage disease: **The school nurse shall develop an individualized health care plan and glycogen storage disease action plan for the student with glycogen storage disease.** The plan will provide for food or dietary supplements to be administered by the school nurse or her/his designee; and shall not prohibit a parent/guardian or a person designated by the parent/guardian from providing food or dietary supplements on school grounds during the school day.

Overview information adapted from the Connecticut State Department of Education, Guidelines for Managing Life-Threatening Allergies in Connecticut Schools 2012, American Academy of Allergy, Asthma and Immunology (AAAA), and the Food Allergy and Anaphylaxis Network (FAAN).



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Allergy Information for Parents/Legal Guardians

The basis of the Food Allergy Management Plan is to assist an identified allergic student in avoiding exposure to allergens. It is recognized, however, that the school district cannot guarantee the elimination of allergens from the school environment.

Notify the school of your child's allergies and the history of presenting symptoms. Schedule your appointments as needed with the school team including the nurse, principal, teacher, cafeteria manager, and other appropriate school personnel.

Work with the school team to develop a plan that accommodates your child's needs throughout the school including in the classroom, in the cafeteria, during school-sponsored activities, and on the school bus.

Provide the school nurse with written permission to communicate with your child's health care provider by completing an Authorization for Release of Information form.

A written Individualized Health Care Plan (IHCP) and Emergency Care Plan (ECP) will be established by the school nurse in conjunction with the parent/legal guardian, student, the student's health care provider who has documented the allergy, and school personnel, to be followed in the event that an allergic student ingests or believes he/she has ingested an offending food or has come in contact with the offending allergen.

Provide written medical documentation, instructions, and medication as directed by the physician who has documented the allergy or food allergy, using the Food Allergy Action Plan as a guide. Update as necessary. Include a photo of the child on written form. Return all forms in a timely manner.

Provide the necessary, properly labeled medications and replace medications after use or upon expiration. If required, the EpiPen® is the preferred brand of auto-injector for school use.

Families should also work directly with any before and after-care programs, before and after school programs, bus drivers or coaches as well. Provide an EpiPen specifically for before and after school programs as appropriate.

Continue to provide annual medical documentation and medication consistently as your child moves to different schools and grade levels. Provide medical documentation from the health care provider who has documented the allergy/food allergy, for all changes in child's allergy or associated health condition.

Educate your child in the self-management of their food allergy including:

- safe and unsafe foods
- strategies for avoiding exposure of unsafe foods including not sharing foods with classmates
- symptoms of allergic reactions
- how and when to tell an adult they may be having an allergy-related problem
- how to read food labels (age appropriate)



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If your child is participating in the hot lunch program, read the ingredient labels weekly to determine which foods are "safe." No peanut butter, peanut or nut products will be served or sold by food services at elementary or middle schools.

Southington High School serves peanut butter and nut products with a sign identifying them in the product line and on the menu.

Contact the cafeteria manager or Food Service Director with questions and to review nutrient lists.

Provide emergency contact information. Update information as changes occur.

Consider volunteering as a chaperone on your child's field trips.

You may provide a non-perishable lunch to be kept at school in case your child forgets to bring lunch one day.

Particularly at the elementary school level, you are encouraged to keep a supply of "safe" snacks -yogurt, popcorn or other appropriate snack in the classroom or school freezer to use as needed.

Some parents request that a letter be sent home to the other classroom parents asking that no peanuts or peanut products be sent in for snacks. Although this may add a level of safety, it does not ensure that any food brought in is safe for your child. We strongly advise that you provide ALL snacks and treats for your child.

You may wish to request a "peanut free" (or other food allergen free) table during lunch.

School nurses or other school personnel will not attempt to determine whether foods brought to school are safe for an allergic child to consume. If the situation warrants, a call will be made to the student's parent or legal guardian to make the determination.

Students may self-administer inhalers for asthma and cartridge injectors for medically-diagnosed allergies with only the written authorization of an authorized prescriber and written authorization from a student's parent or guardian or eligible student (Section 10-212a-4 of the Regulations of the Connecticut State Agencies). This medication authorization form is available from the School Nurse and [Southington Schools website](#). Appropriate medication authorization form needs to be completed and submitted to the School Nurse annually.

You may wish to keep an extra EpiPen in the Health Office in case your child forgets his/her prescribed EpiPen.

Review procedures with the school staff, the child's physician, and the child after a reaction has occurred.

You may wish to contact or join [The Food Allergy & Anaphylaxis Network](#).

Contact your school nurse with any concerns you may have regarding your child's health.

Disclaimer: The information provided herein is not intended as a substitute for medical advice, diagnosis or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition. Never disregard professional medical advice or delay in seeking it because of something you have read in this material. If you think you have a medical emergency, call your doctor or 911 immediately.



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Roles of Students

The role that students with life-threatening food allergies play in staying safe at school will increase as they become older. Younger children cannot be expected to assume the same responsibility for their safety as older children can.

Students should:

- Learn to recognize symptoms of an allergic reaction.
- Promptly inform an adult as soon as accidental exposure occurs or symptoms appear. Ask a friend to help you if you cannot get to an adult.
- Follow safety measures established by your parent(s)/guardian(s) and school team at all times.
- Do not trade or share foods with anyone.
- Do not eat any food item that has not come from home or been approved your parent or legal guardian.
- Wash hands before and after eating.
- Get to know the school nurse and other trusted staff members in the school who can assist you in successful management of the allergy in school.
- If approved by your parent/legal guardian and Authorized Prescriber, and school team made aware, carry your epinephrine auto-injector at all times (age and developmentally appropriate). Appropriate medication authorization form needs to be completed and submitted to the School Nurse annually.
- Report any instances of teasing or bullying to an adult immediately.



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Roles of Parents/Guardians

- Inform the school nurse of your child's allergies prior to the opening of school (or as soon as possible after a diagnosis). Provide a list of foods and ingredients to avoid.
- Provide the school nurse with health information from your health care provider.
- Provide the school nurse with medication orders from the licensed provider. Appropriate medication authorization form needs to be completed and submitted to the School Nurse annually.
- Participate in developing an Individualized Health Care Plan (IHCP) with the school nurse and school team.
- Provide the school nurse with at least annual updates on your child's allergy status.
- Provide the school nurse with written permission to communicate with your health care provider by completing an Authorization for Release of Information form.
- **Provide the school with at least one, preferably two, up-to-date epinephrine auto-injectors. Keep an extra EpiPen in the Health Office if your child has self-administration authorization in case they forget to bring theirs from home. Provide an EpiPen specifically for before and after school programs as necessary.**
- Provide the school nurse with the licensed provider's statement if the student no longer has allergies.
- Provide the school with a way to reach you (work phone, cell phone, etc.).
- Read the ingredient labels in the hot lunch program weekly to determine which foods are "safe." No peanut butter, peanut or nut products will be served or sold by food services at elementary or middle schools.
- You may provide a non-perishable lunch to be kept at school in case your child forgets to bring lunch one day.
- Particularly at the elementary school level, you are encouraged to keep a supply of "safe" snacks in the classroom or school freezer to use as needed.
- Families should work directly with any before and after-care programs, before and after school programs, bus drivers or coaches as well.
- Consider providing a medical alert bracelet for your child.
- Be willing to go on your child's field trips if possible and if requested.
- Be available to determine if a food is safe for your child to eat.
- Review the list of student responsibilities with your child and be sure he/she understands his role. It is important that children take on more responsibility for their food allergies as they grow older and are developmentally ready. Consider teaching them to:
 - Carry own epinephrine auto-injector (age and developmentally appropriate).
 - Communicate the seriousness of the allergy.
 - Communicate symptoms as they appear.
 - Read labels.
 - Recognize potentially dangerous situations and make good safety decision.
 - Administer own epinephrine auto-injector (age and developmentally appropriate).

The ultimate goal is that our children eventually learn to keep themselves safe by making good choices and advocating for themselves.



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Roles of School Administrators

Develop procedures to assist schools at each level (elementary, middle and high) to adapt or modify the plan to meet special needs of individual students.

Consider risk reduction for life-threatening allergies:

- Food free zones (e.g. library, music room, or art room)
- Promoting awareness (e.g. sharing food allergy educational materials/video with PTO, educational posters in cafe/classrooms, newsletters, or web site)
- Support faculty, staff and parents in implementing all aspects of the life-threatening allergy management plan.

Plan training and education for faculty and staff regarding:

- Anaphylaxis and anaphylactic reactions to foods, insect stings, medications, latex
- Risk reduction procedures
- Emergency procedures
- How to administer an epinephrine auto-injector in an emergency (coordinated with nurse)
- Cafeteria management and food preparation for food service personnel
- Promote educational training for all staff each year regarding allergies, anaphylaxis and GSD .

Provide emergency communication devices (e.g., two-way radio, intercom, walkie-talkie, cell phone) for all school activities, including transportation, that involve a student with life-threatening allergies.

Have a plan in place when there is no school nurse available including that there is another staff member that is trained in the recognition of early symptoms of anaphylaxis and in medication administration.

Inform parent/guardian if any student experiences an allergic reaction.

Make sure that plans include notification and training, as indicated, of substitute teachers, substitute nurses, food service personnel and cafeteria monitors.

If appropriate, place students with life-threatening food allergies in classrooms where teachers are trained to administer an epinephrine auto-injector, if needed.

Provide guidance on district-wide issues such as transportation.



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Roles School Nursing

- Participate in annual training and education for faculty and staff regarding life threatening allergies. An educational tool will be available each year regarding allergies and anaphylaxis.
- Implement strategies for early identification of students with life-threatening allergies including kindergarten registration, new student health history form, mandated school physicals, emergency medical authorization form, school newsletter, web site and communication with families.
- Prior to entry into school (or, for a student who is already in school, immediately after the diagnosis of a life-threatening allergic condition), meet with the student's parent/legal guardian to develop a written Individual Health Care Plan (IHCP)/Emergency Care Plan (ECP) in conjunction with the student, the student's health care provider who has documented the food allergy, and school personnel, to be followed in the event that an allergic student ingests or believes he/she has ingested an offending food.
 - Arrange periodic follow-up to review effectiveness of the IHCP, at least on an annual basis, or as often as necessary.
 - The ECP should include the student's name, photo (if consent given and provided), allergen, and symptoms of allergic reactions, risk reduction procedures, emergency procedures and that it is distributed to all appropriate staff.
- Request written permission to communicate with the student's health care provider by asking parent/legal guardian to complete an Authorization for Release of Information form.
- Meet with the student and show him/her how to get to the nurse's office as needed.
- The nurse will identify students with life-threatening food allergies and alert the principal, teachers, paras, cafeteria manager and other appropriate personnel (including bus company manager, and new staff members) to students at risk for a severe allergic reaction by means of a written Confidential Food Allergy List. (Include a photo if consent is given and provided.) In the Health Office this list will be placed in the red medication binder and in the yellow substitute nurse binder.
- A separate confidential list of other life-threatening allergies will be written and shared with appropriate staff and also placed in the red medication binder and yellow substitute nurse binder located in the Health Office. Parents may be asked for a photograph of their child to be used on the confidential allergy list.
- Instruct the student to notify a teacher, paraprofessional, or other appropriate adult if they believe they ingested a food product that may contain something that they are allergic to, or if they feel ill after eating. The student will remain in place or be brought to the nurse by a responsible adult in accordance with his or her individual Food Allergy Action Plan, Individualized Health Care Plan/Emergency Plan.
- Request that the parent obtain and provide to the school the medications ordered by the student's physician to treat an allergic reaction.



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Medication:

- Students may carry and self-administer their prescribed EpiPen auto injector medication in school as needed for severe life-threatening allergic reactions. **The School Nurse will complete a self-administration assessment for any student with doctor's orders and parent authorization to self-administer his or her EpiPen. The school nurse will instruct the student in self-administration of the medication when appropriate. Recommend a back-up EpiPen to be kept in the Health Office.**
- The school nurse will annually train qualified principals, teachers, coaches and appropriate staff to administer the student's medication in the absence of the nurse, including field trips. Conduct education for appropriate staff regarding a student's life-threatening allergens, symptoms, risk reduction procedures, emergency procedures, and how to administer an epinephrine auto-injector.
- **Appropriate staff must be trained even if a student will be self-administering their EpiPen.**
- These students must remain in this teacher's group during the field trip in order to ensure appropriate and immediate medical attention following EpiPen administration.
- Implement a periodic anaphylaxis drill as part of the AED drill.
- Track education of all involved parties to ensure that they have been properly trained and updated.
- Epinephrine (EpiPen or other auto-injector) will be immediately available in the clearly labeled emergency kit at each school to be administered according to the emergency medication protocol prescribed by the School Medical Advisor in the event that the student's own epinephrine prescription is unavailable.
- Post location of individualized plans as appropriate and have available all IHCPs and ECPs in an easily accessible place in the nurse's office. Post locations of epinephrine auto-injector. Copies of the Food Allergy Action Plan, IHCP and Emergency Plan will be in the blue IHCP binder, attached to the student's EpiPen and original copies to be kept in CHR.
- Make sure that substitute school nurses are fully aware of students with life-threatening allergies and the location of their care plans. Information is to be kept in the yellow Substitute Nurse binder.
- In the absence of a nurse, qualified personnel shall be immediately available to administer epinephrine to an identified student when indicated. 911 must be called if epinephrine is administered.
- The nurse will EpiPen train the faculty that will be supervising the students during field trips and before and after school programs. Identify the food-allergic (and other severe-allergy) student, discuss what foods must be avoided, explain the symptoms of an allergic reaction, and review the Food Allergy Action Plan, Individualized Health Care Plan, medication orders, and emergency care plan.
- Instruct students that foods must not be traded or shared.
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- Advise parents that they may wish to have a young child sit in the front of the bus. Remind parents that there may be substitute bus drivers on occasion. Bus drivers will not administer EpiPens or any medications to students.
- Ask the parents to note any updated information as it occurs.
- School nurses or other school personnel will not attempt to determine whether foods brought into school are safe for an allergic child to consume. If the situation warrants, a call will be made to the student's parent or legal guardian to make the determination.
- Periodically check medications for expiration dates and arrange for them to be current.
- Inform parents of support available from [The Food Allergy & Anaphylaxis Network](#)
- Communicate with parents on a regular basis as needed.



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Role of Classroom Teachers/Specialists:

- Participate in faculty training and education regarding life threatening allergies. An educational tool will be available each year regarding allergies and anaphylaxis.
 - Participate in the development of the student's Individualized Health Care Plan (IHCP) and Emergency Care Plan (ECP) (as core team member).
 - Review and follow the ECP and IHCP of any student(s) in your classroom with life-threatening allergies.
 - Keep accessible the student's ECP and IHCP (with photo if consent is given) in classroom or with the lesson plan.
 - Always act immediately and follow the ECP if a student reports signs of an allergic reaction.
 - **Never allow a child you suspect of having an allergic reaction to walk alone to the school nurse.**
 - Request that the classroom has a functioning intercom, walkie-talkie or other communication device for communication with the school nurse/main office.
 - Be sure volunteers, student teachers, aides, specialists and substitute teachers are informed of the student's food allergies/other allergies and necessary safeguards as appropriate.
 - Leave information in an organized, prominent and accessible format for substitute teachers.
 - Consider coordinating with parent and school nurse a lesson plan about food allergies and anaphylaxis in age appropriate terms for the class.
 - Educate students 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.
 - Work with the school nurse to educate other parents about the presence and needs of children with life-threatening allergies in the classroom. Enlist their help in keeping allergic foods out of the classroom while keeping student confidentiality in place.
 - Inform parents of children with life-threatening food allergies of any school events where food will be served.
 - Participate with the planning for student's re-entry to school after an anaphylactic reaction.
 - Review lesson plan materials for potential sources of allergens. Allergic reactions can occur from skin contact as well as ingestion and inhalation and those reactions commonly occur outside the cafeteria.
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- Allow the parents to read the ingredient labels to determine which foods are "safe" if the student is participating in the lunch program. The safest policy is to have the allergic



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student eat only the snacks and lunches that are brought in from home. No foods should be offered to students with life-threatening food allergies without the approval of the parent.

- Request that parents/guardians of students with food allergies keep a supply of “safe” snacks - in the classroom
- School personnel will not attempt to determine whether foods brought in to school are safe for an allergic child to consume. If the situation warrants, a call will be made to the student’s parent or legal guardian to make the determination.
- Instruct students that foods must not be traded or shared.
- Be sure to have the students wash their hands and their desks after eating if snacks are eaten in the classroom of a student with a food allergy, For some students, contact with the allergen can cause symptoms. Simply wiping away visible food is not enough.
- Request that parent provide a non-perishable lunch to be kept at school in case the student forgets to bring lunch one day. Note date that lunch was brought into school.
- Consider using stickers, colored pencils or other non – food items to reward good work.
- Provide classroom awareness about food allergies. (Peer education is a vital component of food allergy management at school. As students with life-threatening food allergies and their peers mature, it is often the children themselves that first recognize a reaction and summon help. Investing time in peer education at an early age has a great payoff in later years.
- Plan for celebrations (birthdays, school parties, holidays, and other school events) which may include: alternatives to food for celebrations, provisions for allergy-free foods for celebrations, etc.

SNACKS/LUNCHTIME

- Discourage students from sharing or trading snacks.
- Avoid cross-contamination of foods by wiping down allergen-free tables with soap and water before and after eating as applicable. Tables should also be washed with soap and water in the morning if an after-school event has been held in the classroom the day before.
- Reinforce hand-washing before and after eating.

CLASSROOM ACTIVITIES

- Avoid use of allergenic foods for classroom activities (e.g., arts and crafts, counting, science projects, parties, holidays and celebrations, cooking, pet foods or other projects).
- Welcome parental involvement in organizing class parties and special events.
- Consider non-food treats for rewards and incentives.



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FIELD TRIPS

Follow Southington Board of Education Southington Public Schools Guidelines and Procedures for Planning and Administration of Medication on Field Trips and FIELD TRIP MEDICATION AND HEALTH CONCERNS when planning a field trip. Before planning a field trip, the teacher should be sure to call ahead to alert the host site to potential health needs (allergies, wheelchair accessibility, etc.), and notify the school nurse.

Collaborate with the school nurse and parents, prior to planning a field trip to:

- Review the food-allergic student's Individualized Health Care Plan/Food Allergy Action Plan or MD orders/Emergency Plan with the nurse with regard to the upcoming event. Ask the parents to review the Plan you have on file and note any updated information.
- Plan ahead for risk avoidance at the destination and during transportation to and from the destination. (Museums may be using creative supplies for their hands-on exhibits. Be sure to call ahead and inquire about such practices in regard to student allergies. See Teacher's Risk Assessment Questions of the Field Trip Destination)
- Review plans when selecting field trip destinations; avoid high-risk places.
- Ensure the epinephrine auto-injectors and instructions are taken on field trips and remain with the student or in the care of the trained adult during the course of the field trip.
- *Carry the food-allergic student's medications wherever the student goes during the event or trip. In the case of a severe allergic reaction, known as anaphylaxis, speedy access to medications can be the difference between life and death. If the student's parent/legal guardian is not able to attend, the teacher or qualified personnel trained in EpiPen administration and the student will remain together during the entire trip.
- *Students may carry and self-administer their inhaler and EpiPen with the appropriate authorization from healthcare provider, parent/legal guardian.
- The School Nurse will annually train qualified principals, teachers, coaches, and appropriate staff to administer the student's medication in the absence of the nurse, including field trips. The School Nurse will review instructions with the student in self-administration of the medication when appropriate, but primary instruction should be done by prescribing healthcare professionals.
- Qualified personnel must be EpiPen trained even if a student will be self-administering their EpiPen. These students must remain in this teacher's group, or own parent's group of students, during the field trip in order to ensure appropriate and immediate medical attention following an EpiPen administration.
- Ensure that functioning two-way radio, walkie-talkie, cell phone or other communication device is taken on field trip and that there are adults present who are appropriately trained in the administration of an epinephrine auto-injector. Make certain all staff and chaperones know where the phone will be kept.
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School Health Services

Southington Public Schools

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- Ensure that the child with life-threatening food allergies is assigned to qualified personnel who are trained in recognizing symptoms of life-threatening allergic reactions, trained to use an epinephrine auto-injector, and trained in emergency procedures.
- Notify the parent/legal guardian prior to the trip if any food will be served to that student and confirm the safety of any food served to that student.
- Consider eating situations on field trips and plan for prevention of exposure to the student's life-threatening foods. Seriously consider having students bring their own snacks and lunches on the trip.
- Consider ways to wash hands before and after eating (e.g., provision of hand wipes, etc.).
- Know where the closest First Aid Station, medical facilities and telephone are located, 911 procedures and whether the ambulance carries epinephrine and EMTs are certified to administer epinephrine.
- Invite parents of a student at risk for anaphylaxis to accompany their child on field trips, in addition to the chaperone. However, the student's safety or attendance must not be conditioned on the parent's presence.
- Take all complaints seriously. If a food-allergic student notifies the staff that he or she is not feeling well, compare the symptoms with those listed on that student's Individualized Health Care Plan, Food Allergy Action Plan or Emergency Plan.
- If the student is having an allergic reaction, activate emergency procedures immediately.

Remember, if epinephrine is administered but not needed, the student may experience increased heart rate and nervousness. If epinephrine is needed but not administered, the student may experience a severe or fatal allergic reaction.

If a student is given an EpiPen injection, faculty must:

- Call 911 for immediate transportation of the student to the nearest Emergency Room.
- Land line call is preferable.
- Notify parents and school.



School Health Services

Southington Public Schools

Role of School Mental Health Staff

Participate in faculty training and education regarding life threatening allergies. An educational tool will be available each year regarding allergies and anaphylaxis.

Participate in the development of the student's Individualized HCP and ECP as necessary.

Act as a resource to staff training, especially around staff anxiety in caring for students with life-threatening food allergies.

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 as necessary. 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.



School Health Services

Southington Public Schools

Role of Food Services

- Ensure that all food service staff and their substitutes are trained to recognize the signs and symptoms of an allergic reaction and what to do in the event of a reaction. Participate in staff training and education regarding life threatening allergies. An educational tool will be available at each school and shown each year regarding allergies and anaphylaxis.
- Participate in the team meeting with appropriate members for entry into school as appropriate upon parent request.
- No peanut butter or peanut products will be served or sold by food services at elementary or middle schools. SHS serves peanut butter and nut products with a sign identifying in the product line and on the menu.
- The school nurse will provide the cafeteria manager with access to a Confidential Food Allergy list. This list will note the names and grades of the students and the food that they are allergic to.
- **Do not rely on lists of "safe" prepackaged food because ingredients can change often and without warning, making such lists out-of-date quickly.**
- Establish procedures to follow to ensure that students with life-threatening food allergies select only those foods identified and approved by their parent(s). Read labels. Develop a system for checking ingredient labels carefully for every food item to be served to the student with the allergy.
- The food service director will note on food purchase bids that no items containing peanuts or peanut products are allowed for middle and elementary school purchase.
- Prepare the kitchen. Designate an area in the kitchen where allergy-free meals can be prepared. This area should be a "safe zone" and kept free of ingredients allergic students should avoid. Contact the cafeteria manager and School Lunch Director if needed.
- Identify the allergic students. Refer to posted Confidential Food Allergy list that the nurse has provided to the cafeteria manager.
- If the student is participating in the lunch program, allow the parents to read the ingredient labels to determine which foods are "safe." Nutrient analysis is available in the school lunch office, and available upon parental request.
- Create specific areas that will be allergen safe, as needed. When necessary designate a certain table in the cafeteria as "milk-free", "peanut-free", or other severe allergy free. Children will be able to sit with their friends who have "safe" lunches.



School Health Services

Southington Public Schools

- Strictly follow cleaning and sanitation protocols to avoid cross-contact. Use specific cleaning procedures. Designate a person to be responsible for ensuring that lunch tables and surrounding areas are thoroughly cleaned before and after lunch. Hidden ingredients, cross contact between foods, and the fear of allergens left on lunch tables are often cause for concern. Use a cleaning solution and fresh cloth or paper towels when cleaning the table to avoid cross contamination from a sponge or cloth that was used to clean allergen-containing tabletops.
- Don't hesitate to ask questions. Success is achieved by working in partnership with the child's parents and the student who has food allergies.
- Maintain contact information for manufacturers of food products (e.g., Consumer Hotline) and make available to parents on request.
- Provide advance copies of the menu to parents/guardian and notification if menu is changed. Changes for daily menu will be posted on the school lunch page of the Southington Public Schools web site.
- Review and follow sound food handling and food preparation practices to avoid cross-contact with potential food allergens.
- Make required food substitutions with documentation signed by licensed physician. In order to make appropriate substitutions or modifications for meals served to students with life-threatening food allergies, the physician's statement must identify the student's disability (as defined under USDA guidelines), why the disability restricts their diet, the food or foods to be omitted from the student's diet, and the food or foods to be substituted.
- Avoid the use of latex gloves by food service personnel. Use non-latex gloves instead.
- Have a functioning intercom, walkie-talkie or other communication device to support emergencies.
- Take all complaints seriously from any student with a life-threatening allergy.
- Be prepared to take emergency action and summon immediate help for student.
- **Southington High School:** Identify foods in each day's menu that contain offending allergies. Be prepared to share this information with students. Use only cutting boards knives, spreaders, and trays that are clearly labeled "for peanut use only" or disposable utensils. Store peanut product utensils separately from other utensils. Wipe all visible traces of peanut butter from all utensils with clean damp paper towel. Follow up by wash/rinse/sanitize in the approved manner. Peanut product warning signs will be posted in areas where peanut products are available.



School Health Services

Southington Public Schools

School Bus Company

- Provide education for all school bus drivers regarding life-threatening allergies and what to do if they suspect a student is having a reaction.
- Provide education for school bus drivers on specific children, when appropriate.
- Provide functioning emergency communication devices (e.g., cell phone, two-way radio, walkie-talkie).
- Know local Emergency Medical Services procedures.
- Maintain a policy of not allowing foods or beverages to be consumed on school buses.
- Provide school bus dispatcher with list of students with life-threatening food allergies by bus/van number and instructions for activating the EMS system
- Plan ahead for informing substitute bus drivers of students with life-threatening food allergies.



School Health Services

Southington Public Schools

School Medical Advisor

- Provide consultation to and collaborate with school nurse(s) on clinical issues and protocols which may include:
 - Standing orders for emergency medication including epinephrine; and
 - Policy recommendations for emergency interventions (for known and unknown reactors) in cases of anaphylaxis.
- Guide the district in the development of procedures for prevention of anaphylaxis and emergency planning to ensure safety without undue interference with a child's normal development or right of others.
- Participate in staff training regarding life-threatening food allergies.
- Attend IHCP planning meetings when requested by the school administrator.
- Assist in the development of educational programs for students to promote wellness.
- Facilitate community involvement by participation in the School Health Council.
- Communicate with other community physicians regarding school district policy, procedures and clinical protocols for managing food allergies.
- Act as a liaison, if necessary, with the media should controversies or opportunities for education occur.



ATTENTION



PEANUT PRODUCTS SOLD HERE

If you have food allergies, please read all product labels carefully!

"Strict avoidance of the allergy-causing food is the only way to avoid a reaction. Reading ingredient labels for all foods is the key to maintaining control over the allergy. If a product does not have a label, allergic individuals should not eat that food. If the label contains unfamiliar terms, shoppers must call the manufacturer and ask for a definition or **AVOID EATING THAT FOOD.**" Food Allergy and

Anaphylaxis Network



School Health Services

Southington Public Schools

TEACHER'S CHECKLIST

FOR MANAGING FOOD ALLERGIES

- Be familiar with your school's emergency procedures. Know how to recognize the symptoms of an allergic reaction and what to do if a reaction occurs.
- Be sure to notify substitute teachers and paraprofessionals about students' food allergies.
- Avoid using food in your lesson plans, such as math lessons and art projects.
- Don't use food as an incentive or reward.
- Minimize the use of food in class parties or celebrations.
- Develop a plan for communicating with parents about issues that might affect their child's food allergies.
- Consider food allergies when planning for field trips, and be sure to include the school nurse and parents early in the planning process.
- Check the ingredient labels on pet food, if your classroom has a pet.

The Food Allergy & Anaphylaxis Network

www.foodallergy.org



How a Child Might Describe a Reaction

Children have unique ways of describing their experiences and perceptions, including allergic reactions. Precious time is lost when adults do not immediately recognize that a reaction is occurring or don't understand what the children might be telling them.

The following text contains examples of the words a child might use to describe a reaction.

In addition, know that sometimes children, especially very young ones, will put their hands in their mouths, or pull or scratch at their tongues, in response to a reaction. Also, children's voices may change (i.e., become hoarse or squeaky), and they may slur their words.

If you suspect a child is having an allergic reaction, follow the doctor's instructions.

- This food's too spicy.
- My tongue is hot (or burning).
- It feels like something's poking my tongue.
- My tongue (or mouth) is tingling (or burning).
- My tongue (or mouth) itches.
- It (my tongue) feels like there is hair on it.
- My mouth feels funny.
- There's a frog in my throat.
- There's something stuck in my throat.
- My tongue feels full (or heavy).
- My lips feel tight.
- It feels like there are bugs in there (to describe itchy ears).
- It [my throat] feels thick.
- It feels like a bump is on the back of my tongue [throat].



School Health Services

Southington Public Schools

FIELD TRIP MEDICATION AND HEALTH CONCERNS

1. Before planning a field trip, (AT LEAST THREE WEEKS BEFORE THE TRIP) the teacher or administrator must: verify that the destination is handicap accessible, notify the nurse, and submit the list of students attending the field trip in order to determine and accommodate medication administration and health care needs. The nurse will sign and date the field trip form and return it to the teacher to submit to the principal for approval.
2. The nurse will compile a confidential list of students who will need medication administered and students with other health care requirements. Teachers may invite a parent or legal guardian to chaperone and administer medication to their child.
3. If a parent or legal guardian cannot accompany the student, the teacher must be prepared to assume the responsibility of administering all medications. The teacher and nurse will collaboratively determine a plan to meet medication administration and health care needs. It is essential to have a back-up plan as well. At least two (2) weeks (10 working days) before the field trip date, the teacher will check with the nurse to verify the status of the students.
4. All students' medications to be administered on the field trip by authorized personnel trained in medication administration must be checked against the copy of the doctor's order form (medication, dose, method and frequency) before administration. A copy of each doctor's order will be attached to the student medication/health needs list. Medications in pill form will be kept in the labeled container.

A Medication Administration Plan and/or Emergency Plan may also accompany the doctor's order/parent authorization form. Authorized personnel should meet with the nurse the day before the trip to review student information and make modifications if needed.
5. Prescription labels must be on the immediate medication container, i.e. inhaler. If the bottle or tube is too small for a full label, it must be labeled with the student name and prescription number and the full label is on the outer box or container. All labels must be in English. Staff may not re-package or re-label small amounts. Parents may ask their pharmacist to furnish a small quantity in labeled containers for field trips during the year.
6. Medications to be administered on field trips that depart before school begins must be obtained and accounted for the day before the trip. A student's medication may be signed out from the Health Office to the authorized personnel administering the medication during the field trip.
7. Authorized personnel who will be administering the medications must securely carry all of the students' medications and the students must be assigned to the authorized personnel during the trip. A STUDENT MUST NOT BE SEPARATED FROM THEIR MEDICATION OR THE PERSON AUTHORIZED TO ADMINISTER THEIR MEDICATION. Provide an area conducive to medication administration.
8. Upon returning from the trip, authorized personnel must sign and record the time the medication was given on the student's individual medication records in the Health Office. The authorized personnel must return all unused medications to the nurse in the Health Office. Student medication needs and health concerns are strictly confidential.



School Health Services

Southington Public Schools

9. Students may self-administer their metered dose inhaler (MDI) and/or EpiPen with authorization from their physician, and parent/legal guardian. Teachers of these students must continue to be trained in medication administration for possible emergency treatment for the student during a field trip.

Comprehensive policies, procedures and guidelines are located in the Southington Public Schools Policy Book and the Southington Public Schools, School Health Services - Managing Students with Food Allergies Guidelines and Procedures.

PLEASE NOTE:

- Faculty must learn where the nearest First Aid Station and telephone are located.
- Call ahead to alert the host site to potential health needs (allergies, wheelchair accessibility, etc.)
- If a student is given an EpiPen injection, faculty must:
- Call for immediate transportation of the student to the nearest Emergency Room. Use land line if available.
- Notify parents and school.



School Health Services

Southington Public Schools

EpiPen Directions:

1. Remove the EpiPen from the container. Form a fist around the EpiPen® and pull off blue safety release cap. It is very important that you remember the orange tip contains the needle. You should not touch the orange tip with your fingers thumb or hand.
2. Place orange tip against the outer mid-thigh of the child. The mid outer thigh is the 'fleshiest' or meatiest part of the thigh, where the muscle is. Note; there is no need to 'swing and jab'. It is important to hold the child securely while administering the EpiPen®. It may be given through clothing.
3. Push HARD until a loud click is heard or felt and hold in place for 10 seconds
4. Remove the EpiPen®. The orange needle shield will now cover the needle so no sharp's injury will occur. The EpiPen® can only be used once.
5. Call 911 or have someone else call 911 while you are administering the EpiPen or other epinephrine auto-injector.



School Health Services

Southington Public Schools

Allergy History Information Request

Student Name: _____ Grade: _____

Dear Parent/Legal Guardian:

The school health record indicates your child has a history of, or has an allergy to:

It is important to update our health records and notify our school personnel with the appropriate instructions to follow in the event that a reaction should occur.

Please check the following signs or symptoms that your child has experienced during an allergic reaction:

___ Rash ___ Difficulty Breathing ___ Difficulty Swallowing

___ Nausea ___ Flushed or pale skin color ___ Loss of consciousness

___ Swelling ___ Other signs/symptoms _____

When was the last reaction to this allergy? Date: ___/___/___

Was the allergy confirmed/diagnosed by a physician? Yes No

If yes, name of physician: _____

Was the child hospitalized? Yes No Explain: _____

Treatments ordered by Physician:

EpiPen order: Yes No Does your child have asthma? Yes No

If this child is no longer considered allergic to the allergy listed above, please explain:

If no longer considered allergic to _____ please provide documentation from the healthcare provider who originally documented the allergy.

Parent(s)/Legal Guardian(s) Signature: _____

Date: _____ Phone: _____



School Health Services

Southington Public Schools

HOW TO READ A LABEL for a MILK-FREE DIET

All FDA-regulated manufactured food products that contain milk as an ingredient are required by U.S. law to list the word “milk” on the product label.

Avoid foods that contain milk or any of these ingredients:

- butter, butter fat, butter oil, butter
- buttermilk
- casein hydrolysate
- cheese
- cream
- custard
- ghee
- lactalbumin, lactalbumin phosphate
- lactose
- milk (in all forms, including condensed, derivative, dry, evaporated, goat’s milk and milk from other animals, low fat, malted, milkfat, nonfat, powder, protein, skimmed, solids, whole)
- milk protein hydrolysate
- Recaldent®
- sour cream, sour cream solids
- tagatose
- whey protein hydrolysate
- acid, butter ester(s)
- casein
- caseinates (in all forms)
- cottage cheese
- curds
- diacetyl
- half-and-half
- lactoferrin
- lactulose
- pudding
- rennet casein
- sour milk solids
- whey (in all forms)
- yogurt

Milk is sometimes found in the following:

- artificial butter flavor
- caramel candies
- luncheon meat, hot dogs, sausages
- nisin
- nougat
- lactic acid starter culture and other bacterial cultures
- baked goods
- chocolate
- margarine
- nondairy products

Parents are responsible for reading labels and providing and/or allowing any food to be eaten.



School Health Services

Southington Public Schools

HOW TO READ A LABEL for an EGG-FREE DIET

All FDA-regulated manufactured food products that contain egg as an ingredient are required by U.S. law to list the word “egg” on the product label.

Avoid foods that contain eggs or any of these ingredients:

- albumin (also spelled albumen)
- egg (dried, powdered, solids ,white, yolk)
- eggnog
- lysozyme
- mayonnaise
- meringue (meringue powder)
- ovalbumin
- surimi

Egg is sometimes found in the following:

- baked goods
- egg substitutes
- lecithin
- macaroni
- marzipan
- marshmallows
- nougat
- pasta

Keep the following in mind:

Individuals with egg allergy should also avoid eggs from duck, turkey, goose, quail, etc., as these are known to be cross-reactive with chicken eggs.

Parents are responsible for reading labels and providing and/or allowing any food to be eaten.



School Health Services

Southington Public Schools

HOW TO READ A LABEL for a PEANUT-FREE DIET

All FDA-regulated manufactured food products that contain peanut as an ingredient are required by U.S. law to list the word “peanut” on the product label.

Avoid foods that contain peanuts or any of these ingredients:

- artificial nuts
- beer nuts
- cold pressed, expeller pressed, or
- extruded peanut oil
- goobers
- ground nuts
- mixed nuts
- monkey nuts
- nut meat
- nut pieces
- peanut butter
- peanut flour
- peanut protein hydrolysate
- Peanut is sometimes found in the following:
- African, Asian (especially Chinese, Indian, Indonesian, Thai, and Vietnamese), and Mexican dishes
- baked goods (e.g., pastries, cookies)
- candy (including chocolate candy)
- chili
- egg rolls
- enchilada sauce
- marzipan
- mole sauce
- nougat

Keep the following in mind:

- Mandelonas are peanuts soaked in almond flavoring.
- The FDA exempts highly refined peanut oil from being labeled as an allergen. Studies show that most allergic individuals can safely eat peanut oil that has been highly refined (not cold pressed, expeller pressed, or extruded peanut oil). Follow your doctor’s advice.
- A study showed that unlike other legumes, there is a strong possibility of cross-reaction between peanuts and lupine.
- Arachis oil is peanut oil.
- Sunflower seeds are often produced on equipment shared with peanuts.

Parents are responsible for reading labels and providing and/or allowing any food to be eaten.



HOW TO READ A LABEL for a WHEAT-FREE DIET

All FDA-regulated manufactured food products that contain wheat as an ingredient are required by U.S. law to list the word “wheat” on the product label. The law defines any species in the genus *Triticum* as wheat.

Avoid foods that contain wheat or any of these ingredients:

- bread crumbs
- bulgur
- cereal extract
- club wheat
- couscous
- cracker meal
- durum
- einkorn
- emmer
- farina
- flour (all purpose, bread, cake, durum, enriched, graham, high gluten, high protein, instant, pastry, self-rising, soft wheat, steel ground, stone ground, whole wheat)
- hydrolyzed wheat
- protein
- Kamut®
- matzoh, matzoh meal (also spelled as matzo, matzah, or matza)
- pasta
- seitan
- semolina
- spelt
- sprouted wheat
- triticale
- vital wheat gluten
- wheat (bran, durum, germ, gluten, grass, malt, sprouts, starch)
- wheat bran hydrolysate
- wheat germ oil
- wheat grass
- wheat protein isolate
- whole wheat berries

Wheat is sometimes found in the following:

- glucose syrup
- soy sauce
- starch (gelatinized starch, modified starch, modified food starch, vegetable starch)
- surimi

Parents are responsible for reading labels and providing and/or allowing any food to be eaten.



School Health Services

Southington Public Schools

HOW TO READ A LABEL for a SHELLFISH-FREE DIET

All FDA-regulated manufactured food products that contain a crustacean shellfish as an ingredient are required by U.S. law to list the specific crustacean shellfish on the product label.

Avoid foods that contain shellfish or any of these ingredients:

- barnacle
- crab
- crawfish (crawdada, crayfish)
- krill
- lobster (langouste, langoustine, Moreton bay bugs, scampi, tomalley)
- prawns
- shrimp (crevette, scampi)
- Mollusks are not considered major allergens under food labeling laws and may not be fully disclosed on a
- product label.

Your doctor may advise you to avoid mollusks or these ingredients:

- Abalone
- clams (cherrystone, geoduck, littleneck, pismo, quahog)
- Cockle
- Cuttlefish
- limpet (lapas, opihi)
- mussels
- octopus
- oysters
- periwinkle
- scallops
- sea cucumber
- sea urchin
- snails (escargot)
- squid (calamari)
- whelk (Turban shell)

Shellfish are sometimes found in the following:

- bouillabaisse
- cuttlefish ink
- fish stock
- glucosamine
- seafood flavoring (e.g., crab or clam extract)
- surimi

Keep the following in mind:

- Any food served in a seafood restaurant may contain shellfish protein due to cross-contact.
- For some individuals, a reaction may occur from inhaling cooking vapors or from handling fish or shellfish.
- Always carry medications and use them as soon as symptoms develop.

Parents are responsible for reading labels and providing and/or allowing any food to be eaten.



School Health Services

Southington Public Schools

HOW TO READ A LABEL for a SOY-FREE DIET

All FDA-regulated manufactured food products that contain soy as an ingredient are required by U.S. law to list the word “soy” on the product label.

Avoid foods that contain soy or any of these ingredients:

- edamame
- miso
- natto
- shoyu
- soy (soy albumin, soy cheese, soy fiber, soy flour, soy grits, soy ice cream, soy milk, soy nuts, soy sprouts,
- soy yogurt)
- soya
- soybean (curd, granules)
- soy protein (concentrate, hydrolyzed, isolate)
- soy sauce
- tamari
- tempeh
- textured vegetable protein (TVP)
- tofu

Soy is sometimes found in the following:

- Asian cuisine
- vegetable broth
- vegetable gum
- vegetable starch

Keep the following in mind:

- The FDA exempts highly refined soybean oil from being labeled as an allergen. Studies show most allergic individuals can safely eat soy oil that has been highly refined (not cold pressed, expeller pressed, or extruded soybean oil).
- Most individuals allergic to soy can safely eat soy lecithin.
- Follow your doctor’s advice regarding these ingredients

Parents are responsible for reading labels and providing and/or allowing any food to be eaten.



HOW TO READ A LABEL for a TREE NUT-FREE DIET

All FDA-regulated manufactured food products that contain a tree nut as an ingredient are required by U.S. law to list the specific tree nut on the product label.

<ul style="list-style-type: none">● almond● artificial nuts● beechnut● Brazil nut● butternut● cashe● chestnut● chinquapin● coconut● filbert/hazelnut● gianduja (a chocolate-nut mixture)● ginkgo nut● hickory nut● litchi/lychee/lychee nut● macadamia nut● marzipan/almond paste● Nangai nut	<ul style="list-style-type: none">● natural nut extract (e.g., almond, walnut)● nut butters (e.g., cashew butter)● nut meal● nut meat● nut paste (e.g., almond paste)● nut pieces● pecan● pesto● pili nut● pine nut (also referred to as Indian, pignoli, pigñolia, pignon, piñon, and pinyon nut)● pistachio● praline● shea nut● walnut
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Tree nuts are sometimes found in the following:

- black walnut hull extract
- (flavoring)
- natural nut extract
- nut distillates/alcoholic extracts
- nut oils (e.g., walnut oil, almond oil)
- walnut hull extract (flavoring)

Keep the following in mind:

- Mortadella may contain pistachios.
- There is no evidence that coconut oil and shea nut oil/butter are allergenic.
- Many experts advise patients allergic to tree nuts to avoid peanuts as well.
- Coconut, the seed of a drupaceous fruit, has typically not been restricted in the diets of people with tree nut allergy. However, in October of 2006, the FDA began identifying coconut as a tree nut. Medical literature documents a small number of allergic reactions to coconut; most occurred in people who were not allergic to other tree nuts. Ask your doctor if you need to avoid coconut.
- Talk to your doctor if you find other nuts not listed here.

Parents are responsible for reading labels and providing and/or allowing any food to be eaten.



School Health Services

Southington Public Schools

Date: _____

Dear Parent or Legal Guardian:

Students are allowed to carry and self-administer their epinephrine auto-injector in school as needed for severe allergies.

To ensure a safe environment for your child, you and your child's physician will need to complete the enclosed authorization form and return it to the school nurse on or before the first day of school. Please be sure the prescribing physician has trained your child how to properly use the epinephrine auto-injector. The nurse will review proper epinephrine auto-injector administration technique with your child and review that self-administration is safe and appropriate.

You and your child must then sign the self-administration assessment and contract form.

The students will be allowed to carry their prescribed epinephrine auto-injector with them at all times.

You may choose to keep an additional epinephrine auto-injector in the health office should your child ever forget to carry it. Please call the telephone number below with any questions regarding this matter.

Sincerely,

School Nurse

Telephone: (860) _____



School Health Services

Southington Public Schools

Student Medication Self-Administration Assessment and Contract

Student: _____ Grade: _____ School: _____

DOB: _____ Physical/ Behavioral Limitations: _____

Name of Medication: _____ Prescribing Physician: _____

Name of Medication: _____ Prescribing Physician: _____

Self Medication Criteria:

A. Student is capable of identifying appropriate individual medication: Yes No

Comments: _____

B. Student knows the frequency / time of day for which the medication is ordered Yes No

Comments: _____

C. Student is able to identify the presenting symptoms that require medication: Yes No

Comments: _____

D. Student is knowledgeable of administering the medication appropriately: Yes No

Comments: _____

E. Student will maintain safe control of the medication at all times: Yes No

Comments: _____

F. Student is able to state side effects/adverse reactions to his/her medication: Yes No

Comments: _____

G. Student will seek adult supervision / assistance whenever warranted: Yes No

Comments: _____

- ***Always notify staff member, nurse or responsible adult when medication is self-administered.***
- ***If no relief from medication while in school or on field trip notify responsible adult immediately.***
- ***911 must be called when an EpiPen is administered.***

Comments: _____

H. Student agrees to cooperate with the established Medication Plan: Yes No

Comments: _____

I. Student and parent/legal guardian have been informed of the consequences of improper use of the student's medication in any manner, which may include up to suspension and/or expulsion Yes No

Comments: _____



School Health Services

Southington Public Schools

Based on Assessment:

- Student is not a candidate for self administration of medication at this time.
- Student is a candidate for self administration with supervision.
- Student has successfully completed self administration of medication training and demonstration of independent self administration.

Comments: _____

Principal and teacher notified: Yes Date: _____

School Nurse: _____ RN Date: _____

Signatures:

1. I understand how to properly use the EpiPen/Metered Dose Inhaler/ _____
(Circle one or both or write in diabetes medication.)
 or _____ as prescribed by my healthcare provider.
2. I am aware that use of the EpiPen/Metered Dose Inhaler/ _____
(Circle one or both or write in diabetes medication.)
 _____ in any manner other than prescribed will result in disciplinary measures as stated in line 1.

Student: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____

Sec. 10-212a-4. Self-administration of medications

The Board of Education shall permit those students who have a verified chronic medical condition and are deemed capable to self-administer prescribed emergency medication, including rescue asthma inhalers and cartridge injectors for medically-diagnosed allergies, to self-administer such medication, and may permit such students to self-administer other medications, excluding controlled drugs as defined in Section 10-212a-1 of the Regulations of Connecticut State Agencies, provided:

- (a) An authorized prescriber provides a written medication order including the recommendation for self-administration;
- (b) a parent or guardian or eligible student provides written authorization for self-administration of medications;
- (c) (1) the school nurse has assessed the student's competency for self-administration in the school setting and deemed it to be safe and appropriate including that a student:
 - (A) is capable of identifying and selecting the appropriate medication by size, color, amount, or other label identification;
 - (B) knows the frequency and time of day for which the medication is ordered;
 - (C) can identify the presenting symptoms that require medication;
 - (D) administers the medication appropriately;
 - (E) maintains safe control of the medication at all times;
 - (F) seeks adult supervision whenever warranted; and
 - (G) cooperates with the established medication plan.
- (2) in the case of inhalers for asthma and cartridge injectors for medically-diagnosed allergies, the school nurse's review of a student's competency to self-administer inhalers for asthma and cartridge injectors for medically-diagnosed allergies in the school setting shall not be used to prevent a student from retaining and self-administering inhalers for asthma and cartridge injectors for medically-diagnosed allergies. Students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from a student's parent or guardian or eligible student;
- (d) the school nurse has:
 - (1) reviewed the medication order and parental authorization;
 - (2) developed an appropriate plan for self-administration, including provisions for general supervision; and
 - (3) documented the medication plan in the student's or participant's health record;
- (e) the principal and appropriate staff are informed that the student is self-administering prescribed medication;
- (f) such medication is transported by the student to the school and maintained under the student's control in accordance with the board of education's policy on self medication by students and the individual student plan; and
- (g) self-administration of controlled medication, as defined in Section 10-212a-1 of the Regulations of Connecticut State Agencies, may be considered for extraordinary situations, such as international field trips, and shall be approved by the school nurse supervisor and the school medical advisor in advance and an appropriate plan shall be developed. Rev.mb 3/11



Food Allergies In School

Taking CARE

While school can get pretty hectic with sports practices, extra-curriculars, and homework, remember to take **CARE** of your food allergies:

Carry your medicine with you everywhere. Even if you don't plan to eat when you go to football games or when you head to a friend's house after school, be prepared to treat an allergic reaction anyway. It's better to be safe than sorry!

Avoid risks. If you can't be absolutely positive about the ingredients in a food, skip it and plan to eat something you know you can have later. It's far better to be hungry for a little while than it is to have an allergic reaction!

Read ingredient statements carefully. We've heard from teens who have had allergic reactions because they missed a reaction-causing ingredient on the label due to reading too fast. One way to make yourself slow down and read carefully is to read the ingredients backward—start at the end of the list and work your way back to the top of the list.

Explain your allergies to your friends—don't be embarrassed about them or think that whether your friends know or not is not a big deal. If you ever have an allergic reaction while out with friends, you'll want them to know what is going on and to be able to help you.

Always remember to take **CARE** of yourself and your food allergies this school year. We wish you a happy and healthy year!