



Caledonia-Mumford CSD
Guidelines on Managing Allergies & Anaphylaxis in Schools

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Introduction

Students come to school with diverse health conditions, including allergic reactions, which can be serious and even life threatening. For example, exposure to an allergen can create an emergent situation where the student faces anaphylaxis, which is an acute life-threatening allergic reaction, within moments.

In accordance with Caledonia-Mumford School Board Policy 7521, the following plan is designed to address the prevention, training, treatment, and individual student planning, necessary for the care and well-being of district students with allergies, at risk for anaphylaxis. Any student with a life-threatening health condition such as a severe allergy should have a team approach to manage their needs. The process begins with written verification of a serious or life threatening allergy by a healthcare provider with specific information and written orders for management during the school day. The Caledonia-Mumford Central School District, in partnership with parent(s)/guardian(s), develops comprehensive plans of care at school for students with allergies, as well as plans for managing an allergic reaction in a student or staff member who has not been previously diagnosed as having an allergy. The school's health professionals coordinate care and training of school personnel to handle and respond to life-threatening allergies.

The Centers for Disease Control and Prevention and the United States Department of Education recommend that five priority areas be included in a school's Food Allergy Management Prevention Plan. These same priority areas can be applied to include allergies to insect stings, latex, medications, etc. The priority areas are:

- Ensure the daily management of food and other allergies in individual students;
- Prepare for food and other allergy emergencies;
- Provide professional development to staff members related to food, other allergies, and treatment of allergic reactions;
- Educate students and family members about food and other allergies; and
- Create and maintain a safe and healthy educational environment.¹

While this document contains information specific to students with life-threatening allergies, all students with serious health issues have a comprehensive plan in place, as developed through collaboration with the school health office. A comprehensive plan of care includes emergency care plans, environmental accommodations, and inservice education for staff. Collaboration among parent(s)/guardian(s) and all school departments, including directors of school health services (a.k.a., medical directors) and school nursing personnel, teachers, administration, food service, transportation services, custodial staff, and after school personnel, is essential for a successful school experience for students with life threatening allergies and other serious health issues.

The Importance of Prevention

Protecting a student from exposure to known allergens is the most important way to protect against life threatening anaphylaxis. Allergy information is to be noted by school and school health personnel on appropriate records while respecting the student's right to confidentiality in compliance with State and Federal Laws.

The risk of accidental exposure or cross contact/contamination with an allergen is always present. Consideration of areas/times of potential student exposure is essential. Allergies to medications, stinging insects, latex, or other substances can result in mild allergic reactions to more severe ones, including anaphylaxis, although most anaphylactic reactions that occur in schools are related to food allergies.

¹ <https://www.cdc.gov/healthyschools/foodallergies/index.htm>

Staff who are unaware of a student's allergy can inadvertently contribute to increasing a student's risk of exposure. Education on allergies and prevention of allergic reactions is to be provided to all school staff to mitigate any risk to students who have life threatening allergies. With an individual student's parent/guardian consent, education can also be provided to other students, parents/guardians, and school community regarding a student's specific allergies.

Overview of Common Allergens

Food Allergies

Food allergies are a growing public health concern. According to the Centers for Disease Control and Prevention, 8% of the students in the United States are affected by a food allergy. That equates to about 2 students per classroom.² The most common foods that students are allergic to include peanuts, tree nuts (walnuts, cashews, pecans, etc.), milk, eggs, shellfish, fish, wheat, soy, and sesame.³ However, any food can cause a severe reaction. Federal law requires that food labels clearly identify the food allergen source of all foods and ingredients that are or contain any protein derived from these common food allergens.⁴ Currently, there is no cure for food allergies and strict avoidance is the only way to prevent a reaction.

School is a high risk setting for accidental ingestion of a food allergen due to the considerable number of students, increased exposure to food allergens, as well as cross contamination/contact on tables, books, and other surfaces. High risk areas and activities that should be given extra attention include: the cafeteria, food sharing, hidden ingredients in supplies used in art class, science projects and/or other projects. Food being consumed on the school bus, food brought in for bake sales, fundraisers, school sponsored activities and after school programs present additional risk of exposure.

Insect Allergies

Insect allergy is an underreported event that occurs every year to many adults and students. Most insect stings are caused by yellow jackets, paper wasps, hornets, and fire ants. For most individuals complications include pain and redness at the bite site. However, some people have a true allergy to insect stings that can lead to life-threatening systemic reactions. In these cases, prompt identification of the insect and management of the reaction are needed in a timely manner.

Insect avoidance is advised for students and staff at risk for anaphylaxis. Some precautions include:

- Removal of insect nests on or near school property when students are not present;
- Safely store garbage in well-covered containers; and
- Consider removing at risk students/staff from room where stinging insect that is a known allergen is present until it has been removed.

Latex Allergies

Latex is a milky sap produced by rubber trees. The sap is blended with chemicals during manufacturing to give latex its elastic quality. Natural rubber latex is often found in rubber gloves, condoms, balloons, rubber bands, erasers, some paints, and toys. Allergic reactions to products made with latex develop in persons who become allergic or sensitized to proteins in natural occurring latex.⁵ Approximately 50% of people with latex allergy have a history of another type of

² <https://www.cdc.gov/healthyschools/foodallergies/index.htm>

³ <https://www.foodallergy.org/living-food-allergies/food-allergy-essentials/common-allergens>

⁴ <https://www.foodallergy.org/living-food-allergies/food-allergy-essentials/common-allergens>

⁵ Latex Allergy | Causes, Symptoms & Treatment | ACAAI Public Website

allergy. Certain fruits and vegetables, such as bananas, chestnuts, kiwi, avocado and tomato can cause allergic symptoms in some latex-sensitive individuals.⁶

Exposure can lead to anaphylaxis depending on the amount of latex that the student is exposed to and their degree of sensitivity. Latex exposure should be avoided by students and staff at risk for anaphylaxis. Since the reactions caused by latex vary, each student at risk should be evaluated by a trained healthcare provider, preferably an allergist. Schools avoid latex allergies by purchasing latex and powder free gloves and other latex free products that may be used during academic study.

Medication/Drug Allergies

An adverse drug reaction (ADR) is any harmful or unintended reaction to a drug that occurs at doses used for prevention, diagnosis, or treatment. ADRs are common in everyday clinical practice affecting 15 to 25% of patients; serious reactions occur in 7 to 13% of patients.⁷ ADRs to medications are common, yet everyone responds differently. Certain medications are more likely to produce allergic reactions than others. The most common are:

- Antibiotics, such as penicillin;
- Aspirin and non-steroidal anti-inflammatory medications, such as ibuprofen;
- Anticonvulsants;
- Monoclonal antibody therapy; and
- Chemotherapy

The chances of developing an allergy are higher when a medication is taken frequently (in intermittent courses) or when it is rubbed on the skin or given by injection, rather than taken by mouth.⁸

Overview of Allergic Reactions

An allergic reaction begins when a predisposed individual ingests a food or is exposed to a substance (by eating, inhaling, sting, or through contact with skin or mucous membranes), causing the body to produce an antibody that initially attaches to the surfaces of cells. This initial process yields no symptoms and will go unnoticed. However, the next time the food is ingested or subsequent exposure to the allergen occurs, the proteins in the food or substance attach to these antibodies and cause the cells to primarily release histamine and other naturally produced immunologic biochemical agents which lead to the allergic reaction.⁹ A reaction can occur within minutes to hours after ingestion. Symptoms can be mild to life-threatening.

Signs and Symptoms

The specific symptoms will be different for each individual and often depends on the amount of allergen exposure, the circumstances and on the location in the body in which the histamine is released. Allergies can affect almost any part of the body and cause various symptoms. In most cases, people with allergies develop mild to moderate symptoms, such as watery eyes, a runny nose, or a rash. But sometimes, exposure to an allergen can cause a life-threatening allergic reaction known as anaphylaxis.

⁶ Latex Allergy Symptoms, Diagnosis, Treatment & Management | AAAAI

⁷ Drug allergy | Allergy, Asthma & Clinical Immunology | Full Text (biomedcentral.com)

⁸ Drug Allergy Symptoms, Diagnosis, Treatment & Management | AAAAI

⁹ Formanek, J., R. (2001). Food allergies: When food becomes the enemy. FDA Consumer Magazine, (July-August 2001)

Anaphylaxis is an acute allergic reaction to an antigen to which the body has become sensitized. Anaphylaxis often involves swelling, sudden onset of hives, gastrointestinal symptoms, lowered blood pressure, difficulty breathing, and, in severe cases, shock.¹⁰ Common signs and symptoms of allergic/anaphylactic reactions may include:

- Red rash with hives and welts;
- Itching;
- Pale or red color to the face and body;
- Swollen throat or swollen areas of the body;
- Hoarse voice;
- Trouble swallowing;
- Wheezing;
- Trouble breathing, cough;
- Chest tightness;
- Stomach cramping;
- Vomiting;
- Diarrhea;
- Passing out; and
- Feeling of impending doom.¹¹

In almost all circumstances, a person will have more than one symptom, and the combination of rapid onset of these symptoms should lead to the immediate suspicion that a person is experiencing anaphylaxis. Symptoms usually appear within minutes and can occur two hours after exposure to the allergen. Anaphylaxis requires immediate medical treatment, including a prompt injection of epinephrine and immediate follow up care with a healthcare provider. If not properly treated, anaphylaxis can be fatal.¹²

The individual can also face a “rebound effect” of the symptoms. This means that they may respond initially to treatment but experience a resurgence of symptoms hours later - this is called a biphasic reaction.¹³ This second anaphylactic reaction can occur as long as 12 hours after the initial reaction.¹⁴

It is vital to observe students who have been exposed to an allergen over a period of time to ensure their safety, in the event of a delayed or rebound reaction. A recent study of adolescents showed that students with peanut and tree nut allergies who also have asthma may experience a more severe reaction to the allergen creating an additional challenge for the school nurse and/or other health care providers in the management of allergies at school.¹⁵

Implementation

Health History

Schools become aware of a student with a significant food allergy when alerted by the parent/guardian and/or student. All students with health issues that may impact their school day should have necessary medication and environmental protocols put in place in advance of the student entering school in order for the school to be prepared to immediately address health and environmental concerns of the student and in order for the student to safely participate in school.

¹⁰ Anaphylaxis | Causes, Symptoms & Treatment | ACAAI Public Website

¹¹ Anaphylaxis Symptoms, Diagnosis, Treatment & Management | AAAAI

¹² Anaphylaxis Symptoms, Diagnosis, Treatment & Management | AAAAI

¹³ Anaphylaxis | Causes, Symptoms & Treatment | ACAAI Public Website

¹⁴ Anaphylaxis | Causes, Symptoms & Treatment | ACAAI Public Website

¹⁵ Anaphylaxis | Causes, Symptoms & Treatment | ACAAI Public Website

A health history from the parent/guardian, submitted as early as possible in the school entry process, is required in order to be able to address the student's unique needs. The history is obtained in a combination of review of student forms, parent/guardian/student interview, and consultation with the primary health care provider as needed. The health history contains the following components:

- Name of the medical condition or allergen;
- Age of student at time of diagnosis;
- Usual symptoms experienced by student (though every reaction can differ);
- Number, frequency, and date of medical interventions or allergic reactions;
- History of hospitalizations;
- The student's awareness of symptoms;
- Any necessary medications; and
- The name and contact information of the health care provider.

Diagnosis

The diagnosis of food allergy with a risk assessment of anaphylaxis is made by a healthcare provider based on the family and/or student's history. Appropriate skin and/or blood tests should be done by healthcare providers or by a specialist, such as an allergist. Parents/guardians provide written orders from the healthcare provider confirming the diagnosis along with medication orders to the school.

Treatment

Although anaphylaxis is a rare but severe allergic reaction, it can occur suddenly and can be deadly.¹⁶ Treatment is centered on treating the rapidly progressing effects of the histamine release in the body. Emergency medications must be given as soon as possible when it is suspected that the person might be experiencing an anaphylactic reaction. When in doubt it is better to give the epinephrine. Call emergency medical services (EMS) for immediate transportation to the appropriate medical facility.¹⁷ Studies have shown that fatal and near fatal reactions are associated with not giving epinephrine in a timely manner.¹⁸ Students receiving emergency epinephrine should be immediately seen by a healthcare provider in accordance with school policy for emergencies even if symptoms appear to have resolved. As noted earlier, many persons will have a biphasic reaction which is why it is vital they receive timely emergency medical care by a healthcare provider. Any administration of emergency epinephrine is to be reported to administration, school health personnel and the student's parent/guardian in accordance with district policies.

Medications

Students with a known diagnosed allergy who are at risk for anaphylaxis should have emergency medication prescribed for use in school. All student specific medication given to or taken by a student at school requires a signed order from the healthcare provider and signed parent/guardian permission. A copy of a Medication Administration Form that can be used to provide this necessary information can be found on both building Health Office webpages on the district website.

¹⁶ Anaphylaxis | Causes, Symptoms & Treatment | ACAAI Public Website

¹⁷ Epinephrine use for anaphylaxis: Too seldom, too late - Annals of Allergy, Asthma & Immunology (annallergy.org)

¹⁸ Shaker MS, Wallace DV, et al. J. Anaphylaxis-a 2020 practice parameter update, systematic review, and Grading of Recommendations, Assessment, Development and Evaluation (GRADE) analysis. J Allergy Clin Immunol. 2020 Apr;145(4):1082- 1123. doi: 10.1016/j.jaci.2020.01.017. Epub 2020 Jan 28. PMID: 32001253.

Epinephrine

The medication of choice for the emergency treatment of anaphylaxis is epinephrine. Epinephrine, also known as adrenaline, is a hormone and neurotransmitter (sympathomimetic agent). Epinephrine works by rapidly relaxing the muscles in the airways and tightening the blood vessels. For treatment of anaphylaxis, epinephrine is given. The administration of each manufacturer's device varies; therefore, the manufacturer's instructions must be followed.

Note: Epinephrine may need to be given again after the initial effects wear off, which can range from within a few minutes to several hours later depending on the individual. Not all emergency medical services (EMS) crews/ambulances carry epinephrine. Therefore, the school should request "Advanced Life Support" to ensure EMS will respond with epinephrine.

Students capable of self-administering their epinephrine auto-injector must be permitted to carry and use their own emergency epinephrine during the school day, on school property, and at any school function pursuant to Education Law Article 19 §916a. Such students must have written parent/guardian consent and a written healthcare provider order. The written healthcare provider order must include an attestation confirming:

- Diagnosis of an allergy for which an epinephrine auto-injector is needed;
- The student has demonstrated that he or she can self-administer the prescribed epinephrine auto injector effectively; and
- Circumstances which may warrant the use of the epinephrine auto-injector.

A copy of a Medication Administration Form that can be used to provide this necessary information can be found on both building Health Office webpages on the district website.

Antihistamines

H1 and H2 antihistamines reduce or block histamines. Antihistamines should not be the first medication, or the only medication given for anaphylaxis in school settings, epinephrine is the drug of choice (Epinephrine First, Epinephrine FAST¹⁹). There is no contraindication to give epinephrine for anaphylaxis along with an oral antihistamine. Unlicensed school personnel may not administer antihistamines but may assist a supervised student to take their own antihistamine.

Medication Storage Considerations

Epinephrine is to be kept in easily accessible locations known to appropriate personnel. Students capable of self-administering epinephrine should share where their medication can be found in case of an emergency (e.g., the epinephrine device is in the front compartment of the backpack). Medication storage decisions are made with care considering the student's needs and the physical layout of the school. A student's epinephrine should be readily available to the student without delay, but also should not be accessible to other students. Schools storing medications for students track expiration of the medication and written healthcare provider orders. Each student's situation is handled on an individual basis, with attention to the state's laws, regulations, guidance, and to local school district policy. Where the medication is located is specified in the student's emergency care plan.

Training of Unlicensed School Personnel

All school personnel receive training on allergies and anaphylaxis on the following:

- Knowing which allergens cause life-threatening reactions;
- Steps to take to prevent exposure to allergens;
- How to recognize symptoms of an allergic reaction; and

¹⁹ In an Emergency, 'Epi First, Epi Fast' | Allergy & Asthma Network (allergyasthmanetwork.org)

- How to respond to an emergency.

Epinephrine Device Training

Education Law Article 19 §921 permits schools to allow unlicensed school personnel to be trained by licensed registered professional nurses, nurse practitioners, physician assistants, and physicians to administer epinephrine devices in emergency situations, where an appropriately licensed health professional is not available, to students with a healthcare provider order and written parent/guardian consent for such medication. Teachers and staff members with frequent, daily and/or regular contact with a student with a patient specific order are trained by the school nurse on the administration of epinephrine devices annually, at the start of the school year, and training logs are kept on file in the school health office.

Individual Student Plans

In order for students who experience health issues that may affect their ability to fully participate in school and school events, the Caledonia-Mumford Central School District creates individual student plans. Planning focuses on student needs in all areas of the school that the student will be exposed to. Electronic health records (EHR) allow for schools to place a health alert on the student's EHR, list the student's allergy, and/or inform staff to contact school health personnel for more information, through a health alert notice on the school management system, SchoolTool.

Information that is considered in the creation of an individual student plan include, but are not limited to:

- Whether the student is permitted to carry and self-administer their own medication;
- Plan for school personnel to be able to readily communicate with the school nurse or medical director if no school nurse available;
- Consideration of the distance between the school health office or trained personnel to the student to ensure rapid administration of epinephrine auto-injector when needed;
- Plan to address prevention strategies and management of anaphylaxis in all areas of the school the student is in, including the cafeteria and on the bus;
- Plans to meet student needs on field trips and during school events;
- Ongoing communication during the school year with the parents/guardians; and
- Method(s) for staff to readily identify students with a life-threatening allergy.

The Caledonia-Mumford Central School District utilizes two types of individual student plans in order to meet the unique needs of each impacted student:

Emergency Care Plan (ECP)

- A care plan developed by the school nurse [Licensed practical nurses (LPNs) may not develop care plans] for students with chronic health conditions. The ECP is designed for use by unlicensed school personnel. An ECP outlines the care that a student might need in an emergency situation in the absence of a school nurse. The ECP provides guidance to unlicensed school personnel on how to care for a student who is experiencing a potentially critical health situation.
 - The ECP stresses what action school personnel should take in the event of an emergent situation. It is designed to be basic and often takes the form of "If you see this . . . do this."
 - The plan is written in lay language that is clear, concise and contains the steps to follow to initiate emergency care for a student.
 - The plan should include emergency contact information for the parent(s)/guardian(s) and the student's healthcare provider.

- Copies of the plan are available in each teacher's substitute folder, and shared with any necessary extracurricular activity advisors and/or coaches.

Section 504 Plan

- Section 504 is a federal law designed to protect the rights of individuals with disabilities in programs and activities that receive Federal financial assistance from the U.S. Department of Education (USED). The Section 504 regulations require a school district to provide a "free appropriate public education" (FAPE) to each qualified student with a disability who is in the school district's jurisdiction, regardless of the nature or severity of the disability. Under Section 504, FAPE consists of the provision of regular or special education and related aids and services designed to meet the student's individual educational needs as adequately as the needs of nondisabled students are met.

To be protected under Section 504, a student must be determined to: (1) have a physical or mental impairment that substantially limits one or more major life activities; or (2) have a record of such an impairment; or (3) be regarded as having such an impairment. Section 504 requires recipients to provide to students with disabilities appropriate educational services designed to meet the individual needs of such students to the same extent as the needs of students without disabilities are met. An appropriate education for a student with a disability under the Section 504 regulations could consist of education in regular classrooms, education in regular classes with supplementary services, and/or special education and related services.

If a school evaluation determines a student qualifies for service under Section 504, a written plan called a 504 Plan is developed which addresses accommodations that are needed in the school setting for students with specific health needs/disabilities to fully participate in the school day and school events. More information on Section 504 plans is on the USED's Office of Civil Rights website, Protecting Students With Disabilities (ed.gov).

Field trips, Athletics, or School Event Considerations

A student's ECP and epinephrine auto-injectors are given to a designated individual (parent/guardian, parent/guardian designee or trained school personnel) who is familiar with the student's health needs and will be readily available to the student. Students who are able to carry and use their own epinephrine auto-injector are permitted to do so at school and during school events.

Care should be taken when planning field trips or other school events that may expose students to allergens (i.e., a student with a milk allergy attending a field trip at a petting farm with milk ingredients in the food for the animals, student with insect allergies playing outdoor sports, student with latex allergies participating in theater with stage makeup and props in use). Plans must be in place to ensure students' emergency care plans are provided to school personnel at the event, and that a trained staff member is present to administer a student's prescribed emergency epinephrine if needed in accordance with Commissioner's regulation §136.7. Teachers and coaches should consult with school health personnel when planning events regarding risk to certain students, along with health treatment or medication needs of students to ensure appropriate time is given to parents/guardians to obtain healthcare provider orders, consents, etc. A cell phone or other means of communication should be available at school events held outside of a school building to ensure ready access to the school nurse or EMS as needed.

The Student's Team

Once a plan is developed, the school will begin implementing the necessary accommodations for the student. Both planning and implementation of the plan should involve a team approach to ensure consistent implementation of the plan and allow for ongoing communication and adjustments of the plan as needed. Team members should include, but are not limited to:

- Student;
- Parents/Guardians;
- Administrator;
- Medical Director;
- School Nurse;
- Teachers;
- Food Service Personnel;
- Transportation Personnel;
- Student Support Personnel; and
- Extracurricular Activities Personnel.

Team Member Responsibilities

Student

The role of students with life-threatening allergies will change and increase as they become increasingly more independent. The level of independence in the care and management of an allergic condition is based on the student's developmental level and abilities. Students who have developed adequate verbal and comprehension skills should have knowledge about foods that are safe, unsafe, and about strategies to avoid exposure to unsafe food.

Students should:

- Learn to recognize symptoms of an allergic reaction and alert an adult immediately if a reaction is suspected or symptoms appear; and
- Avoid allergen exposure as much as possible.

Based on their types of allergens, students should:

- Food:
 - o Wash hands before and after eating using soap and water (use of hand sanitizer is not sufficient when a student has a food allergy²⁰);
 - o Not trade or share food with anyone;
 - o Not eat any food with unknown ingredients;
 - o Learn to read food labels; and
 - o Tell school personnel immediately if they have a food allergy and are having symptoms or ate or touched a food allergen.
- Insect stings:
 - o Avoid wearing brightly colored clothing, perfume, hair spray, or any heavily scented soaps/shampoos;
 - o Wear closed-toed shoes; and wear clothing that inhibits insect bites;
 - o When eating outdoors, keep food covered since scent of food attracts bees;

²⁰ FARE Resources, Cleaning Methods. <https://www.foodallergy.org/resources/cleaning-methods>

- o Stay away from garbage cans; and
 - o Tell school personnel immediately if they have an insect sting allergy and have been stung or are having symptoms.
- Latex:
 - o Avoid contact with latex gloves and areas where there is a possibility to inhale powder from latex gloves worn by others;
 - o Avoid other latex containing products (including latex balloons);
 - o Tell school personnel they have a latex allergy so they can replace products with non latex substitutes; and
 - o Tell school personnel immediately if they have an allergy and are having symptoms or touched a known allergen.
- Develop a relationship with the school nurse and/or another trusted adult in the school to assist in the successful management of the allergy while in school;
 - Develop trusting relationships with peers who understand the importance of avoiding allergens; and
 - Report any bullying or harassment by anyone to their parent/guardian, building administrator, or school Dignity for All Students Act Coordinator.

Parents/Guardians

The parent/guardian is a vital participant in the care of a student with a severe allergy. Most parent(s)/guardian(s) have had to work tirelessly to ensure that every new situation is not a potentially fatal experience for their child.

Understandably, many parent(s)/guardian(s) of students with severe allergies experience a high level of anxiety when their child enters a new school.

Ideally, the parent/guardian should contact the school a few weeks before the student enters school to meet with the school administration and school health personnel. This allows the school to be informed, make any necessary accommodations, develop emergency care plans, and have school personnel training completed prior to the student arriving at school.

The parent/guardian should:

- Provide to the school copies of the child's health history and/or other documentation from the treating healthcare provider;
- Provide medications, with accompanying written healthcare provider orders and written parent/guardian consent;
- Deliver medications to school in pharmacy labeled container or original unopened over the counter packaging;
- Maintain ongoing communication with school personnel regarding their child's health especially for changes in allergic reaction symptoms, changes in treatment, or newly identified allergens;
- Inform the school if the child has a medical alert bracelet or pendant and reinforce with their child the necessity of wearing it;
- Educate their child on the importance of handwashing with soap and water, especially before and after eating;
- Send in "safe" snacks for their child labeled with the child's name;
- Encourage their child to eat in an area which is "allergen safe" with peers, if desired;
- If their child will be purchasing breakfast, lunch, or snacks at school, contact the food service director to discuss food allergens;
- If food is going to be a part of the classroom program, work with the teacher and nurse regarding safe food options; and

- Report any bullying or harassment by anyone to the building administrator or school Dignity for All Students Act Coordinator.

Administrators

District and school administrators lead the school's coordinated approach to managing allergies. Administrators provide the leadership to ensure plans are in place and are executed consistently when needed.

School administrators will:

- Include in the school district's emergency response plan a written plan outlining emergency procedure for the management of life-threatening allergic reactions including the location of the epinephrine;
- Have a plan in place to manage students with allergies and treat symptoms of anaphylaxis developed in collaboration with the district's director of school health services (a.k.a. medical director);
- Regularly review, revise, and evaluate the school and/or district food and other allergy policies;
- Ensure students have time to wash their hands before and after eating, going outside or as needed. This is important for all students and not just the student with allergies to minimize exposure to allergens;
- Ensure soap and water are available for hand hygiene. Hand washing with soap and water is the better choice for cleaning hands, antibacterial hand sanitizers have not been shown to be sufficient at removing food allergens;
- Refer to school policy addressing eating in the classrooms or other locations; including proper cleaning of items used and tables/chairs with soap and water²¹, or other district approved cleaning products proven effective in removing allergens, to reduce the risk of exposure to allergens;
- Communicate school policies for managing allergies to all school staff, substitutes, classroom volunteers, students, and parent(s)/guardian(s);
- Send a notification at least once per calendar year to the parents/guardians of all students regarding the district's anaphylaxis policy and the NYS guidance document which is available at NYSED:SSS:School Health Services [pursuant to Public Health Law Article 25 section 2500-h(3)];
- Ensure training of teachers and other school personnel who interact with a student who has a life-threatening allergy - including substitutes, custodial staff, and transportation and food service personnel regarding the risk of exposure to allergens, symptoms of anaphylaxis, and treatment options;
- Ensure training of school personnel designated to administer an epinephrine auto-injector in compliance with NYS Laws and regulations;
- Ensure or provide communication devices to be available for emergencies for all school activities, including transportation;
- Be cognizant of students with allergies whose parent/guardian is unable to send in safe snacks and support such students by providing safe snacks in school as needed (e.g., health office, classroom);
- Support and oversee school personnel in implementing all aspects of the management plan;
- Consistently enforce policies and prohibit discrimination and bullying of students including those with life threatening allergies; and
- Ensure staff understand the school's responsibilities under Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA), the Individuals with Disabilities Education Act (IDEA) and the (National School Lunch Program (NSLP) Fact Sheet | Food and Nutrition Service (usda.gov) to students who are or may be eligible for services under those laws. Ensure staff understand the need to comply with the Family Educational

²¹ BINAIFER BEDFORD, GIRVIN LIGGANS, LAURIE WILLIAMS, LAUREN JACKSON; Allergen Removal and Transfer with Wiping and Cleaning Methods Used in Retail and Food Service Establishments. *J Food Prot* 1 July 2020; 83 (7): 1248–1260. doi: <https://doi.org/10.4315/JFP-20-025> 23

Rights and Privacy Act of 1974 (FERPA), and any other federal and state laws that protect the privacy of student information.²²

School Nurse

The role of the school nurse in both the Caledonia-Mumford Elementary School and Middle/High School, in the care of students with allergies is essential to the health and safety of students. School nurses participate in the development of policies and health protocols for managing students with allergies. The school nurse participates in the initial meeting with the student and parent/guardian to obtain/review a detailed health history, discuss allergy treatment orders and emergency care plan needs, familial concerns, and begin to develop a trusting partnership with the student and parent(s)/guardian(s).

Additionally, the school nurse assesses the student's verbal communication and comprehension skills to provide appropriate education regarding the student's specific allergies including foods or other items that are safe and unsafe; and how to avoid exposure to allergens and management of accidental exposure.

The school nurse will:

- Obtain written healthcare provider orders and parent/guardian consent for treatment. For independent students the healthcare provider order must include an attestation confirming:
 - o Diagnosis of an allergy for which an epinephrine auto-injector is needed;
 - o the student has demonstrated that he or she can self-administer the prescribed epinephrine auto injector effectively; and
 - o Circumstances which warrant the use of the epinephrine auto-injector.
- Develop an Emergency Care Plan (ECP) or Section 504 Plan, as appropriate, for use by school staff which includes procedures staff members are to take for responding to symptoms of anaphylaxis.
- Work with school staff to modify the student's environment to ensure the student's safety in all areas of the school;
- In accordance with FERPA provide staff (including food service personnel for students with food allergies, and transportation staff) with names of students with allergies and their allergens that they may encounter in their position;
- Instruct supervised students how to self-administer their emergency medications, including epinephrine auto-injector if able;
- Instruct both supervised and independent students in obtaining assistance in administration of emergency medication as necessary;
- Train unlicensed school personnel to administer an epinephrine device to a student with healthcare provider orders for such;
- Provide an educational overview for the entire school faculty regarding life-threatening allergy management at school to prevent accidental exposures;
- Maintain ongoing communication with the student, parent/guardian, teachers, and healthcare providers to address student needs;
- Teach the student to read food or other product labels and to how to self-advocate to lessen exposure to an allergen;
- Teach the student to avoid allergens;
- Teach the student signs and symptoms of anaphylaxis and how to obtain help;
- Teach the student to seek immediate help and inform an adult if they are having symptoms or had an exposure to an allergen;

²² Voluntary Guidelines for Managing Food Allergies In Schools and Early Care and Education Programs (cdc.gov)

- Help the student to decide whether to inform a friend who might be of help in managing their allergy;
- Clean health office surfaces with soap and water or other district approved cleaning products proven effective in removing allergens, after students or staff eat/drink and /or after nursing procedures/treatments that involve allergens (e.g., tube feedings) in the health office;
- When administering anaphylaxis treatment pursuant to a non-patient specific order and protocol²³ the RN should:
 - o Administer anaphylaxis treatment in an emergency if the recipient of the anaphylaxis treatment is not capable of giving informed consent;
 - o Arrange for immediate follow-up care (i.e., by contacting an emergency medical service and reporting the recipient's name, and the name, time, doses, and strength of the anaphylactic treatment agent[s] administered, and route of administration);
 - o Ensure that a record is maintained of all recipients of anaphylaxis treatments, which includes at a minimum the non-patient specific order and protocol, the recipient's name, date, the address of administration site, the name of the administering nurse, and the anaphylactic treatment agent administered and its manufacturer and lot number;
 - o Report the anaphylaxis treatment to administration, the parent/guardian, and the recipient's primary care provider if possible.
- Conduct a post intervention assessment of allergen exposures and/or anaphylactic events in collaboration with the medical director and administration.

Medical Director

The district's director of school health services, also known as the medical director, provides guidance to school nursing personnel and school administration on the development of district allergy policies and protocols for the prevention and management of anaphylaxis at school.

The school medical director will:

- Assist in the development of policies and protocols for prevention and treatment of anaphylaxis;
- Write nonpatient specific orders for school nurses to follow in order to obtain epinephrine and treat signs of anaphylaxis in anyone in the school, on school property and at school events.
- Participate in faculty/staff trainings regarding allergies and anaphylaxis if requested;
- Attend 504 and CSE meetings when requested;
- Act as the school's liaison with healthcare providers if necessary; and
- Conduct a post intervention assessment of allergen exposures and/or anaphylactic events in collaboration with the school nurse and administration when requested.

Teachers

Teachers typically spend the most time with students during the school day. Therefore, it is important that they are well informed to enable them to support the student with allergies. A student with an allergy deserves a safe school experience with their peers. Teachers work with the school nurse, student, and parent/guardian to create a safe environment for the student with a life-threatening allergy.

Teachers should:

²³ School nurses should review the requirements for nonpatient specific orders from the NYSED Office of Professions at NYS Nursing:Laws, Rules & Regulations:Part 64 (nysed.gov)

- Review the ECP (Emergency Care Plan) of any student with life-threatening allergies and keep the ECP confidential in a readily accessible location which is shared with substitutes and teachers' aides;
- Immediately initiate the ECP if a student reports any symptoms of an allergic reaction or reports exposure to an allergen, and never send a student at high risk for or having an allergic reaction to the school health office alone;
- If the student's parent/guardian requests, a letter can be sent home alerting all parent(s)/guardian(s) to the fact that there is a student with significant allergies in their child's classroom. The student's name should not be shared in the letter to protect the student's right to confidentiality;
- Work with the school nurse to educate other students and parent(s)/guardian(s) about the allergy and enlist their help in keeping certain foods and/or allergen containing products out of the classroom. Consider providing a list of allergy friendly foods;
- If food is going to be a part of the classroom program, the teacher and nurse should work with the student with allergies and their parent/guardian regarding safe food options;
- Consider use of non-food items for rewards and incentives;
- If asking parents/guardians to provide snacks for the classroom, develop a list of allergen ingredients that cannot be in the snacks sent to school. Alternatively, develop a list of safe snacks for parents/guardians to choose from;
- Encourage parent(s)/guardian(s) to send in "safe" snacks for their students to be stored in classroom for use as needed. If acceptable to the student and parent/guardian, encourage the student to eat in an area which is "allergen safe" with peers;
- Inform the student's parent(s)/guardian(s) in advance of any school events where food will be served. Reinforce not trading or sharing food in the classroom, and or anywhere else in the school building;
- For a list of other potential allergens involved in common classroom activities see: Potential Food Allergens in Preschool, School, Camp Crafts and Activities. Read all labels before serving food or working on a classroom project to ensure that all products being used are safe for participants;
- Animals in the classroom may present a risk to a student with allergies due to animal dander and/or the animal's food;
- Reinforce hand washing before and after eating; Hand washing with soap and water is the better choice for cleaning hands, antibacterial hand sanitizers have not been shown to be sufficient at removing food allergens;
- Educate classmates about allergies and anaphylaxis to avoid endangering, harassment of, or isolating students with allergies. Address any bullying or harassment seen or reported - report all cases to school administration or the school Dignity for All Students Act coordinator; and
- Reinforce school guidelines on bullying and teasing to avoid harassing students with allergies. Be vigilant regarding how the student with the allergy is being talked about or treated.

In the event that an allergy emergency occurs, participate in a post intervention meeting to review the incident and lessons learned to prevent another occurrence. Participate in the planning for a student's re-entry after an anaphylactic reaction.

Food Service/Cafeteria Personnel

The Food Service Director and food service and cafeteria personnel should work together to make the cafeteria environment as safe as possible for a student with a severe allergy.

Food Service/Cafeteria personnel should:

- Review with school health personnel each student's ECP. The review should include recognizing each student's signs and symptoms of an allergic reaction, administering epinephrine auto-injector if trained to, and contacting the school nurse and administrator immediately if an allergen exposure or reaction occurs;

- Work with the school nurse and administration to determine if food allergens are on the menu and consider removing them if appropriate. Allow for appropriate substitutions or modification for meals served to students with food allergies;
- Train staff on Food Allergy Management;
- Discuss with parent/guardian specific food or other product allergens, recipe ingredients and provide advance copies of menus;
- Maintain current contact information from manufacturers for food and other products;
- Read all packaging information to check for possible allergens;
- Develop protocols for cleaning and sanitation which avoid cross-contamination;
- Ensure that food handling practices avoid cross-contamination with potential food allergies as well as other allergens; create an allergen safe area in the kitchen for preparation of allergen safe foods. Ensure allergen free foods are prepared in dedicated bowls, pans and that utensils or gloves that have been used do not contain the student's allergens;
- Avoid use of latex gloves for student with known latex allergy, order non-latex, powder free gloves when possible;
- Work with the school nurse and/or principal to create specific eating areas that are allergen safe. A student should never be isolated because of a health condition unless required by a 504 plan or their IEP. Based on parent/guardian preference and/or healthcare provider orders allergen safe tables may be established, or the student may be provided a clean desk to slide to the end of the table that is not used by other students;
- If separate allergen free space is not available, thoroughly clean each area as noted below between each food preparation and use barriers to allow for an allergen safe food preparation area if needed;
- All tables and chairs should be washed with soap and water, or other district approved cleaning product proven effective in removing allergens used in accordance with manufacturer's instructions. Always use dedicated cloths/paper towels to clean allergen safe tables after each meal;
- If using a mixture of cleaning agents or soap and water in a container to dip a cloth/paper towel into before cleaning the table - use a new mixture and cloths/paper towels for cleaning the allergen safe table(s) between meals. Do not use the same mixture and cloths on an allergen safe table used by multiple classes. The table must be cleaned with new mixture and cloth after each use;
- Encourage proper hand washing by students, school staff and volunteers before and after handling or consuming food; and
- Take action to address all forms of bullying or harassment of a student with an allergy and report all cases to school administration or the school Dignity for All Students Act coordinator. Report mistakes such as cross-contact with an allergen or errors in the ingredient list or menu immediately to administrators and parents.²⁴

In the event that an allergy emergency occurs, participate in a post intervention meeting to review the incident and lessons learned to prevent another occurrence.

Transportation Personnel

Bus drivers and substitute bus drivers may come into contact with students who have life threatening allergies. School administration should ensure that each student's ECP is provided to the driver transporting the student, trained personnel are available to administer the student's epinephrine when needed, and transportation personnel follow district policies for calling for emergency assistance.

Transportation personnel should:

- Know where the student's emergency medication is kept in case of emergency (e.g., front pocket if backpack);

²⁴ Voluntary Guidelines for Managing Food Allergies In Schools and Early Care and Education Programs (cdc.gov)

- Follow school district policy of no food or eating allowed on school buses, with limited exceptions for students with health conditions (e.g., diabetes);
- Provide dedicated seating for a student with an allergy or other health condition with parent/guardian request;
- Use careful attention to cleaning, including seat, seatbelts and handrails washing with soap and water or other district approved cleaning products proven effective in removing allergens;
- Have a functioning emergency communication device (i.e., cell phone, two-way radio);
- Train bus drivers and substitute bus drivers in the district's protocols and procedures for activating the EMS system and notifying the transportation supervisor or other school administrator; and
- Implement other school emergency procedures.

In the event that an allergy emergency occurs, participate in a post intervention meeting to review the incident and lessons learned to prevent another occurrence.

Student Support Personnel (a.k.a. Pupil Personnel Services Staff)

School personnel are cognizant of students' desire for acceptance by peers as one of the most important aspects of a student's social and emotional development. Student Support Personnel (a.k.a. Pupil Personnel Services Staff) who are School Counselors, school psychologists and school social workers can provide leadership, guidance, and strategies for creating and maintaining a positive school climate.

Student Support Personnel should:

- Help school administrators communicate the district's policies and practices for preventing allergy reactions to parents/guardians through newsletters, announcements, and other methods;
- Address immediate and long-term mental health problems such as anxiety, depression, low self-esteem, negative behavior, or eating disorders among students with allergies;
- Work collaboratively with district staff to enforce policies that promote healthy physical environments.
- Work collaboratively with district health services staff, school principals, and others to help enforce policies that prohibit discrimination and bullying against all students, including those with allergies;
- Report any bullying or harassment by anyone building administrator or school Dignity for All Students Act Coordinator;
- Help link students with allergies and their families to community health services and family support services when needed;
- Know and inform others about federal and state laws, including regulations, and policies relevant to the obligations of schools to students with allergies and make sure district policies and practices follow these laws and policies;
- Provide direct assistance to help schools establish procedures and plans for monitoring students with allergies, including, if appropriate, through Section 504 plans;
- Help students with allergies transition back to school after an emergency²⁵; and
- Be prepared to respond to the emotional needs of students who witness a life-threatening allergic reaction in a way that does not compromise the students' privacy or confidentiality rights.

In the event that an allergy emergency occurs, participate in a post intervention meeting to review the incident and lessons learned to prevent another occurrence.

²⁵ Voluntary Guidelines for Managing Food Allergies In Schools and Early Care and Education Programs (cdc.gov)

Extracurricular Activities Personnel

Athletic Directors, coaches, extracurricular activity advisors, after school employees, parent/guardians, and volunteers should work with the school nurse and administrator to develop a safe plan for students with allergies in the afterschool setting.

Extracurricular activities personnel will:

- Know school districts policies and procedures for the management of allergies;
- Report any bullying or harassment to the building administrator, or school Dignity for All Students Act Coordinator;
- Ensure all school sponsored after school activities are consistent with school policies and procedures regarding life-threatening allergies;
- Keep a copy of the ECP for students with life-threatening allergies in a readily accessible, secure confidential location;
- Consider the presence of allergens involved in after school activities and modify as needed.
- Read all labels before serving food, having students apply anything to skin (e.g., sports tape, theatrical makeup) or working on a project to ensure that all products being used are allergen safe;
- Know where the student keeps their epinephrine auto-injector (e.g., front pocket of backpack etc.);
- Ensure that emergency communication equipment is always available;
- Clearly identify who is trained and responsible for administering an epinephrine autoinjector; and
- Know how to access EMS following district policies:
 - o Call 911 and request Advanced Life Support;
 - o Contact the school administrator immediately if an exposure or allergic reaction occurs to a student; and
 - o Implement other school board approved emergency procedures.

In the event that an allergy emergency occurs, staff should participate in a post intervention meeting to review the incident and lessons learned to prevent another occurrence.

Resources

- American Academy of Allergy, Asthma and Immunology Anaphylaxis Symptoms, Diagnosis, Treatment & Management | AAAAI Accessed April 20, 2024
- Asthma and Allergy Foundation of America, Severe Allergic Reaction: Anaphylaxis | AAFA.org Accessed April 20, 2024
- Centers for Disease Control and Prevention (CDC) Food Allergies | Healthy Schools | CDC Accessed April 20, 2024
- CDC Food Allergies in Schools Toolkit | Healthy Schools | CDC Accessed April 20, 2024
- Food Allergy Research and Education (FARE) Homepage | Food Allergy Research & Education. Accessed April 20, 2024
- New York State Center for School Health / Homepage (schoolhealthny.com) Accessed April 20, 2024
- New York State Education Department- School Health Services, NYSED:SSS:School Health Services Accessed April 20, 2024
- School Nurse Chronic Health Assessment Tool – SN CHAT - Allergy & Asthma Network (allergyasthmanetwork.org) Accessed April 20, 2024

NYSED Memos:

- Anaphylactic Agents by Registered Professional Nurses Utilizing Non-Patient Specific Orders and Protocols (2/27/2001)
- Clarification about Administering Immunizations and Anaphylactic Agents by Registered Professional Nurses Using Non-Patient Specific Orders and Protocols (10/3/2001)
- Use of Epinephrine Auto-Injector Devices in School Setting (6/2002)