



Watertown Unified School District

Guidelines for Managing Life-Threatening Allergies

September, 2015

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Introduction

The incidence of severe and life-threatening allergies has been rising over the past several years. Ninety percent (90%) of all food allergies are attributed to eight foods. These foods are:

Peanuts
Shellfish – crab, crayfish, lobster, shrimp
Fish
Tree nuts - walnuts, almonds, cashews, pistachios, pecans
Eggs
Milk
Soy
Wheat

Other allergic reactions are known to be caused by insect venom (e.g. bee stings), medications and latex. An allergic reaction can occur within minutes or up to hours of exposure. To address the challenges that life-threatening allergies present, it is important that students, parents, physicians and school personnel work cooperatively to create a safe learning environment for all.

The purpose of this document is to provide policy and guidelines to support students with life-threatening allergies, minimize the risk accidental exposure to allergens and have a plan to recognize and manage allergic reactions and anaphylaxis at school. These guidelines are organized by allergy type.

Because each student's allergy and medical situation is different, an individualized allergy emergency plan may be established for some students. Parents/guardians will be expected to notify the school administrator and District nurse of their child's allergy. They will also be responsible to provide the necessary documentation regarding the life threatening allergy, along with written medical treatment/instructions as directed by a physician or medical provider. The district nurse, along with the building principal/designee, student's parent/guardian, student's physician, and nutrition services as appropriate will prepare an allergy action plan. This plan will be renewed and updated annually, or as changes in the student's medical condition or environment occur.

A copy of the student's allergy emergency plan will be distributed and reviewed with all necessary school staff at the beginning of each school year or as needed. Delegated staff will be trained on how to recognize and respond to allergic reactions, as well as how to administer epinephrine.

Procedural guidelines will be provided to staff on how to provide a safe school environment for students with life threatening allergies, and how to reduce the risk of exposure to allergens in the school setting.

Students**Welfare****Life Threatening Allergy Management**

The Board of the Watertown Unified School District is committed to providing a safe and nurturing environment for students. The Board of Education understands the increasing prevalence of life threatening allergies among students. Recognizing that the risk of accidental exposure to allergens can be reduced in the school setting, the District is committed to working cooperatively with students, parents, staff, and physicians to minimize the risks and provide a safe educational environment. The focus of allergy management will be on prevention, education, awareness, communication and emergency response. Although the District recognizes that it cannot guarantee an allergy free environment, it will take the necessary steps to protect the health and safety of an individual student with a food allergy, to minimize risks, and to provide emergency procedures when necessary.

The District will define a formal process for identifying and managing care for students with life threatening allergies in the District. This process shall be outlined in the Guidelines for Managing Life Threatening Allergies.

The District will maintain and protect the safety of students who have life threatening allergies in ways that are developmentally appropriate, promote self-advocacy and competence in self-care and provide appropriate educational opportunities.

The District will ensure the interventions and individual health care plans for students with life threatening allergies are based on medical orders and recommendations and evidence-based practices.

Legal Reference: Wisconsin Statute – 118.29
 Wisconsin Statute – 118.291
 Wisconsin Statute – 118.292
 Wisconsin Statute – 115 Subchapter V
 Section 504 of the Rehabilitation Act of 1973
 Americans with Disabilities Act Amendments of 2008
 Individuals with Disabilities Education Act
 USDA Regulation 7CFR Part 15b

Policy Approved:

Policy Revised:

Standing Order for Allergic Reaction (Anaphylaxis)

Anaphylaxis is an allergic reaction that may be triggered by a food allergy, insect sting or drug reaction. **If a person with a known history of severe allergic reaction is exposed to a known allergen, activate the emergency medical services immediately. Do not wait for symptoms to develop.**

In the event of an anaphylaxis of a student, staff member or community member and the person does not have their own prescribed EpiPen; Epinephrine will be administered by a district school nurse or trained staff member according to the following procedure.

1. Check the person for symptoms of shock or respiratory distress.
 - a. **Respirations:** may be wheezy, labored or absent
 - b. **Pulse:** may be rapid, weak or difficult to detect
 - c. **Color:** may be pale, mottled or cyanotic
 - d. **Skin:** may be cool, moist or clammy; urticarial (hives) may be present, nail capillary refill time may exceed two seconds
 - e. **Blood pressure:** may be low or undetectable
 - f. **Mucous Membranes:** may be swollen (Eyes, nose and mouth)
 - g. **Other:** stupor, agitation, restlessness, vomiting, diarrhea, headache and unconsciousness
2. Monitor the airway, keeping it open. As needed remove secretions/vomit and assist with ventilation.
3. If person has ANY signs or symptoms of an allergic reaction and if no other specific physician order is available, administer epinephrine as follows:
 - a. **Elementary Level**
 - i. First dose: EpiPen Jr (0.15mg epinephrine) according to EpiPen Jr. directions
 - ii. Subsequent injections may be given every 15-20 minutes, in accordance with observed symptoms (Section 1 above) or instructions from 911 center, if available
 - b. **Secondary Level**
 - i. First dose: EpiPen (0.30mg epinephrine) according to EpiPen Jr. directions
 - ii. Subsequent injections may be given every 15-20 minutes, in accordance with observed symptoms (Section 1 above) or instructions from 911 center, if available
 - c. EpiPen or EpiPen JR may be administered through clothing.
 - i. Pull off blue safety cap.

- ii. Form fist around injector, keeping fingers away from orange tip.
- iii. Swing back slightly, and jab firmly into outer thigh.
- iv. Hold in place for at least 10 seconds. Massage area
- v. Discard injector in sharps container or provided plastic case
- vi. Stay with student until EMS arrives.
- vii. Record event on health service log, and incident report.

4. First Aid

- a. Lay person flat, facing up (supine position); raise feet 8 to 12 inches. (Position on side if vomiting.)
- b. Keep person warm, but not overheated.
- c. Do not administer any solid or fluid by mouth.
- d. If bee stinger is noted in skin, remove by gently scraping at skin level.
- e. Monitor person closely, as sudden clinical deterioration can occur despite treatment.
- f. **DO NOT LEAVE THE PERSON ALONE!**

ANY TIME EPIPEN IS GIVEN CALL 911

If known, state that the person has a peanut/bee/allergy and has been exposed/stung.
State that EpiPen has been given and time of medication if known.

Physician Signature

Date

District Nurse Signature

Date

Director of Student Services

Date

WATERTOWN UNIFIED SCHOOL DISTRICT
ALLERGY EMERGENCY PLAN
CONFIDENTIAL

STUDENT NAME: _____ **D.O.B.:** _____
SCHOOL: _____ **Weight:** _____
GRADE: _____ **Asthma – High Risk for Severe Reaction:** ☐YES ☐NO

ALLERGIC TO: _____

Any SEVERE SYMPTOMS after suspected or known ingestion:

One or more of the following:

LUNG: Short of breath, wheeze, repetitive cough
HEART: Pale, blue, faint, weak pulse, dizzy, confused
THROAT: Tight, hoarse, trouble breathing/swallowing
MOUTH: Obstructive swelling (tongue and/or lips)
SKIN: Many hives over body

Or combination of symptoms from different body areas:

SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)
GUT: Vomiting, diarrhea, crampy pain

MILD SYMPTOMS ONLY:

MOUTH: Itchy mouth
SKIN: A few hives around mouth/face, mild itch
GUT: Mild nausea/discomfort

PHYSICIAN INSTRUCTIONS REGARDING EMERGENCY MEDICATION:

MEDICATIONS/DOSES

Epinephrine (brand and dose): _____

Condition under which medication should be given: _____

Antihistamine (brand and dose): _____

Condition under which medication should be given: _____

Other (e.g., inhaler-bronchodilator, if asthmatic) (brand and dose): _____

Condition under which medication should be given: _____

PHYSICIAN'S SIGNATURE: _____ **DATE:** _____

EpiPen is kept in: _____ office _____ backpack _____ other _____

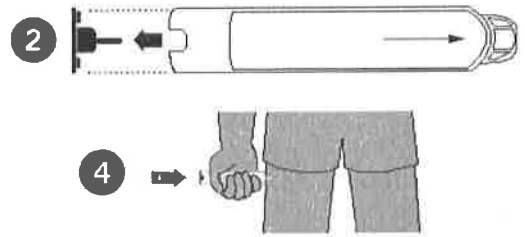
PARENT SIGNATURE: _____ **DATE:** _____

DISTRICT NURSE SIGNATURE: _____ **DATE:** _____

WATERTOWN UNIFIED SCHOOL DISTRICT
ALLERGY EMERGENCY PLAN

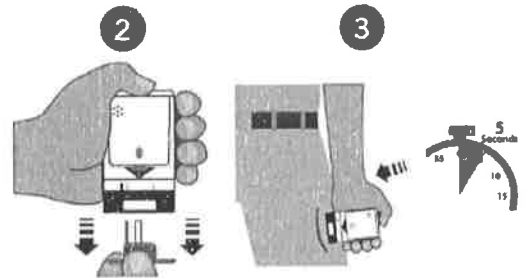
EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



ADRENALCLICK®/ADRENALCLICK® GENERIC DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.



Glossary of Terms

The following is a list of terms which provide some helpful background information regarding life-threatening allergies.

Acute - Symptoms that occur suddenly and can be severe.

Adrenaline - Synonymous for epinephrine

Allergen - A substance that can cause an allergic reaction. The most common allergens are: peanuts, shellfish, fish, tree nuts, eggs, milk, soy, wheat, insect venom, latex and medications.

Allergic Reaction - An immune system response to a substance that itself is not harmful but that the body interprets as harmful. When exposed to an allergen, the allergic student produces histamine. Once the histamine is released in the body it causes chemical reactions which trigger inflammatory reactions in the skin (itching, hives, rash), the respiratory system (cough, difficulty breathing, wheezing) the gastrointestinal tract (vomiting, diarrhea, stomach pain), and the cardiovascular system (lowered blood pressure, irregular heartbeat, shock). Each person with an allergy reacts to the allergen differently including the symptoms and severity.

Allergy Emergency Plan (AEP)- When necessary a 504 Plan can be developed. A specific protocol which explains exactly what steps are taken if a child has an allergic reaction.

Anaphylactic Reaction - Synonymous for Anaphylaxis

Anaphylaxis - It is an immediate potentially life threatening allergic reaction. The most dangerous symptoms include breathing difficulties, and a drop in blood pressure or shock, which can be fatal. Asthmatic students are at an increased risk for anaphylaxis. Anaphylaxis often involves several areas of the body at once such as the skin (itching, hives, rash), the respiratory system (cough, difficulty breathing, wheezing) the gastrointestinal tract (vomiting, diarrhea, stomach pain), and the cardiovascular system (lowered blood pressure, irregular heartbeat, shock). The drug to immediately use to abate anaphylaxis is Epinephrine (contained in an EpiPen or EpiPen Jr.).

Antihistamine - A drug that stops histamine from being released in the body during an allergic reaction. Usually given as an oral medication.

Asthma - A disease of the lungs in which there is widespread narrowing of airways. The airways become clogged with mucus. Students with asthma and allergies appear to be at an increased risk for fatal anaphylaxis. Epinephrine is the first-line of defense for an anaphylactic reaction even with a child with asthma medicine.

Cross Contamination - When an allergen comes in contact with a pan, utensil, surface or food that is allergen free it contaminates it. The allergen free object is now unsafe for an allergic student.

EpiPen- Injectable Adrenaline (Epinephrine) An EpiPen abates allergic symptoms for 15-20 minutes. Symptoms may reappear if prompt medical attention is not given to the allergic student. Always call 911 when epinephrine is given.

EpiPen Jr. - It is the same as an EpiPen only a smaller dose.

FAAN - Acronym for the Food Allergy and Anaphylaxis Network that has educational material on food allergies. <http://www.foodallergy.org/>

504 Plan - Refers to a section in the Rehabilitation Act of 1973 which prohibits discrimination against a qualified handicapped individual by any program that receives federal funds. It is a legal document. A 504 Plan encompass the student's Allergy Action Plan and any other documents the parents and school deem relevant.

Food Allergy - An immune system response to a certain food. Upon ingestion, the body creates antibodies to that food. When the antibodies react with the food, histamine and other chemicals are released from cells. The release of those chemicals may cause hives, difficulty breathing, or other symptoms of an allergic reaction.

Histamine - A chemical released by the body during an allergic reaction. It causes the symptoms listed above in Allergic Reaction.

Hives- Itchy, red, mosquito-like bumps that may appear anywhere on the skin and are usually a symptom of an allergic reaction.

Latex - A milky fluid produced by a rubber tree. This natural ingredient is found in a variety of health care products, rubber bands, gym, art supplies, and balloons. It can cause a severe life threatening allergy to sensitized people.

Life Threatening Allergy - Students with allergies have over reactive immune systems. The immune system produces chemicals and histamine which can cause the severe symptoms in the body (e.g., swelling, breathing difficulty or shock). Epinephrine found in the EpiPen is the recommended treatment.

Medic Alert Bracelet/Necklace - A necklace or bracelet worn by an allergic student that states the allergens and gives a telephone number for additional information. (Responsibility of the parent/guardian).

Periodic Medical Emergency Response Team (MERT) Drill - A practice in procedures that would be carried out if there were an anaphylactic emergency. The drill may include but is not limited to: who helps the student, who retrieves the Epi Pen and administers it, who calls 9-1-1, and who directs the paramedics to the child.

Guidelines for Food Allergies

Responsibilities for Parents and Guardians of Students with Life Threatening Food Allergies (LTFA)

- ☐ Inform the district nurse, school administration and nutritional services director in writing of your child's allergies prior to the school year or immediately after initial diagnosis. All food allergies must be verified by a licensed physician.
- ☐ Provide medication orders and signatures from parent/guardian and a licensed physician prior to the start of each school year or immediately after initial diagnosis.
- ☐ Work with the school team to develop an allergy plan that accommodates the individual child's needs in the classroom, cafeteria, after school programs, school-sponsored activities, and bus.
- ☐ Will provide properly labeled emergency medications according to school policy every school year, and will replace after use or when expired (EpiPens, Benadryl, etc.).
- ☐ Sign a Release of Information form for school personnel to consult with family physician/allergist and all applicable medical providers.
- ☐ Provide annual updates on your child's allergy status including details of symptoms.
- ☐ Provide the school with current phone numbers and emergency contacts at the start of each school year and as changes are made.
- ☐ Participate in developing an Allergy Emergency Plan before school starts each year.
- ☐ Consider providing your child with a medic alert bracelet.
- ☐ If applicable, introduce your child to the bus driver and explain your child's allergy.
- ☐ Review school lunch menus and send cold lunch with your child on days when eating a school hot lunch may not be a safe choice. Teachers are not responsible for monitoring ingredients of hot lunches.
- ☐ Complete the Special Diet Statement for a Participant with a Disability form for consideration of meal modifications by district contracted food service provider. Parts 2 and 3 of this form must be completed by a licensed physician.
- ☐ Provide a list of foods and ingredients to avoid verified by a licensed physician. Addressed on Special Diet Statement for a Participant with a Disability form
- ☐ Educate your child in the self-management of his/her food allergy including:
 - ☐ Recognizing safe / unsafe food allergens.
 - ☐ Identifying strategies for avoiding exposure to unsafe allergens.
 - ☐ Recognizing symptoms of an allergic reaction
 - ☐ Alerting adult they may be having an allergy-related reaction.
 - ☐ Reading food labels (age appropriate) and/or being aware of environmental triggers.
 - ☐ Never sharing personal items, including food, eating utensils, medication, etc.
- ☐ Review intervention guides with the school staff, child's health care provider, and child (if appropriate) after a reaction has occurred.
- ☐ Provide alternate, labeled snacks for your child to be kept at school and stored separately.
- ☐ Determine if you would like your child to have an "allergy aware" table in the school cafeteria, and make that request to nutrition services.
- ☐ Teach your child to recognize safe and unsafe food items and advise them not to share snacks, lunches or drinks with others.
- ☐ Teach your child to report any symptoms of an allergic reaction to their teacher and/or supervising adult immediately.

- ☐ While the school will not exclude an allergic student from a field trip, a parent may choose to do so. Be willing to go on your child's field trips if requested/recommended.
- ☐ If your child carries his/her own EpiPen on them (i.e. backpack or purse), notify school staff of its location. Parents are encouraged to keep a "back-up" EpiPen in the school health office as well. EpiPens should not be stored in cars or lockers where they are not easily accessible and exposed to cold or heat. Parents/guardians and physicians must give written consent to allow a student to carry his/her own medication.

Responsibilities for Students with LTFA

- ☐ Be proactive in the care and management of allergies and reactions (as appropriate for developmental level).
- ☐ Be aware of food being served.
- ☐ Do not trade or share food.
- ☐ Do not eat anything with unknown ingredients or known to certain allergens.
- ☐ Wash hands before and after eating.
- ☐ Learn to recognize symptoms of an allergic reaction.
- ☐ Notify a teacher or other adult immediately if an allergic reaction occurs or if they eat something they believe may contain the food to which they are allergic.
- ☐ If they are keeping EpiPen with them, they are expected to act responsibly, including not sharing this medication and always keeping the medication in the designated place.
- ☐ Guidelines for students at the secondary levels will be modified as they become more knowledgeable in reducing the risk of exposure.
- ☐ Wear a medic alert bracelet, if provided by your parents/guardian.
- ☐ Know how to administer own EpiPen (if age appropriate)
- ☐ Notify an adult if they are being picked on or threatened by other students as it relates to their food allergy.

Responsibilities for Building Administrators for Student with LTFA

- ☐ Follow all applicable federal laws, including Americans with Disabilities Act, Section 504, FERPA, Individuals with Disabilities Education Act, as well as all state laws and district policies/guidelines that may apply to food allergies.
- ☐ Have available the appropriate allergy forms for the parent and explain that the required forms must be returned and reviewed by the district nurse.
- ☐ Have knowledge of all Allergy Emergency Plans for all students with LTFA in their building.
- ☐ When appropriate, familiarize teachers with the AEPs of their students and any other staff member who has contact with the student on a need-to-know basis.
- ☐ Reinforce with building custodial staff the need to develop a cleaning protocol to ensure that the risk of exposure to food allergens is minimized.
- ☐ Reinforce a no-food and no-utensil trading/sharing as best practice.
- ☐ Provide emergency communication devices for school activities including physical education, playground, and field trips that involve a student with LTFA.
- ☐ Post food allergy alert signs in buildings as appropriate.

Responsibilities for the Building Administrative Secretary for Students with LTFA

- ☐ School newsletters at beginning of school year will contain information on LTFA.
- ☐ School administrative secretary will inform the district nurse when a school health form is received that identifies a student with a LTFA.
- ☐ “Life Threatening Allergy Management Policy” and “Guidelines for Managing Life Threatening Allergies” will be included and available in student handbook.
- ☐ Will inform coaches of student athletes with LTFA.

Responsibilities for the District Nurse for Students with LTFA

- ☐ Contact parent/guardian of identified student with LTFA to develop an AEP before the start of the school year.
- ☐ Obtain written medical records/orders for students’ with LTFA for medications needed for emergencies.
- ☐ Share AEP with staff that interacts with the student on a regular basis, as well as the Medical Emergency Response Teams (M.E.R.T.) at each building. This includes, but is not limited to: teachers, therapists, paras.
- ☐ Train designated staff how to recognize an allergic reaction and how to administer epinephrine in an emergency situation.
- ☐ Encourage proper hand washing for staff/students.
- ☐ Present/provide materials to classrooms about LTFA as able.
- ☐ Inform nutrition services of students with LTFA.
- ☐ Will send letter to teacher with student with LTFA to inform them of student with severe allergy (“Letter for Teacher with student with LTFA in their classroom”).
- ☐ Assist the building administrator in providing information about students with life-threatening allergies to staff where there is a need to know.
- ☐ Inform the building administrator and the parent/guardian if any student experiences an allergic reaction that has not been previously identified.
- ☐ Maintain records of all staff trainings related to students with life-threatening allergies.
- ☐ Stock EpiPens in the health office at secondary levels, periodically check medications for expiration dates

Responsibilities of the Teachers for Students with LTFA

- ☐ Participate in any meetings for students with LTFA.
- ☐ Keep the AEP accessible and inform substitutes, paraeducators and volunteers of the plan and location.
- ☐ Leave information for substitute teachers in a prominent location. (sub folders)
- ☐ Inform parents of the student with a LTFA in advance of any class events where food will be served.
- ☐ Never question or hesitate to act immediately if a student reports signs or symptoms of an allergic reaction.
- ☐ Encouraged to setup meetings with district nurse and parents of children with allergies to discuss procedures and precautions to take during the school day, during field trips, and other school sponsored activities. Plans of students at the secondary level will be modified as they become more knowledgeable in reducing the risk of exposure.
- ☐ Will be provided the AEP for each student with a LTFA, and must be familiar with the plan for each student in their class.

- ☐ Understand the importance of minimizing the risk of exposure to allergens and the steps that must be taken to prevent exposure.
- ☐ Be educated in recognizing signs and symptoms of an allergic reaction and know the steps in managing the emergency.
- ☐ Discuss how snacks will be handled (Refer to: www.snacksafely.com for updated snack list).
- ☐ Discourage students sharing and trading of food.
- ☐ Reinforce with all students the general practice of washing hands before and after eating, as well as at the beginning of the school day.
- ☐ Refrain from using the student's food allergen for class projects, parties, holiday celebrations, arts, crafts, science experiments, or other presentations. Lesson/projects should be planned and modified so that the allergen is not part of the project (i.e. birdseed, M&M's, animal food, etc.).
- ☐ Ensure all soaps and lotion products in the classroom are allergen free (ex.: Almond).
- ☐ Monitor that food pellets/bedding for any classroom pets does not contain food allergen products.
- ☐ Distribute classroom letter to all parents/guardians of all students at the beginning of the year informing them that there is a student in their classroom with a severe food allergy (while maintaining confidentiality at all times) and to refrain from having this allergen in the classroom.
- ☐ Make classroom (when there is a student identified with a LTFA in your classroom) "allergen aware".
- ☐ Place classroom sign "Allergy Aware Zone" near entrance of classroom indicating your classroom must be allergen aware of the identified allergen.
- ☐ Educates classmates to avoid isolating, stigmatizing, harassing students with LTFA. Be aware of how the student is being treated and enforce rules about bullying/threats.
- ☐ Introduce students to Nutrition Services (cafeteria employees at Elementary levels) at the beginning of the school year.
- ☐ Any food brought into a classroom must have a complete ingredient label, or it will not be served. Home baked items or bakery items will be discouraged.
- ☐ Additional staff, such as para's or therapists, should also be notified of any student with LTFA.
- ☐ At Secondary level, do not allow food allergen containing products eaten in classroom with a student with a LTFA.
- ☐ Look for ways to add information about food allergens into curriculum.

Responsibilities of Teachers for Snacks/Lunchtime

- ☐ Refer to the student's AEP for restricted foods. Establish daily procedure with parent/district nurse/nutrition services to ensure compliance with the plan prior to the beginning of school year.
- ☐ Minimize allergens from the student's classroom.
- ☐ Plan for daily snack and special snacks should be individualized for each student as determined by student, parent, and teacher. Some possible plans:
 - ☐ Student will only eat snacks from home.
 - ☐ Student will only eat snacks from pre-approved list (reviewed and approved by parent/guardian).
- ☐ Classroom will be allergen aware.
- ☐ Encourage hand washing before and after snack time.
- ☐ Classroom letter will be sent to all parents/guardians informing them about classroom being "allergen aware".

- ☐ If contamination of foods is suspected wipe down students desk.
- ☐ Discourage the sharing or trading of food.

Responsibilities of Teacher for Classroom Activities

- ☐ If a food event has been held in a classroom have the custodian wash the tables and chairs afterwards.
- ☐ Consider the use of stickers, pencils or other non-food items as rewards/prizes.
- ☐ Be aware of allergy concerns of students before inviting an animal into the classroom as well as the animal's food (peanuts, soy milk).

Responsibilities of Teacher for Field Trips

- ☐ Students with LTFA will be under the direct supervision of staff member who has been trained in the AEP and the emergency medication epinephrine, which includes administering an EpiPen. The only exception would be if the student's parent/guardian is attending the event and acts as a supervisor. If a teacher has not been trained they must inform District Nurse to acquire this training prior to field trip event within a reasonable time frame.
- ☐ Ensure a functioning school cell phone or other communication device is taken on the field trip.
- ☐ Will bring student's AEP and EpiPen on all field trips.
- ☐ Consider eating situations on field trips and plan for reducing the risk of exposure to the student's life-threatening foods.
- ☐ Ensure provision for all students for hand washing before and after eating. Try to make sure soap and water are available, hand gel is not enough. Use hand wipes if soap and water is not available.
- ☐ Discourage food eaten on the bus unless medically necessary (diabetes).
- ☐ Students will not be allowed on field trips if emergency medication (ex: EpiPen, Benadryl) is not provided by the parent/guardian
- ☐ Invite parents of students with LTFA to accompany their child on the field trip, in addition to chaperones. However, a parent's presence is not mandatory.

Responsibilities for Substitute Teachers for Students with LTFA

- ☐ Substitute staff should always check for AEPs in the sub folder at the start of their assignment. If they have questions about the plan, they must contact the district nurse or building principal.
- ☐ Subs or volunteers should never hand out food to students as a reward without first verifying that there are NO students with LTFA.
- ☐ Refer to Guidelines for Teachers/Classrooms as appropriate.
- ☐ Any substitute staff, volunteers, or visitors should be encouraged to wash their hands prior to coming into the classroom to help reduce the potential for food allergens on their hands and possibly contaminating shared surfaces.

Responsibilities of the Nutrition Services for Students with LTFA

- ☐ Provide ServSafe training to all Nutrition Services employees regarding safe food handling practices to avoid cross contamination with potential food allergens.
- ☐ Provide WUSD Food Safety Program Standard Operating Procedures training to all Nutrition Services employees.
- ☐ Nutrition Services Supervisor will be prepared to discuss menus, a la carte items, food products, and have available ingredient labels containing allergen information for all foods served through Nutrition Services.

- Upon receiving documentation for a student with a LTFA Nutrition Services will:
 - Create a file for the student containing LTFA information and/or special dietary restrictions.
 - Enter documented allergen and/or special diet alert on student's point of sale meal account.
 - Create a special menu and/or list of allergen foods to be avoided. Note: USDA requires completion of the *Children with Disabilities and Special Dietary Restrictions* form stating the student has a food allergy disability in order for meal accommodations to be made. This form must be completed and signed by a licensed physician and the parent/guardian. The form can be found on the WUSD website: <http://www.watertown.k12.wi.us/>
 - Contact the parent/guardian of a student with LTFA to review special diets/food lists on foods to be avoided
 - Share documented allergen/special diet plan for student with LTFA with parent/guardian, school nurse, health room assistant, Nutrition Services employees, and classroom teacher.
 - Request classroom teacher to introduce student with LTFA to Nutrition Services school cafeteria employees.
- Maintains a list and photo of each student and with LTFA within the nutrition services area (not for public viewing).

Responsibilities of Nutrition Services for Cafeteria

- Allergen aware table will be available in cafeteria as an option upon request of the parent/guardian. These tables will be designated with a sign or symbol indicating allergen aware.
- Use a separate, labeled, wash bucket and cloth with district-approved cleaning agents solely for the cleaning of allergen aware tables.
- Nutrition Services employees will wear non-latex gloves and are trained in proper hand washing (SOP#2) and glove use (SOP#5) to avoid cross contamination with potential food allergens.

Responsibilities of the Contracted Bus Company for Students with LTFA

- Bus drivers will be provided a list of all students with LTFA that ride the bus at the beginning of each school year.
- All busses will have communication devices for use in the case of an emergency.
- Two rows on the right side of the bus driver will be delegated as seats where no eating will be enforced. These seats will be offered to students with LTFA.
- Bus drivers will not hand out food treats even on special occasions.
- Bus drivers must ensure careful attention to cleaning bus surfaces, including seats and handrails especially when an exposure to a potential food allergen is known

Responsibilities of Coaches and Supervisors of School Funded Activities for Students with LTFA

- Will obtain AEP from athletic secretary of students with LTFA.
- Will inform district nurse for necessary training on AEP and administration of EpiPen prior to the event within a reasonable timeframe.
- Will follow guidelines necessary to reduce the risk of exposure during athletic events.
- Ensure a cellphone or other communication devices is present during event.

- ☐ Clearly identify who is responsible for keeping the EpiPen or other emergency medication and where it will be located.
- ☐ Medical Alert tags may be covered but not removed.

Guidelines for Life Threatening Latex Allergies

Responsibilities for Parents/Guardians of Students with Life Threatening Latex Allergies

- ☐ Inform the district nurse, administration and administrative secretary in writing of your child's allergies prior to the school year, or immediately after an initial diagnosis. All latex allergies must be verified by a licensed physician.
- ☐ Provide medication orders and signatures from parent/guardian and a licensed physician prior to the start of school or immediately after initial diagnosis.
- ☐ Sign a Release of Information form for school personnel to consult with family physician/allergist and all applicable medical providers.
- ☐ Participate in developing an AEP before school begins.
- ☐ Provide up-to-date EpiPens and other necessary medication(s) at the start of each school year and refill as necessary.
- ☐ Provide annual updates on your child's allergy status including details of symptoms.
- ☐ Consider providing a medic alert bracelet for your child.
- ☐ Provide the school with current phone numbers and emergency contacts at the start of each school year and as changes are made.
- ☐ If applicable, introduce your child to the bus driver and explain your child's allergy.
- ☐ While the school will not exclude an allergic student from a field trip, a parent may choose to do so. Be willing to go on your child's field trips if requested.
- ☐ Teach your child to recognize products that may contain latex and advise them to avoid these items.
- ☐ Teach your child to report any symptoms of an allergic reaction to their teacher and/or supervising adult immediately.
- ☐ If your child carries his/her own EpiPen on them (i.e. backpack or purse), notify school staff of its location. Parents are encouraged to keep a "back-up" EpiPen in the school health office as well. EpiPens should not be stored in cars or lockers where they are not easily accessible and exposed to cold or heat. Parents/guardians and physicians must give written consent to allow a student to carry his/her own medication.

Responsibilities for Students with Life Threatening Latex Allergies

- ☐ Learn to recognize symptoms of an allergic reaction and tell an adult.
- ☐ Refrain from handling items that may contain latex (health care products, rubber bands, gym, art supplies, and balloons).
- ☐ Wear a Medic Alert bracelet if provided by the parent/guardian.
- ☐ Notify an adult immediately if an allergic reaction occurs or you have come in contact with an item that contains latex.
- ☐ Notify an adult if they are being picked on or threatened by other students as it relates to their latex allergy.
- ☐ Know how to administer her/his own EpiPen, (if age appropriate).

Responsibilities for Building Administrators for Students with Life Threatening Latex Allergies

- ☐ Follow all applicable federal laws, including Americans with Disabilities Act, Section 504, FERPA, Individuals with Disabilities Education Act, as well as all state laws and district policies/guidelines that may apply to latex allergies.
- ☐ Have available the appropriate allergy forms for the parent and explain that the required forms must be returned and reviewed by the district nurse.

- ☐ Have knowledge of all AEPs for all students with life-threatening latex allergies in their building.
- ☐ When appropriate, familiarize teachers with the AEPs of their students and any other staff member who has contact with the student on a need-to-know basis.
- ☐ Reinforce with building custodial staff the need to develop a cleaning protocol to ensure that the risk of exposure to latex is minimized.
- ☐ Provide emergency communication devices for school activities including physical education, playground, and field trips that involve a student with life-threatening latex allergies.
- ☐ Post latex allergy alert signs in buildings as appropriate.
- ☐ Provide latex free medical supplies when requested (ex. Bandaid)

Responsibilities for the District Nurse for Students with Life Threatening Latex Allergies

- ☐ Meet with Parent/Guardian and develop AEP for all students with life-threatening latex allergies and distribute in building health concerns packet. Discuss specific plan with classroom teacher and related staff.
- ☐ Provide training for all staff that work with students with Life-Threatening latex allergies; principal, teachers, support staff, nutrition services, and bus drivers if appropriate on procedures for treatment of LTA's.
- ☐ Provide nutrition services with a list of students with latex allergy.
- ☐ Train designated staff in the use of EpiPen auto-injector annually.
- ☐ Send all EpiPens and AEPs on field trips. If EpiPen is not provided by parent /guardian, student will not go on field trip.
- ☐ Establish and provide an inventory of latex-free alternatives for medical equipment and other school supplies in high risk areas of school environment.

Responsibilities for the Teachers for Students with Life Threatening Latex Allergies

- ☐ Review AEP of any student identified with life threatening allergies.
- ☐ Participate in any meetings for the student with life-threatening allergies.
- ☐ Keep the AEP accessible in classroom, and inform substitutes, teacher aides, and volunteers of the plan location.
- ☐ Leave information for substitute teachers in a sub folders.
- ☐ **Never question or hesitate to act immediately if a student reports signs or symptoms of an allergic reaction.**

Responsibilities for the Teachers for Classroom Activities:

- ☐ Latex balloons should not be in the classroom or immediate area.
- ☐ Remove and use allergen free products only for classroom activities (*i.e.*, markers, erasers, rubber bands, gloves, cooking, celebrations. Substitute class materials as needed. Refer to updated consumer product list by the American Latex Allergy Association at www.latexallergyresources.org

Responsibilities for the Teachers for Field Trips:

- ☐ Consider the risk of latex exposure when planning a field trip.
- ☐ Collaborate with the district nurse prior to planning a field trip. Ensure EpiPen and AEP is taken on field trips.
- ☐ Ensure a functioning cell phone or other communication device is taken on trip.
- ☐ Invite parents of allergic students to accompany their child on school trips, in addition to chaperones. However, the parent's presence is not mandatory.
- ☐ Require hand washing before and after eating (Use hand wipes if sink not near)

Responsibilities for the Recess/Lunch Room Monitors for Students with Life Threatening Latex Allergies

- ☐ **Never question or hesitate to act immediately if a student reports signs or symptoms of an allergic reaction. Take all complaints seriously.**
- ☐ Encourage hand washing or use of hand wipes for students after eating.
- ☐ Thoroughly clean all tables and chairs after lunch.
- ☐ A Medic Alert bracelet should never be removed.

Responsibilities for Nutrition Services for Students with Life Threatening Latex Allergies

- ☐ Avoid the use of latex gloves by food service personnel.
- ☐ If requested meet with parent to discuss student's latex allergy.
- ☐ Review the health concerns list provided annually by the district nurse for students with life threatening latex allergies.
- ☐ **Never question or hesitate to act immediately if a student reports signs or symptoms of an allergic reaction.**

Responsibilities for the Coaches and Supervisors of School Funded Activities for Students with Life Threatening Latex Allergies

- ☐ Obtain AEP from athletic secretary of students with Latex Allergy
- ☐ Ensure a cell phone or other communication device is present at field locations.
- ☐ Clearly identify who is responsible for keeping the EpiPen or other emergency medication and where it will be kept.
- ☐ Administer EpiPen if trained and then call 911 if allergic reaction is suspected.
- ☐ Medic Alert tags may be covered or taped but must not be removed.
- ☐ Will inform district nurse for necessary training on AEP and administration of EpiPen prior to the event within a reasonable timeframe
- ☐ Will follow guidelines necessary to reduce the risk of exposure during athletic events.

Responsibilities for the Contracted School Bus Company for Students with Life Threatening Latex Allergies

- ☐ Two rows on the right side of the bus driver will be delegated as seats where no latex will be enforced. These seats will be offered to students with latex allergies.

Guidelines for Insect Venom Allergies (i.e. Bees, Wasps, Hornets, etc.)

Responsibilities for Parents/Guardians for Students with Life Threatening Insect Venom Allergies

- ☐ Parents are asked to assist the school by following these guidelines:
- ☐ Inform the district nurse in writing of your child's allergies prior to the school, or soon after an initial diagnosis.
- ☐ Participate in developing an AEP before school begins.
- ☐ Provide medication orders and signatures from a licensed medical provider.
- ☐ Provide up-to-date EpiPens and other necessary medication(s), and replace when expired.
- ☐ Provide annual updates on your child's allergy status including details of symptoms.
- ☐ Provide a medic alert bracelet for your child. Notify supervisors of before and after school activities/clubs of your child's allergy and provide necessary medication.
- ☐ Introduce your child to the bus driver and explain your child's allergy.
- ☐ While the school will not exclude an allergic student from a field trip, a parent may choose to do so. Be willing to go on your child's field trips if requested.

Responsibilities for Students with Life Threatening Insect Venom Allergies

- ☐ Learn to recognize symptoms of an allergic reaction and tell an adult
- ☐ Wear a Medic Alert bracelet if provided by the parent
- ☐ Notify an adult immediately if an allergic reaction occurs.
- ☐ Know how to administer her/his own EpiPen, (if age appropriate)
- ☐ If keeping EpiPen with them, they are expected to act responsibly, including not sharing this medication and keeping the medication in a designated place.

Responsibilities for the District Nurse for Students with Life Threatening Insect Venom Allergies

- ☐ Meet with Parent/Guardian and develop AEP for all students with life-threatening allergies.
- ☐ Provide training to designated staff on how to recognize allergic reaction and how to administer an EpiPen. and maintains records of these staff trainings.
- ☐ Store EpiPen's in the health office, at secondary levels, periodically check medications for expiration dates and notify parents of need for refills.
- ☐ Send all EpiPens and emergency action plans on field trips as delegated to health aides and building secretary.
- ☐ Share AEP with staff that interacts with student, as well as MERT, at each building.

Responsibilities for the Classroom Teacher for Students with Life Threatening Insect Venom Allergies

- ☐ Review prior to the start of school Student Allergy Emergency Plans of students identified with life threatening allergies.
- ☐ Participate in any meetings for the student with life-threatening allergies.
- ☐ Keep the Allergy Emergency Plan accessible with photo in classroom, and inform substitutes, teacher aides, and volunteers of the plan location.
- ☐ **Never question or hesitate to act immediately if a student reports signs or symptoms of an allergic reaction.**

Responsibilities for the Teachers for Field Trips:

- ☐ Consider the allergic student's level of exposure when planning any field trip.

- ☐ Collaborate with the district nurse prior to planning a field trip. Ensure EpiPen and Allergy Emergency Action Plan is taken on all field trips.
- ☐ Ensure a functioning cell phone or other communication device is taken on trip.
- ☐ Invite parents of allergenic students to accompany their child on school trips, in addition to chaperones. However, the parent's presence is not mandatory.
- ☐ Students will not be allowed on field trips if emergency medications (ex. EpiPen, Benadryl) is not provided by parent/guardian

Responsibilities for the Recess Monitors for Students with Life Threatening Insect Venom Allergies

- ☐ Never question or hesitate to act immediately if a student reports signs or symptoms of an allergic reaction. Take all complaints seriously.

Responsibilities for the Coaches and Supervisors of School Funded Activities for Students with Life Threatening Insect Venom Allergies

- ☐ Conduct activities in accordance with all school policies and procedures regarding LTA's.
- ☐ Ensure a cell phone or other communication device is present at field locations.
- ☐ Clearly identify who is responsible for keeping the EpiPen or other emergency medication and where it will be kept.
- ☐ Will inform district nurse for necessary training on AEP and administration of EpiPen prior to the event within a reasonable time frame
- ☐ Medic Alert tags may be covered or taped but must not be removed.
- ☐ Obtain AEP from athletic secretary of students with Life Threatening Insect Venom Allergies.

Responsibilities for the Contracted School Bus Company for Students with Life Threatening Insect Venom Allergies

- ☐ Be informed of students with life threatening insect venom allergy.

Key Points for Students, Parents and Staff

- **You are never alone.** It takes a team to ensure the best for our students. Help is usually a phone call away.
- **Educate, Educate, Educate.** This is an ongoing process that changes with the student's needs and as the staff changes. Food bans do not work because it creates a false sense of security. Today, processed foods contain trace amounts of food items that are not always identified on the food label. The best plan is to educate our school community about the issues that face students with life-threatening allergies.
- **Special events/Non-routine days.** The greatest risk for a life threatening allergic reaction exists when the normal routine is broken. Examples are classroom parties, field trips, a substitute teacher and after school events. **Be prepared.** Always have the AEP available and plan ahead to reduce the risk of accidental exposure to an allergen.
- **Symptoms vary greatly.** **Call 911** when uncontrolled anaphylactic symptoms occur or if exposure to an allergen is strongly suspected. Use emergency medication (i.e. Epinephrine) if needed and follow the Allergy Emergency Plan.
- **Be safe, not sorry!** Take all complaints from children with life-threatening allergies very, very seriously. It is important to respect the needs and rights of each student.
- A student with a life-threatening food allergy should **never eat unexamined food or food not approved by parent/guardian.**
- In the event a student has an allergic reaction at school, **call 911 and administer medication** (i.e. antihistamine and Epinephrine) as ordered by the student's physician. Key staff should be trained to use emergency medications and know the location of those medications at school and on any special function. **If Epinephrine is used, the student should be taken to the hospital for evaluation even if the allergic reaction symptoms subside.** The building principal, district nurse, health assistant and parent/guardian should be notified as soon as possible. Call 911 for all suspected life-threatening allergic reactions. No one can predict how a reaction will progress. A mild reaction can turn into a severe anaphylactic reaction very quickly or over several hours. A reaction can also appear to subside or even appear to be under control, and can turn again into a Life-Threatening reaction.
- **Cross contamination.** It only takes a trace amount of the allergen to cause an allergic reaction. To prevent exposure to an allergen, **hand washing and washing of surfaces** (tables, chairs, mixing bowls, etc.) where an allergen has been used is necessary. Soap and warm water are most effective for cleaning surfaces.



Tips for Avoiding Your Allergen

- All FDA-regulated manufactured food products that contain a "major food allergen" (milk, wheat, egg, peanuts, tree nuts, fish, crustacean shellfish, and soy) as an ingredient are required by U.S. law to list that allergen on the product label. For tree nuts, fish and crustacean shellfish, the specific type of nut or fish must be listed.
- Read all product labels carefully before purchasing and consuming any item.
- Be aware of unexpected sources of allergens, such as the ingredients listed below.
- *Note: This list does not imply that the allergen is always present in these foods; it is intended to serve as a reminder to always read the label and ask questions about ingredients.



For a Milk-Free Diet

Avoid foods that contain milk or any of these ingredients:

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

Milk is sometimes found in the following:

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

Keep the following in mind:

- Individuals who are allergic to cow's milk are often advised to also avoid milk from other domestic animals. For example, goat's milk protein is similar to cow's milk protein and may, therefore, cause a reaction in individuals who have a milk allergy.



For a Wheat-Free Diet

Avoid foods that contain wheat or any of these ingredients:

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

Wheat is sometimes found in the following:

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



For an Egg-Free Diet

Avoid foods that contain eggs or any of these ingredients:

albumin (also spelled albumen)	livetin	vitellin
egg (dried, powdered, solids, white, yolk)	lysozyme	words starting with "ovo" or "ova" (such as ovalbumin)
egg nog	mayonnaise	
globulin	meringue (meringue powder)	
	surimi	

Egg is sometimes found in the following:

baked goods	fried rice	meatloaf or meatballs
breaded items	ice cream	nougat
drink foam (alcoholic, specialty coffee)	lecithin	pasta
egg substitutes	marzipan	
	marshmallows	

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 egg.
- While the whites of an egg contain the allergenic proteins, patients with an egg allergy must avoid all eggs completely.



For a Soy-Free Diet

Avoid foods that contain soy or any of these ingredients:

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

Soy is sometimes found in the following:

Asian cuisine	vegetable gum
vegetable broth	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.



Tips for Avoiding Your Allergen



For a Shellfish-Free Diet

Avoid foods that contain shellfish or any of these ingredients:

barnacle	lobster (<i>langouste</i> ,	prawns
crab	<i>langoustine</i> , Moreton	shrimp (<i>crevette</i> ,
crawfish (<i>crawdad</i> ,	<i>bay bugs</i> , <i>scampi</i> ,	<i>scampi</i>)
<i>crayfish</i> , <i>ecrevisse</i>)	<i>tomalley</i>)	
krill		

i 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	limpet (<i>lapas</i> , <i>opihi</i>)	sea cucumber
clams (<i>cherrystone</i> ,	mussels	sea urchin
<i>geoduck</i> , <i>littleneck</i> ,	octopus	snails (<i>escargot</i>)
<i>pismo</i> , <i>quahog</i>)	oysters	squid (<i>calamari</i>)
cockle	periwinkle	whelk (<i>Turban shell</i>)
cuttlefish	scallops	

Shellfish are sometimes found in the following:

bouillabaisse	fish stock	surimi
cuttlefish ink	seafood flavoring (e.g.,	
glucosamine	<i>crab</i> or <i>clam</i> extract)	

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.



For a Peanut-Free Diet

Avoid foods that contain peanuts or any of these ingredients:

artificial nuts	goobers	nut meat
beer nuts	ground nuts	peanut butter
cold pressed, expeller	mixed nuts	peanut flour
pressed, or extruded	monkey nuts	peanut protein
peanut oil	nut pieces	hydrolysate

Peanut is sometimes found in the following:

African, Asian	baked goods (e.g.,	enchilada sauce
(especially	<i>pastries</i> , <i>cookies</i>)	marzipan
<i>Chinese</i> , <i>Indian</i> ,	<i>candy</i> (including	mole sauce
<i>Indonesian</i> , <i>Thai</i> ,	<i>chocolate candy</i>)	nougat
and <i>Vietnamese</i>), and	<i>chili</i>	
<i>Mexican</i> dishes	<i>egg rolls</i>	

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.
- Many experts advise patients allergic to peanuts to avoid tree nuts as well.
- Sunflower seeds are often produced on equipment shared with peanuts.
- Some alternative nut butters, such as soy nut butter or sunflower seed butter, are produced on equipment shared with other tree nuts and, in some cases, peanuts. Contact the manufacturer before eating these products.



For a Tree-Nut-Free Diet

Avoid foods that contain nuts or any of these ingredients:

almond	hickory nut	nut pieces
artificial nuts	litchi/lychee/lychee nut	pecan
beechnut	macadamia nut	pesto
Brazil nut	marzipan/almond paste	pili nut
butternut	Nangai nut	pine nut (also referred
cashew	natural nut extract	to as <i>Indian</i> , <i>pignoli</i> ,
chestnut	(e.g., <i>almond</i> , <i>walnut</i>)	<i>pignolia</i> , <i>pignon</i> ,
chinquapin nut	nut butters (e.g.,	<i>piñon</i> , and <i>pinyon</i>
coconut*	<i>cashew butter</i>)	<i>nut</i>)
filbert/hazelnut	nut meal	pistachio
gianduja (a chocolate-	nut meat	praline
nut mixture)	nut paste (e.g., <i>almond</i>	shea nut
ginkgo nut	<i>paste</i>)	walnut

Tree nuts are sometimes found in the following:

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

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.
- Talk to your doctor if you find other nuts not listed here.
- 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.



For a Fish-Free Diet

Fish is sometimes found in the following:

barbecue sauce	fish oil	pizza (<i>anchovy topping</i>)
bouillabaisse	fish sauce imitation fish	roe
Caesar salad	or shellfish isinglass	salad dressing
caviar	lutefisk maw, maws	seafood flavoring
deep fried items	(<i>fish maw</i>)	shark cartilage
fish flavoring	fish stock	shark fin
fish flour	fishmeal	surimi
fish fume	nuoc mam (<i>Vietnamese</i>	sushi, sashimi
fish gelatin (<i>kosher</i>	<i>name for fish sauce</i> ;	Worcestershire sauce
<i>gelatin</i> , <i>marine</i>	<i>beware of other ethnic</i>	
<i>gelatin</i>)	<i>names</i>)	

Keep the following in mind:

- If you have fish allergy, avoid seafood restaurants. Even if you order a non-fish item off of the menu, cross-contact of fish protein is possible.
- Asian cookery often uses fish sauce as a flavoring base. Exercise caution when eating this type of cuisine.
- Fish protein can become airborne in the steam released during cooking and may cause an allergic reaction. Stay away from cooking areas when fish is being prepared.



Signs and Symptoms of Allergic Reaction

1. Allergies can affect almost any part of the body and cause various symptoms. Anaphylaxis includes the most dangerous symptoms, including but not limited to: breathing difficulties, drop in blood pressure, and shock.

Other signs of allergic reaction may include:

Mouth:	itching, tingling, or swelling of the lips, tongue, or mouth.
Skin:	hives, itchy rash, and/or swelling of the face or extremities
Gut:	nausea, abdominal cramps, vomiting, and/or diarrhea
Throat:	itching and/or tightening, of throat, hoarseness, hacking cough
Lung:	shortness of breath, repetitive coughing, and/or wheezing
Heart:	weak pulse, low blood pressure, fainting, pale, blueness

2. Symptoms may occur within a few seconds of exposure or up to two or more hours later. Approximately 20-30% of people having an allergic reaction will have a “rebound” reaction, meaning after the initial treatment, they are symptoms free for a period of time (up to 3 hours) then have a second, often more severe reaction.
3. Persons who have had previous whole body reactions (anaphylaxis) or who have asthma are at a higher risk of having a severe anaphylactic reaction.

Treatment of Allergic Reactions and Anaphylaxis

Anaphylaxis is a life-threatening allergic reaction that can occur within seconds or minutes following exposure to an allergen (food, insect sting, latex, medication). It is always considered a medical emergency, and must be treated immediately as it is a potentially fatal condition. Three considerations are given in the treatment of an allergic reaction:

- Symptom recognition
- Rapid administration of epinephrine
- Prompt notification of EMS and transport to an emergency room

Treatment of allergic reaction

1. Students with a Life-Threatening allergic reaction, potentially requiring the use of medication, will have an AEP updated annually at the start of each school year. In the event of exposure to allergen, or symptoms of a severe allergic reaction, the student's AEP should be followed using the prescribed student specific medication.
2. In the event of an anaphylactic reaction of a student without a specific plan and/or medication, the district will have standing orders for the administration of Epinephrine signed by the Medical Advisor. This medication is located in the health office or designated area. Refer to the Standing Order for instructions.
3. In the event that Epinephrine is administered at school, 911 will be called and the student should be transported via ambulance to a hospital. This is for the safety and the well-being of the student in the event of a "rebound" reaction.

EpiPen Administration Procedure

1. Obtain individual student EpiPen injection kit, refer to individualized Allergy Emergency Plan.
2. If EpiPen is needed, delegate nearby staff to call 911 and parents
3. Remain calm, and reassure and inform student of assistance.
4. Remove clothing if possible, otherwise can give through pants.
 - Pull off blue safety cap.
 - Form fist around injector, keeping fingers away from orange tip.
 - Swing back slightly, and jab firmly into outer thigh.
 - Hold in place for at least 10 seconds. Massage area
 - Discard injector in sharps container or provided plastic case
 - Stay with student until EMS arrives.
 - Complete "Incident Report" form (pg. 39).
5. Review school response to incident and arrange for replacement EpiPen.

Children with Disabilities and Special Dietary Restrictions

DEFINITIONS OF DISABILITY AND OF OTHER SPECIAL DIETARY NEEDS

Rehabilitation Act of 1973 and the Americans with Disabilities Act

Under Section 504 of the *Rehabilitation Act of 1973*, and the *Americans with Disabilities Act* (ADA) of 1990, a "person with a disability" means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. The term "physical or mental impairment" includes many diseases and conditions, a few of which may be:

orthopedic, visual, speech, and hearing impairments;	metabolic diseases, such as diabetes or phenylketonuria (PKU)
cerebral palsy;	Heart disease
epilepsy;	food anaphylaxis (severe food allergy)
muscular dystrophy;	mental retardation
multiple sclerosis	emotional illness
cancer	drug addiction and alcoholism
specific learning disabilities	HIV disease
tuberculosis	

Please refer to the Acts noted above for a more detailed explanation. Major life activities covered by this definition include caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

Individuals with Disabilities Education Act

The term child with a "disability" under Part B of the *Individuals with Disabilities Education Act* (IDEA) means a child evaluated in accordance with IDEA as having one or more of the recognized thirteen disability categories and who, by reason thereof, needs special education and related services.

IDEA recognizes thirteen disability categories which establish a child's need for special education and related services. These disabilities include:

Autism	Deaf-blindness
Deafness or other hearing impairments	Mental Retardation
Orthopedic impairments	Emotional disturbance
Specific learning disabilities	Speech or language impairment
Traumatic brain injury	Multiple disabilities
Other health impairments due to chronic or acute health problems, such as asthma, diabetes, nephritis, sickle cell anemia, a heart condition, epilepsy, rheumatic fever, hemophilia, leukemia, lead poisoning, tuberculosis;	Visual impairment; including blindness, which adversely affects a child's educational performance.

Attention deficit disorder or attention deficit hyperactivity disorder may fall under one of the thirteen categories. Classification depends upon the particular characteristics associated with the disorder and how the condition manifests itself in the student, which determines the category.

The Individualized Education Program or IEP means a written statement for a child with a disability that is developed, reviewed, and revised in accordance with the IDEA and its implementing regulations. The IEP is the cornerstone of the student's educational program that contains the program of special education and related services to be provided to a child with a disability covered under the IDEA.

NOTE: Some states supplement the IEP with a written statement specifically designed to address a student's nutritional needs. Other states employ a "Health Care Plan" to address the nutritional needs of their students. For ease of reference, the term "IEP" is used to reflect the IEP as well as any written statement designating the required nutrition services. When nutrition services are required under a child's IEP, school officials need to make sure that school food service staff is involved early on in decisions regarding special meals.

Physician's Statement for Children with Disabilities

USDA regulations 7 CFR Part 15b require substitutions or modifications in school meals for children whose disabilities restrict their diets. A child with a disability must be provided substitutions in foods when that need is supported by a statement signed by a licensed physician. The physician's statement must identify:

- the child's disability;
- an explanation of why the disability restricts the child's diet;
- the major life activity affected by the disability;
- the food or foods to be omitted from the child's diet, and the food or choice of foods that must be substituted.

The form (Figure 1), in Appendix A, is adapted from the USDA guidance: Accommodating Children with Special Needs: Guidance for School Food Service Staff, and may be used to obtain the required information from the physician.

Reference: Accommodating Children with Special Needs: Guidance for School Foods Service Staff, United States Department of Food and Nutrition Service, Fall 2001;
<http://www.fns.usda.gov/cnd/Guidance/default.htm>

Food Allergy Management

Generally, children with food allergies or intolerances do not have a disability as defined under either Section 504 of the Rehabilitation Act or Part B of IDEA, and the school food service may, but is not required to, make food substitutions for them.

However, when in the licensed physician's assessment, food allergies may result in severe, life-threatening (anaphylactic) reactions, the child's condition would meet the definition of "disability," and the substitutions prescribed by the licensed physician must be made.

Other Special Dietary Needs

The school food service may make food substitutions, at their discretion, for individual children who do not have a disability, but who are medically certified as having a special medical or dietary need.

Such determinations are only made on a case-by-case basis. This provision covers those children who have food intolerances or allergies but do not have life-threatening reactions (anaphylactic reactions) when exposed to the food(s) to which they have problems.

Eating and Feeding Evaluation: Children with Special Needs

FIGURE 1: .PART A			
Student's Name		Age	
Name of School		Grade Level	Classroom
Does the child have a disability ? If Yes, describe the major life activities affected by the disability.		Yes	No
Does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a licensed physician .		Yes	No
If the child is not disabled , does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a recognized medical authority .		Yes	No
If the child does not require special meals, the parent can sign at the bottom and return the form to the school food service.			
PART B			
List any dietary restrictions or special diet.			
List any allergies or food intolerances to avoid.			
List foods to be substituted.			
List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "All." Cut up or chopped into bite size pieces: Finely ground: Pureed:			
List any special equipment or utensils that are needed.			
Indicate any other comments about the child's eating or feeding patterns.			
Parent's Signature			Date:
Parent's Printed Name and Phone Number			
Physician or Medical Authority's Signature			Date:
Physician or Medical Authority's Printed Name and Phone Number			

Under Section 504 of the *Rehabilitation Act of 1973*, and the *Americans with Disabilities Act* (ADA) of 1990, a "person with a disability" means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

The term child with a "disability" under Part B of the *Individuals with Disabilities Education Act* (IDEA) means a child evaluated in accordance with IDEA as having one or more of the recognized thirteen disability categories and who, by reason thereof, needs special education and related services.



Watertown Unified School District

Educational Service Center

111 Dodge Street

Watertown, WI 53094

Lynn Gilbert, RN, BSN

District School Nurse

920-262-1460 ext. 3219

gilbertl@watertown.k12.wi.us

LETTER TO PARENT OF STUDENT WITH LIFE THREATENING FOOD ALLERGIES

Dear Parent/Guardian:

The Watertown Unified School District is committed to the daily management of students in our district with identified life threatening allergies. The increasing prevalence of these allergies poses unique challenges for students and staff in the school setting. The primary goal of health services is to support the individual student in avoidance and reduction of the risk of accidental exposure to the offending allergen. Allergy Emergency Plans (AEP's) and district guidelines have been developed to address the various responsibilities that school district staff is asked to follow in order to prevent accidental exposures and therefore we ask parents to assist the school by following these important guidelines:

In General:

1. Inform the building nurse in writing of your child's allergies prior to the start of school. Participate in developing an AEP.
2. Provide medication, orders and signatures from parent and licensed health care provider at the start of each school year.
3. Provide up-to-date EpiPens and other necessary medication.
4. Provide annual updates on your child's allergy status, including discontinuation of concern for the allergic condition.
5. Consider providing a medic alert bracelet for your child.
6. Introduce your child to the bus driver if appropriate and explain allergy.
7. Teach your child to recognize safe and unsafe food items, and advise them not to share snacks, lunches, or drinks with others.
8. Advise your child to report any symptoms of an allergic reaction to their teacher and/or supervising adult immediately.

Food at School:

***** **IMPORTANT** *****

1. Please provide a supply of safe snacks for your child to eat in the classroom daily, labeled with their name on it. An alternative to this method is to preview the classroom snack supply and label it OK for your child to eat. Home baked goods brought in will not be shared with your child unless prior approval is given by you to the teacher. If your child has an EpiPen for this allergy, this procedure must be followed, as teachers will not be responsible for determining safe ingredients for your child at snack time.
2. Preview the monthly lunch menu to determine safe school lunch choices or provide daily cold lunches for your child.

Please contact the district nurse if you have any questions at the building your child attends.



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Letter to Parent/Guardian Allergy Aware Classroom

Dear Parent / Guardian,

This year we welcome student(s) to our classrooms with severe food allergies. We have students who are allergic to _____ (*allergen*). Therefore, we are making our classroom an "Allergy Aware Classroom". We invite your help and cooperation to help them stay safe. It is important that there is avoidance to this food in the classroom in order to prevent a life threatening allergic reaction.

There are several practices that will be in place to help prevent allergic reactions and provide a safe school environment:

1. Students will wash their hands upon arrival to the classroom and again before and after lunch and snacks.
2. The classroom will be designated as an "Allergy Aware Classroom". The classroom will refrain from using the identified allergen from any snacks, class projects, parties, holiday celebrations, arts, crafts, science, experiments or any other presentations.
3. Parents who will send a lunch from home for their child are free to pack the foods their choice. It is our hope that families CHOOSE not to send foods containing this allergen.
4. We are asking that you do not send any identified allergen containing products to school with your child that will be eaten in the classroom (snacks). Please note, no homemade or bakery treats will be allowed into the classroom due to the chance of cross-contamination.
5. For special occasions (birthday treats, holiday parties, etc.), students may want to bring a snack to share. Any food brought into a classroom must have a complete ingredient label, or it will not be served. You may also consider providing a non-food item for birthdays and parties.

We look forward to working together with you to have a wonderful school year. If you have any questions regarding our Allergy Aware Room, please call us at 920-262-1460 ex. 3219 (District Nurse) or _____ (School & Phone Number).

Sincerely,

Teacher

Principal

District Nurse: Lynn Gilbert, RN, BSN



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Watertown, WI 53094

Lynn Gilbert, RN, BSN

District School Nurse

920-262-1460 ext. 3219

gilbertl@watertown.k12.wi.us

Letter to Teacher Allergy Aware Classroom

To: _____

You have one (or more) student(s) in your classroom with a life-threatening food allergy. Please see the attached "Guidelines for Managing Life Threatening Allergies". This is meant to be a reference guide for handling students with life threatening food allergies in your classroom.

Every student and the management of their food allergy are different. Never make assumptions on how the child and his/her parents want the allergy to be handled. Talk with the parents and/or child to come up with the plan that will work best for that student and your classroom.

Your responsibilities as a classroom teacher are:

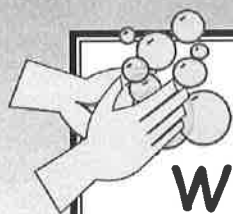
- A classroom letter sent home to families in your class (attached)
- A classroom sign posted outside your class on door (attached)
- Snack safely lists online (snacksafely.com) are recommended to be utilized in your classroom this school year.

If you have any questions about food allergies, please contact me. Thank you for your help in keeping all of our students healthy and safe!

Sincerely,

Lynn Gilbert, RN, BSN
School District Nurse
920-262-1460 x3219
gilbertl@watertown.k12.wi.us

WE ARE AN ALLERGY AWARE ZONE!



ALWAYS WASH HANDS

- ⇒ Before arriving to classroom!
- ⇒ Before Eating!
- ⇒ After Eating!

This helps prevent cross contamination!

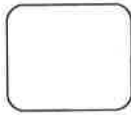
DON'T SHARE SNACKS

- ⇒ with kids that have
food allergies!

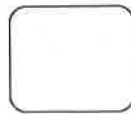
Please do NOT bring any products containing:



PEANUT/TREE NUTS



EGGS



SEAFOOD

into this classroom!

STOP

LEARN THE SIGNS

of an allergic reaction

- ⇒ Hives
- ⇒ Itching
- ⇒ Swelling
- ⇒ Belly ache
- ⇒ Vomiting
- ⇒ Wheezing
- ⇒ Trouble Breathing

**ALERT
An Adult**

911

ALWAYS ASK

a trusted adult
if a food is safe

Foods that most often cause
an allergic reaction:

- ~ Peanuts ~ Tree Nuts
- ~ Wheat ~ Soy ~ Milk
- ~ Eggs ~ Fish ~ Shellfish

However, other, less common foods
can also cause allergic reactions

Thank you for helping to keep our children safe!!!

Incident Report Form

Watertown Unified School District

Fill out this form as soon as you are advised of an accident or injury. In every case, try to contact the parent or emergency number to advise of the condition and to determine what the parent wishes to do about the injury.

Name of Injured _____ Grade _____ Age _____
Parent's Name _____ Phone _____
Emergency Name and Phone Number Called _____
Date of Injury _____ Time _____ Place _____
Time Injury Reported to Office _____ Doctor _____
Name of Witnesses _____
Supervisor at Time of Accident/Injury _____
Describe Injury: _____

Activity Participating at Time of Injury: _____

Action Taken/Treatment Given:

- | | |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="radio"/> Called Parents | <input type="radio"/> Applied Ice Pack |
| <input type="radio"/> Called Emergency Number | <input type="radio"/> Washed with Peroxide |
| <input type="radio"/> Called Physician | <input type="radio"/> Applied Bandage |
| <input type="radio"/> Called EMS | <input type="radio"/> Rested in Health Room |
| <input type="radio"/> Checked with School Nurse | <input type="radio"/> Injured was moved on a stretcher |
| <input type="radio"/> Called Health Department | <input type="radio"/> Injured was taken home by parent |
| <input type="radio"/> Checked Health Records (date of last Tetanus shot, etc) | <input type="radio"/> Injured was covered and left where injury happened, awaiting EMS |
| <input type="radio"/> No Treatment Given | <input type="radio"/> Other _____ |
| | _____ |
| | _____ |
| | _____ |

Signature of person(s) assisting injured

Resources

Food Allergy and Anaphylaxis Network www.foodallergy.org

Liberty Public School District; Liberty, Missouri “Food Allergy Policy & Guidelines”

Massachusetts Department of Education “Managing Life Threatening Food Allergies in Schools”

Middleton-Cross Plains Area School District; Middleton, Wisconsin

National Association of School Boards “Safe at School and Ready to Learn: A Comprehensive Policy Guide for Protecting Students with LTFA”

School District of McFarland; McFarland, Wisconsin

School District of Wisconsin Dells; Wisconsin Dells, Wisconsin

Sun Prairie Area School District; Sun Prairie, Wisconsin

Wisconsin Department of Public Instruction; School Nursing and Health Services Anaphylaxis document

