

Cumberland County Public Schools

Caring for Students with Food Allergies



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Purpose of the Manual

This manual is presented to assist schools of Cumberland County Public Schools in developing and implementing comprehensive procedures which promote healthy nutrition for all students with emphasis on students with life-threatening food allergies. The manual addresses:

- the scope of the problem of childhood allergies
- types of detailed protocols that should be in place in every school to help prevent allergic reaction emergencies and deaths from anaphylaxis,
- the systematic planning and multi-disciplinary team approach needed prior to school entry by the student with life-threatening food allergies,
- the school's role in preventing exposure to specific allergens,
- emergency management should a life-threatening allergic event occur,
- the roles of specific staff members in the care of the student with a life-threatening allergic condition, and
- the importance of good nutrition for all students.

While this document focuses on food allergies, treatment of anaphylaxis (a life-threatening allergic reaction) is the same whether caused by insect sting, latex, or exercise-induced.

School Awareness

Every school should expect at some point to have students with food allergies. All schools must be prepared to deal with food allergies and the potential for anaphylaxis.

- Accidental ingestion of the offending allergen may occur at school.
- The first anaphylactic allergic reaction to a food may occur at school.
- Students with food allergies may be entitled to services under Section 504 of the Rehabilitation Act and Individuals with Disabilities Education Act if determined eligible by the school.
- Section 504 covers qualified students and prohibits discrimination on the basis of a disability. 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 impairment; or (3) be regarded as having such impairment. Section 504 requires that school districts provide a free appropriate public education designed to meet the individual needs of qualified students, who have a substantial limitation in a major life activity, to the same extent as the needs of students without disabilities are met.
- The Individuals with Disabilities Education Act provides protections to qualified students through the provision of special education and related services. Special education means specially designed instruction to meet the unique needs of a child with a disability including instruction conducted in a classroom, home, hospital, institution, or other setting at no cost. Eligible students are evaluated and identified on the basis of having a disability that adversely affects a child's educational performance and as a result needs specially designed instruction.

Emotional Impact

Eating, smelling, and touching food are part of all human experience; however, the child with a severe food allergy may have unpleasant, even life-threatening, responses to food. The emotional impact of having a life-threatening food allergy and of frightening experiences impacts each student and family differently and may change as the student matures. Social isolation was named as the worst part of having food allergies by 94 percent of teens with food allergies. School staff members need to be mindful of the emotional impact as they work with students with food allergies and their parents to prevent barriers to learning.

A review of current literature indicates that the emotional impact of food allergies can include the following:

- Exclusion
- Social isolation
- Anxiety/fear
- Nervous tics
- Depression
- Fears of rejection/embarrassment
- Irritability and “melt downs”
- Resentment/anger (that allergies are unfair)
- Risk-taking behavior
- Bullying
- Disordered eating behaviors
- Obsessive-compulsive behaviors (e.g., perfectionism and checking behaviors)

Teachers, school counselors, and administrators can work together to support the child in dealing with emotions. A sense of safety is critical for students and parents who need to know that the school is aware of the allergy and is striving to keep the student safe. The importance of a cooperative working relationship between the school and the home fosters awareness and sensitivity to the needs of students with life-threatening food allergies. Teaching acceptance of all kinds of differences is important and helps all students recognize the value and worth of their peers.

At the elementary level, school counselors have resources to teach lessons about food allergies and to help students develop peer groups. Counselors at all school levels may conduct small counseling groups about dealing with differences and are available for individual counseling as well as consultation with parents. Parents and students are encouraged to talk with school counselors about their needs and to request special support and help if needed and/or desired.

Role of the School in Preventing and Managing Life-Threatening Food Allergies

Staff members who are knowledgeable regarding preventive measures and well prepared to handle severe allergic reactions can save the life of a child. Food Allergy Action Plans (FAAP), Individual Health Care Plans (IHCP), and 504 Plans (if applicable) assist school staff members in providing for the needs of students with life-threatening food allergies and assure parents of the safety of their children. Avoidance of the substance the student is allergic to is the only means to prevent food allergy reactions.

- The school nurse should oversee the implementation of the Food Allergy Action Plan (FAAP) and development of the Individualized Health Care Plan (IHCP) for each student with the diagnosis of a life-threatening allergic condition. The school nurse or school resource nurse, in collaboration with the school principal or designee, should be responsible for organizing and conducting a meeting with the student's parent(s), the student (if appropriate), the student's teachers, and other personnel as determined by the student's needs. The FAAP and IHCP must be developed prior to the student's entry into school or after the diagnosis of a life-threatening food allergy.
- Schools should ensure that all staff entrusted with the care of students receive basic education concerning food allergies and have training in the prevention and management of allergic conditions.
- Schools should be prepared to manage an anaphylactic reaction.
- Many students with food allergies have experienced a life-threatening anaphylactic reaction and are aware of their own mortality. School policies and protocols must respect the physical, safety **and** the emotional needs of these students.

Food Allergy

What is Food Allergy?

People with allergies have an over-reactive immune system that targets otherwise harmless elements of our diet and environment. During an allergic reaction to food, the immune system recognizes a specific food protein as a target. This initiates a sequence of events in the cells of the immune system resulting in the release of chemical mediators such as histamine. These chemical mediators trigger inflammatory reactions in the tissues of the skin (itching, hives, rash), the respiratory system (cough, difficulty breathing, wheezing), the gastrointestinal tract (vomiting, diarrhea, abdominal pain), and the cardiovascular system (decreased blood pressure, heartbeat irregularities, shock). When the symptoms are widespread and systemic, the reaction is termed “anaphylaxis”, a potentially life-threatening event.

What Is Anaphylaxis?

Anaphylaxis is a potentially life-threatening medical condition occurring in allergic individuals after exposure to specific allergens. Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body. These symptoms may include one or more of the following:

- Hives
- Difficulty swallowing
- Vomiting
- Wheezing
- Itching (of any body part)
- Difficulty breathing, shortness of breath
- Diarrhea
- Throat tightness or closing
- Swelling (of any body part)
- Sense of doom
- Stomach cramps
- Itchy scratchy lips, tongue, mouth and/or throat
- Red, watery eyes
- Fainting or loss of consciousness
- Change of voice
- Dizziness, change in mental status
- Runny nose
- Flushed, pale skin
- Coughing
- Cyanotic (bluish) lips and mouth area

The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock which are potentially fatal. Common examples of potentially life-threatening allergies are those to foods and stinging insects. Life-threatening allergic reactions may also occur to medications or latex rubber and in association with exercise.

Anaphylaxis can occur immediately or a few hours following allergen exposure. In about a third of anaphylactic reactions, the initial symptoms are followed by a wave of symptoms two to four hours later. As many as 30-40% of people who have an anaphylactic reaction will experience a recurrence in the hours following the beginning of the reaction and require further medical treatment, including additional epinephrine injections. This secondary reaction is called *biphasic*, meaning *two phases*. While the initial symptoms respond to epinephrine, the delayed biphasic response may not respond at all to epinephrine and may not be prevented by steroids.

Following the administration of epinephrine, it is strongly recommended that the student be transported by emergency medical services to the nearest hospital emergency department even if the symptoms appear to have been resolved.

Students experiencing anaphylaxis should be observed in a hospital emergency department for a minimum of 4-6 hours after initial symptoms subside, to observe for a possible biphasic reaction. In the event a biphasic reaction occurs, intensive medical care could then be provided.

It is mandatory that a note from a physician be received prior to the student re-entering school after experiencing an anaphylaxis reaction to release student to return to school.

When in doubt, it is better to give the epinephrine and seek medical attention. Fatalities occur when epinephrine is withheld.

For those students at risk for food-induced anaphylaxis, the most important aspect of the management in the school setting should be **prevention**. In the event of an anaphylactic reaction, epinephrine is the treatment of choice and should be given immediately. This requires the training of school staff personnel, if nursing staff cannot be available immediately. Studies show that fatalities are frequently associated with not using epinephrine or delaying the use of epinephrine treatment.

Children with severe food allergies have a higher rate of other allergic disease, including asthma and eczema. Anaphylaxis is more common in children whose food reactions have had respiratory features such as difficulty breathing and throat tightness. Fatal anaphylaxis is more common in children with food allergies who are also asthmatic, even if the asthma is mild and well controlled. Anaphylaxis appears to be much more probable in children who have already experienced an anaphylactic reaction. There is no predictable pattern of anaphylaxis, so it does not require the presence of any skin symptoms such as itching and hives.

In many fatal reactions the initial symptoms of anaphylaxis were mistaken for asthma. This delays appropriate treatment with epinephrine.

If you suspect your child has a severe allergy, please consult with your physician.

Summary of Anaphylaxis

Every food allergy reaction has the potential of developing into a life-threatening event. Several factors may also increase the risk of a severe or fatal anaphylactic reaction: concomitant asthma; a previous history of anaphylaxis; peanut, tree nut, seed and/or shellfish allergies; and delay in the administration or failure to administer epinephrine. Food allergies are more prevalent in younger children.

The severity and explosive speed of food anaphylaxis emphasizes the need for an effective emergency plan that includes recognition of the symptoms of anaphylaxis, rapid administration of epinephrine, and prompt transfer of the student by the emergency medical system to the closest hospital.

Planning for the Individual Student

Food Action Allergy Plan (FAAP) and Individual Health Care Plan (IHCP)

Prior to entry into school or before returning to school for a student who is already in school and has been diagnosed with a life-threatening allergic condition, the parent/guardian should meet with the school nurse and school team working with the student to implement a FAAP and develop an IHCP. CCPS requires that the parent/guardian of a student with a life-threatening food allergy submit page one of the FAAP completed by the student's physician and signed by the parent. This information is used as a part of the planning for the IHCP.

The parent/guardian should work with the school to create a strategy for management of a child's food allergy. The parent/guardian shall provide the following information which is part of the Allergy Action Plan, form 11:10.

- Licensed provider documentation of food allergy
- Licensed provider order for epinephrine by auto-injector as well as other medications needed. Medication orders must be renewed at least annually and it is recommended that the order be from an asthma and allergy specialist.
- Parent/guardian's signed consent to administer all medications
- A minimum of two up-to-date epinephrine auto-injectors (More may be necessary based on the student's activities and travel during the school day).
- The type of food allergies (e.g., to milk, tree nuts, etc.)
- Name/telephone number of the student's allergist or primary care provider
- Emergency contact information (e.g., telephone, cell phone)
- Physician's certification and parent and student agreement for self-administration and/or carrying medication

Multi-Disciplinary Team Approach

- The principal or clinic personnel should be notified of the child's food allergy at registration.
- The registered nurse for the school will contact the parent to obtain a medical history.
 - Principal or other administrator
 - School nurse or school resource nurse
 - Teachers and specialists (e.g., art, music, science, computer, family and consumer sciences, health and physical education teacher)
 - School counselor
 - Other learning support staff and assistants based on the student's curriculum and activities.
 - Health clinic assistant (elementary school)
 - Student with food allergy, if age appropriate
 - Food Service representative
 - Transportation representative
- The multi-disciplinary team will schedule a meeting to discuss the FAAP and IHCP
- If possible, the parent should have page one of the FAAP completed before this meeting.

Areas of concern include:

- Any past reactions
- Emotional impact of food allergy
- Impact of medication on class participation and learning
- Classroom accommodations
- Cafeteria seating
- Snacks
- Parties
- Field trips
- Classroom projects
- Specialty classes
- Hand washing
- Storage of epinephrine
- Carrying an epinephrine auto-injector on the bus

- An individualized written plan is established, and copies are provided to the parent and staff who come into direct contact with the student. Staff will be required to sign a form acknowledging receipt of the FAAP and IHCP.
- If the parent or school sees a need for revision of the FAAP and IHCP, the multi-disciplinary team is reconvened.

Prevention Expectations

- Classrooms
- School Field Trips
- Physical Education and Recess
- Specials and Special Activities at School
- School-Sponsored After School Activities
- School Bus
- Food Services
- Cafeteria
- Foodless Celebration and Reward Ideas for Schools

Protecting a student from exposure to offending allergens is the most important way to prevent life-threatening anaphylaxis. Most anaphylactic reactions occur when a student is accidentally exposed to a substance to which he/she is allergic, such as foods, medicines, insects, and latex.

Schools can be a high-risk setting for students with severe food allergies due to such factors as a large number of students; increased exposure to food allergens; and possible cross-contamination of tables, desks, and other surfaces. High-risk areas and activities for the student with food allergies include: the cafeteria; food sharing; food in classrooms; hidden ingredients; instructional projects; bus transportation; fundraisers; bake sales; parties and holiday celebrations; field trips; and substitute teaching staff being unaware of the food allergic student.

Ingestion of the food allergen is the principal route of exposure; however, it is possible for a student to react to tactile (touch) exposure or inhalation exposure. Reactions through contact can be serious when the allergen comes in contact with mucous membranes such as touching the eyes, nose, or mouth when the offending food is on the hands of a student with a food allergy. The amount of food needed to trigger a reaction depends on multiple variables. The level of sensitivity for each person with a food allergy may fluctuate over time. Not every ingestion exposure will result in anaphylaxis, though the potential always exists. Another variable is how the food is prepared. Raw egg is more allergenic than cooked egg. Roasted peanuts are more allergenic than boiled or fried. (Virtually all peanut products in the U.S. are roasted.) In addition, the symptoms of a food allergy reaction are specific to each individual. Milk may cause hives in one person and anaphylaxis in another.

Success in managing food allergies depends on allergen avoidance techniques. Scrupulous interpretation of ingredient statements on every item with every purchase is vital to prevent accidental exposure. Unfortunately, this is difficult due to manufacturing processes and changes

in those processes. Accidental exposure occurs due to cross-contamination of equipment, omission of ingredients from the ingredient statement, substitution of ingredients, scientific and technical terminology (e.g., sodium caseinate for milk protein), nonspecific food terminology (e.g., natural ingredients) and disregarding precautionary allergen statements, such as “may contain.” Staff should be aware that manufacturers are not required to use advisory (i.e., “may contain”) labeling to indicate allergen cross-contamination. Parents/guardians should determine in advance whether a particular food is safe for a student each time it is to be used. School personnel should know, too, that the safety of any food item may change with no notice due to manufacturing changes.

Procedures shall be in place at school to address food allergy issues in the classrooms and gym; food services/cafeteria; for instructional projects; crafts; outdoor activity areas; school buses; and field trips during school activities.

Classrooms

- Teachers must be familiar with the Individual Health Care Plan (IHCP) of students in their classes and respond to emergencies as per the emergency protocol for children with identified allergies.
- Close collaboration and cooperation between parents, administrators, teachers, and support staff is essential to protect the health and safety of students with identified allergies.
- In elementary school classes which include students with food allergies, the principal and/or teacher will send a letter home to parents of every student in the class to ask that all parents avoid sending in food items or containers which contain allergens which may cause a reaction. The individual student(s) with food allergies should not be identified in writing or verbally to parents or students (Examples of containers: egg cartons, peanut butter jars, and candy wrappers in projects).
- In the event of an allergic reaction (where there is no known allergic history), the school nurse will be called and will follow the emergency protocol. Emergency medical services will be called immediately.
- Information about students’ food allergies will be kept on file. Foods containing allergens specific to a child are not to be used for class projects; parties; holidays and celebrations; arts, crafts, and science experiments; cooking; or other purposes. The use of healthy foods should be encouraged. The IHCPs of students in the classroom must be followed. Classroom teachers should be respectful of the privacy of all students.
- All students and their parents, teachers, assistants, and substitutes should be educated about the risk of food allergies.
- If a student brings a restricted food for snack time to the classroom, the teacher will ensure that there are proper procedures as identified in the IHCP to manage that snack. All students should be encouraged to eat healthy snacks, such as fruits and vegetables. Food containing allergens should not be consumed in classrooms of students with food allergies.

- A plan will be in place for the cleaning of snack tables before and after snacks when the snack is consumed outside the classroom, such as in the hallway.
- If an event has been held in the classroom the night before, tables and desks should be cleaned in the morning following the cafeteria table cleaning procedures. When possible, events and after-school activities should not be held in rooms where a child with a food allergy is a student.
- Sharing or trading food in the class is not encouraged.
- Proper hand-washing techniques by adults and students should be taught and reinforced before and after meals at the elementary level. (Hand sanitizer kills germs but does not get rid of allergens.)
- Classroom animals can be problematic on many levels. If an animal is present in the classroom, special attention must be paid to the ingredients in their food since many animal feeds contain peanuts.

School Field Trips

- Ensure all life-saving medications and instructions are taken on field trips.
- Take with you copies of all emergency information cards and health emergency plans.
- Prior to field trip, the school nurse will discuss with staff the safety considerations on field trips involving students with life-threatening allergies.
- Field trips need to be chosen carefully and planned well in advance with parents of students with food allergies. No student should be excluded from a field trip due to risk of allergen exposure.
- Protocols for field trips will include timely notification by the teacher to the nurse prior to the field trip.
- Parents will be notified early in the planning process of field trips so they can make the staff aware of safety concerns. Cell phone reception, allergens, and the closest hospital should be considered when planning field trips. Medications including epinephrine auto-injector and a copy of the student's IHCP and Food Action Allergy Plan (FAAP) must accompany the student. Parents may wish to consider individual doses of antihistamine if it is part of the FAAP and IHCP.
- Parents of a student at risk for anaphylaxis should be invited to accompany their student on school trips, in addition to the chaperone. In the absence of accompanying parents/guardian, the teacher responsible for the student must be trained and assigned the task of monitoring the student's welfare and for handling any emergency.
- A cell phone or other communication device must be available on the trip for emergency calls.
- Hand wipes which do not contain allergens such as shea and lanolin should be available for use by students and staff after consuming food. Parents may be asked to provide hand wipes as part of the field trip instructions. (Hand sanitizer kills germs but does not get rid of allergens.)
- Teachers and chaperones should carefully monitor items students bring on the bus after a field trip to see that no allergen-producing item is included (Examples: gift shop food products, pine cones, and nuts).

Physical Education and Recess

- Teachers and staff responsible for physical education or recess should be trained by appropriate personnel to recognize and respond to exercise-induced anaphylaxis, as well as anaphylaxis caused by other allergens.
- Staff in the gym, on the playground, and at other sites used for recess should have a walkie-talkie, cell phone, or similar communication device for emergency communication.

- If for safety reasons medical alert identification (i.e., ID bracelet) needs to be removed during specific activities, the student should be reminded discreetly to replace this identification immediately after the activity is completed. Students also have the option of using their own stretch bands to cover the medical alert identification

Specials and Special Activities at School

School counselors, media specialists, art and music teachers, and other staff members working with students individually, in small groups, and in classroom groups will meet the same expectations as those for the classroom teacher.

- When special events, such as field days and school celebrations, are planned, the school staff will adhere to the classroom and school-sponsored activities expectations.
- Caution should be used in planning and conducting any fundraisers involving food. Some companies will ship food items directly to the customers. Particular consideration should be given to where food items will be stored and distributed and to inclusion of students with food allergies who may not be able to participate without concerns of handling allergens.

School-Sponsored After School Activities

- After school activities sponsored by the school must be consistent with school policies and procedures regarding students with food allergies.
- Identify who is responsible for keeping the epinephrine auto-injector during school-sponsored after school activities, including sporting events. The parent/guardian should notify the teacher and school nurse or health clinic assistant in advance if the student with a severe food allergy is participating in an after school, school-sponsored activity, thus, providing time to be certain that the supervising teacher can be trained.
- If for safety reasons medical alert identification (i.e., ID bracelet) needs to be removed during specific activities, the student should be reminded discreetly to replace this identification immediately after the activity is completed. Students also have the option of using their own stretch bands to cover the medical alert identification.
- The coach or adult staff member in charge will be provided with the FAAP, IHCP, and 504 Plan (if applicable) of students with severe allergies.
- For students who have an epinephrine auto-injector at school, parents should notify the teacher/sponsor about the student's allergy when the student will be staying for any school-sponsored after school activities. The clinic is closed after dismissal and the nurse/health clinic assistant is not in the building. It is strongly suggested that middle and high school students carry their own auto-injectors for quick access to epinephrine. For students to carry an epinephrine auto-injector, the physician will need to sign the bottom of form 11:10, Allergy Action Plan, and the parent and student will need to sign form 11:10c under "Agreement for Permission to Self-Administer and/or Carry Epinephrine." If

a student is unable to administer his/her own epinephrine, a trained adult staff member will administer it.

- If activities involving food (such as bake sales, cookie swaps, or fund raisers) are held on school grounds, consideration should be given to students with food allergies. Food should be tightly wrapped or sealed. The display table should be washed after use.
- When feasible, school officials should attempt to house activities which involve food (such as multicultural night) in the cafeteria in order to allow students with food allergies to benefit from the educational aspect of the activity. Attendees should be encouraged to wash their hands after consuming food.
- Caution should be taken when food is used in carpeted areas, such as libraries or music rooms, which cannot be easily cleaned. When possible, the area should be vacuumed before student usage.

School Bus

- No food or drinks will be allowed on school busses per District policy, effective January 30, 2012.
- Bus drivers must not give students food or drink unless medically required. Only non-food rewards should be used with students.
- School bus drivers shall be trained in risk reduction procedures, recognition of allergic reaction, and implementation of bus emergency plan procedures.
- Medication cannot be stored on the bus due to bus changes and temperature regulations of medicine.
- School bus drivers will be provided with the FAAP, IHCP, and 504 Plan (if applicable) of all students with severe allergies.
- All school buses will have a cell phone or other means of communication for emergency calls.

Food Services

- At the parent's request, a food service representative will be available to discuss: menus (breakfast, lunch, snacks); a la carte items; recipes; food products and ingredients; food handling practices; cleaning and sanitation practices; and the responsibilities of the school cafeteria manager.
- All school food service staff will be trained in risk-reduction procedures and cross-contamination prevention.

- In schools serving a la carte desserts, allergy-friendly alternatives will be made available for a student with food allergies.

Cafeteria

- All students eating meals in the cafeteria should be encouraged to wash their hands before and after eating so that no traces of allergens will be left on their hands.
- After each class finishes consuming food or meal service, all tables and benches where students with food allergies sit will be thoroughly cleaned following the established table cleaning procedures prior to the students with food allergies entering the cafeteria.
- School staff that monitors the cafeteria should be trained in risk-reduction procedures and cross-contamination risks.

Emergency Responses

Response to Emergencies

Teachers should have plans for the remainder of the class if a student has an allergic reaction.

In the event of a severe allergic reaction, these steps should be followed:

- A trained, adult staff member should remain with the student until the emergency is resolved.
- If epinephrine is with the student, administer immediately. If not, notify the school nurse who will immediately administer epinephrine.
- Notify the emergency medical services.
- Notify school administration and parents.
- Meet emergency medical responders at school entrance.
- Direct emergency medical responders to site.
- Accompany student to emergency care facility if parent does not arrive at school prior to departure of the emergency medical responders.
- Assist student's re-entry into school.

Returning to School after a Reaction

Students who have experienced an allergic reaction at school need special consideration upon their return to school. The approach taken by the school is dependent upon the severity of the reaction, the student's age and whether classmates witnessed it. A mild reaction may need little or no intervention other than speaking with the student and parents and re-examining the IHCP.

In the event that a student has a moderate to severe reaction, the following actions should be taken:

- Obtain as much accurate information as possible about the allergic reaction.
- Identify those who were involved in the medical intervention and those who witnessed the event.
- Meet with the staff to discuss what was seen and dispel any rumors.
- If an allergic reaction is thought to be from a food provided by the school food service, request assistance of the cafeteria manager to ascertain what potential food item was served/consumed. Review food labels from Food Services.
- Review the FAAP and IHCP.
- Amend the student's FAAP and IHCP to address any changes that need to be made.
- Review what changes need to be made to prevent another reaction; do not assign blame.
- The parent/ guardian should provide a new epinephrine auto-injector for the student.

It is mandatory that parent(s) provide written documentation from a physician or medical authority that the student is released to return to school after an anaphylaxis reaction.

Special Considerations for the Student

The student and/or parent(s) shall meet with the nurse/staff who were involved in the allergic reaction and be reassured about the student's safety, what happened, and what changes will be made to prevent another reaction.

If a student demonstrates anxiety about returning to school, checking in with the student on a daily basis would be indicated until his/her anxiety is alleviated. The school counselor should be made aware of the incident and should provide support for the student, classmates, family, and staff. If a child has a prolonged emotional response to an anaphylactic event, strategies should be reviewed and clinical intervention may be recommended. Collaboration with the student's medical provider would be indicated to address any medication changes.

It is important to keep in mind that a student will continue to need to access help if another allergic reaction should occur; therefore, make sure a student feels comfortable enough to seek help if needed. Schools want students to feel free to relay information without embarrassment or fear of intimidation. Other students with food allergies in the school system may be in particular need of support.

Appendices

Appendix A

ADMINISTERING MEDICINES TO STUDENTS

The Cumberland County Public Schools request that all doses of medication be administered by parents or guardians during non-school hours whenever possible and appropriate. When this is not possible or appropriate, the following regulations will be followed for the administration of medications and treatments.

In this policy the word “physician” will mean all professions legally authorized to prescribe medications in the Commonwealth of Virginia, including, but not limited to nurse practitioners and dentists.

I. NON PRESCRIPTION MEDICATIONS

A. Grades K-8

1. Parent or guardian must give written authorization to administer medication, including the exact dates, times and dosage.
2. A physician’s prescription is not necessary.

B. Grades 9-12

1. Parent or guardian must give written authorization, stating name and strength of non-prescription medication and the frequency of administration. This authorization shall be valid for the school year.
2. The medication will be in the original container and labeled with the manufacturer’s directions.
3. The student’s name will be affixed to the container.
4. Only one day’s supply shall be brought to school each day.
5. The original of the parent or guardian permission shall be on file in the school nurse’s office. The student shall carry a copy signed by the school nurse when it was received.
6. Liquid medication shall be kept in the school health office.
7. Students authorized to possess non-prescription medications shall not distribute them to others and may be disciplined for doing so under Policy JFC-R.

II. PRESCRIPTION MEDICATIONS

The following requirements govern administration of prescriptive medications at school or school activities during school hours.

Prescriptive medications will be administered only with a written physician's order and only under the following terms and conditions.

- A. All medication which requires administration at school or school activities during school hours shall be delivered by the parent or guardian to the school nurse, or if the nurse is not present, to staff in the main office of the school.
- B. Medication shall be maintained in the original container and appropriately labeled with the manufacturer's directions.
- C. Medication shall only be given with written parental permission for students who are minors (under age 18).
- D. Medication shall be stored in a locked space in the nurse's office at all times. Medication shall not be stored in the classroom, lockers or any location in the school.
- E. When medication must be administered during a field trip or other off-campus school activity, the medication shall be transported by the staff member designated to administer the medication in the original labeled container or a pill envelop on which complete label information has been written by the school nurse.
- F. The school nurse shall follow standard nursing practices when administering medication, including, but not limited to, counting medications upon receiving and returning them, recording medication delivery and noting exceptions/variances. It is the right and obligation of the nurse to question medication orders that may be erroneous and/or harmful and to verify the validity of any medication order.
- G. At the beginning of the school year, all medications shall require new documentation for administration. There shall be no carry-over orders or medications.
- H. Only pre-filled epinephrine auto-injectors shall be accepted for use in school for epinephrine injections.

III. Self-Administration of Asthma Medications and Auto-Injectable Epinephrine

In order for a student to possess and use an inhaler and/or epi-pen, he/she must have written approval from the student's physician and parent or guardian. The principal and/or the school nurse must have received copies of these required approvals.

A. Use of Asthma Inhalers

The physician's written approval must specify the minimum following information:

1. the student's name and address;
2. the name of the medication;
3. the date the administration of the medication is to begin;

4. the date, if known, that the administration of the medication is to cease;
5. written instructions which outline the procedures school personnel should follow in the event that the medication does not produce the expected relief from the student's attack;
6. any severe adverse reactions that may occur to another student for whom the medication is not prescribed, should he/she receive a dose of the medication;
7. at least one emergency number for contacting the physician;
8. at least one emergency telephone number for contacting the parent, guardian or other person having care or charge of the student in an emergency, and
9. any other special instructions from the physician.

B. Use of Epinephrine Auto-injectors

The prescriber's written approval must specify at least the following information:

1. Student's name and address;
2. names and dose of the medication contained in the auto-injector;
3. the date the administration of the medication is to begin and, if known, the date administration of the medication is to cease;
4. acknowledgment that the prescriber has determined that the student is capable of possessing and using the epi-pen appropriately and has provided the student with training in the proper use of the epi-pen;
5. circumstances in which the epi-pen should be used;
6. written instructions that outline procedures school personnel should follow if the student is unable to administer the medication or the medication does not produce the expected relief from the student's anaphylaxis (allergic response);
7. any severe reaction that;
 - a. the student may experience that should be reported to the prescriber or
 - b. that may occur to another student for whom the medication is not prescribed, if that student receives a dose of the medication;
8. at least one emergency telephone number each for contacting the prescriber and the parent, and
9. any other special instructions from the prescriber.

IV. Disposal of the Used Epi-pen

Place the discharged unit into its carrying container and discard into a designated sharps container. If no designated sharps container is available, discard the used epi-pen into an impermeable container, and give to Emergency Medical Services (EMS) personnel upon arrival.

V. Storage and Replacement of Epi-pen

- A. Epinephrine is stable and should be stored at room temperature until the marked expiration date. Epi-pens should not be exposed to direct sunlight, extreme heat, or refrigeration. The epi-pen should be replaced with a fresh unit prior to the expiration date, or when the device has been used or accidentally discharged. If the contents are discolored or brown, the epi-pen should not be used, and should be replaced.
- B. The parent of a student with a Medication Administration Form for epi-pen is responsible for supplying the epi-pens, and for replacing an expired or discolored epi-pen. School staff should be alert to expiration dates and communicate with parents to replace epi-pens as needed.

VI. Record Keeping

- A. A record of all persons to whom epi-pen has been administered must be kept. It must include the recipient's name, date, time, dose and route of administration, location of incident, symptoms observed, name of nurse or person administering the epinephrine dose, the manufacturer and lot number of epinephrine and notation that EMS was contacted. In schools with a nurse, this information should be maintained by the school nurse, in the student's health record. If an epi-pen is administered by school staff because the nurse was unavailable, this information must be recorded by the school staff and given to the nurse upon her return.

VII. Supplying the Epi-pen

- A. The parent of a student who has a Medication Administration Form for epi-pen must supply the school with the epi-pen device. It is recommended that two epi-pens be supplied, with the second functioning as a back-up in case of malfunction or as an extra dosage if necessary. Epi-pens must be supplied in their original packaging as received from the pharmacist. It is recommended that the school be supplied with the epi-pens even if the student is able to self-administer.
- B. All schools should have two epi-pens of each size (as appropriate for the school population, e.g., 2 epi-pens and/or 2 epi-pens 'junior') available for non-patient specific emergency situations and/or as back-up respectively.

Appendix B

Version I: Letter to All Parents in a Class of a Child with a Food Allergy

On School Letterhead

Date:

Dear Parents of children in _____ class:

This year, a student in your child's class has a life-threatening food allergy to _____ . Even the residue of certain foods contacted through the skin, eyes, nose and mouth can be fatal. Strict avoidance is the only way to prevent an allergic reaction.

We must all do what we can to provide a safe learning environment for this student. In an effort to allow this student to participate fully in class activities, we ask that you do not send in any food products, which contain these items.

We are able to further accommodate children with such severe food allergies in the cafeteria by providing designated seating. Children with such allergies are usually well trained about avoiding their food allergens.

Our school strives to provide a safe environment for all students. Your cooperation is greatly appreciated.

Sincerely,

Principal1

Version II: Letter to All Parents in a Class of a Child with a Food Allergy

On School Letterhead

Date:

Dear Parents,

This letter is to ask your help in providing a safe environment for a student in your child's classroom who has a severe peanut/nut allergy. Strict avoidance of peanut/nut products is the only way to prevent a life-threatening allergic reaction. We are asking for your assistance in providing the student with a safe environment.

If exposed to peanuts/nuts, the student may develop a life-threatening allergic reaction that requires emergency medical treatment. The greatest potential for exposure at school is to peanut/nut products. To reduce the risk of exposure, the classroom will be peanut/nut free. Please do not send any peanut or nut-containing products for your child to eat during snack-time in the classroom. Any exposure to peanuts or nuts through contact or ingestion can cause a severe reaction. If your child has eaten peanuts/nuts prior to coming to school, please be sure your child's hands and face have been thoroughly washed prior to entering school.

Since lunch is eaten in the cafeteria, your child may bring peanut butter, peanut, or nut products for lunch. In the cafeteria, there will be a designated peanut-free table where any student without peanut/nut products can sit. If your child sits at this table with a peanut/nut product, he/she will be asked to move to another table. This plan will help to maintain safety in the classroom while allowing non-allergic classmates to enjoy peanut/nut products in a controlled environment. Following lunch, the children will wash their hands prior to going to recess (or returning to class). The tables will then be cleaned with soap, water, and paper towels.

We appreciate your support of these procedures. If you have any questions, please contact me.

Sincerely,

Principal 2

Version III: Letter to All Parents in a Class of a Child with a Food Allergy

On School Letterhead

Date:

Dear Parents,

This year your child shares a classroom with several students who are severely allergic to peanuts and/or tree nuts. In an effort to provide a safe environment for these students who have this severe allergy, we will need your help. Since peanut oil, peanut products, and tree nuts (walnuts, peanuts, almonds, pistachio, etc.) are so widely used in foods yet not so easily detected, we are asking that you read labels carefully. Non-food items, such as stickers, pencils and notepads, provide a risk-free treat that the whole class can enjoy.

We have several students with such severe allergies that even a tiny amount of peanut or tree nut dust or residue entering the eyes, nose, or mouth or on the skin can be life-threatening. Careful hand-washing before coming to school would be beneficial because we need to be extra careful regarding this situation.

Our school strives to provide a safe environment for all students. We are requesting that no peanut or tree nut snacks be sent into the classroom. When selecting items for the class to share for snacks, parties, crafts, or other purposes, we would greatly appreciate your cooperation for not choosing any foods that contain peanuts, peanut oil, peanut products, or any types of tree nuts.

**Please feel free to call if you have any questions or concerns.
Sincerely,**

Principal 3

Notice to Substitutes/Volunteers

This note should be provided to volunteers and substitutes, including volunteers who are helping oversee field trips.

Dear Substitute/Volunteer,

Cumberland County Public Schools has wellness guidelines which strongly discourage food in classrooms. Many classes have student/s with health issues such as obesity, food allergies, celiac disease, and diabetes. To encourage wellness and to provide a safe environment for all students, especially those with life-threatening food allergies, we ask that you not buy or give any food, including candy and gum, to students in your care.

Thank you for your cooperation in this matter.

Principal

Appendix C

Cumberland County Public Schools Education in the Care of Students with Severe Allergies

Cumberland County Public Schools (CUCPS) believes that all students will receive their academic education in a safe environment. For students with severe allergies, maintenance of this environment is facilitated through education of individuals who come in contact with these students and as directed in the medical plan of care.

Student Health Services provides training and guidance for the care of students with severe allergies. This program is comprehensive in nature and is repeated at least annually as a demonstration of CUCPS's commitment to the safety of these students. Training includes:

- School staff in contact with these students
- Cafeteria hostesses
- Bus drivers
- Clinic staff
- CUCPS substitutes
- CUCPS clinic substitutes
- Parents – who might require supplemental education, especially after an initial diagnosis

Appendix D

Food Allergy Action Plan

Emergency Care Plan

Place
Student's
Picture
Here

Name: _____ D.O.B.: ____/____/____

Allergy to: _____

Weight: _____ lbs. Asthma: Yes (higher risk for a severe reaction) No

Extremely reactive to the following foods: _____
THEREFORE:
 If checked, give epinephrine immediately for ANY symptoms if the allergen was *likely* eaten.
 If checked, give epinephrine immediately if the allergen was *definitely* eaten, even if no symptoms are noted.

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



1. INJECT EPINEPHRINE IMMEDIATELY
2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications:*
-Antihistamine
-Inhaler (bronchodilator) if asthma

*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.

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



1. GIVE ANTIHISTAMINE
2. Stay with student; alert healthcare professionals and parent
3. If symptoms progress (see above), USE EPINEPHRINE
4. Begin monitoring (see box below)

Medications/Doses
Epinephrine (brand and dose): _____
Antihistamine (brand and dose): _____
Other (e.g., inhaler-bronchodilator if asthmatic): _____

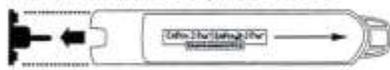
Monitoring
Stay with student; alert healthcare professionals and parent. Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See back/attached for auto-injection technique.

Parent/Guardian Signature _____ Date _____ Physician/Healthcare Provider Signature _____ Date _____

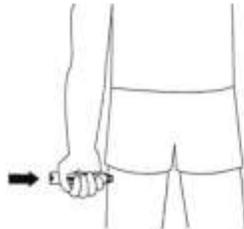
TURN FORM OVER Form provided courtesy of the Food Allergy & Anaphylaxis Network (www.foodallergy.org) 9/2011

EPIPEN Auto-Injector and EPIPEN Jr Auto-Injector Directions

- First, remove the EPIPEN Auto-Injector from the plastic carrying case
- Pull off the blue safety release cap



- Hold orange tip near outer thigh (always apply to thigh)



- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds



EPIPEN and the Dey logo, EPIPEN[®], EPIPEN 2-PAK[®], and EPIPEN Jr 2-PAK[®] are registered trademarks of Dey Pharma, L.P.

Adrenaclick™ 0.3 mg and Adrenaclick™ 0.15 mg Directions



Remove GREY caps labeled "1" and "2."



Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Food Allergy Action Plan.

A kit must accompany the student if he/she is off school grounds (i.e., field trip).

Contacts

Call 911 (Rescue squad: () -) Doctor: _____
 Parent/Guardian: _____

Phone: () - _____
 Phone: () - _____

Other Emergency Contacts

Name/Relationship: _____
 Name/Relationship: _____

Phone: () - _____
 Phone: () - _____

Form provided courtesy of the Food Allergy & Anaphylaxis Network (www.foodallergy.org) 9/2011

**Place Child's
Picture Here
(Optional)**

DIETARY INFORMATION FORM

Student's Name _____ Teacher's Name _____

Dietary Restrictions/ Special Diet _____

Food Allergies/ Intolerances _____

Food Substitutions _____

Other Diet Modifications _____

Supplemental Feedings (snacks) _____

Physician/Medical Authority Documentation received (name, telephone, date)

Additional Contacts: Include name and telephone number

Person completing form _____ Date _____

A copy of this form goes to classroom teachers and clinic personnel

Place
Child's
Picture
Here

**Cumberland County Public Schools
Severe Allergy Individual Health Care Plan**

Student's Name _____ Grade _____

Teacher's Name _____ Lunch Time _____

Classroom

- Any food given to student must be approved by parent.
- Emergency food provided by parent/ guardian to be kept in the classroom.
- Parent/ guardian should be advised of any planned parties as early as possible.
- Classroom projects involving food should be reviewed by the parent and the teaching staff.
- Middle school or high school student will be making his/her own decision. Yes No

Bus

- Transportation will be alerted to student's allergy.
- This student has a physician' order to carry epinephrine on bus: Yes No
 - Epinephrine can be found in: backpack waist pack
 other(specify) _____
- Student will sit at front of bus: Yes No

Field Trip Procedures

- Parent should be notified early in the planning to address any risk of allergen exposure.
- Epinephrine should accompany student during any off campus activity.
- The elementary student should remain with the teacher during the entire field trip.
- Middle school/high school student should remain with the teacher during the entire field trip. Yes No

Cafeteria

- Cafeteria manager and attendant will be alerted to the student's allergy.
- All cafeteria tables are sanitized between classes.
- Cafeteria tables where food allergic students will be cleaned to eliminate food allergens.
 - Student will sit at a specified allergy table. Yes No
 - Student will sit at the classroom table at a specified location. Yes No
 - **NO** restrictions where student may sit in the cafeteria. Yes No
- Cafeteria menu is available online and monthly from the school newsletter.
- Parents are encouraged to make food choices from the menu.

My child's severe allergy concerns require a meeting with school staff to discuss the classroom care plan. Additional accommodations will be discussed at this time.

Parent's Signature _____

Date _____

Registered Nurse's Signature _____

Date _____

Parent Information/Parent Permission

Information about Epinephrine Procedures

- Epinephrine may only be given at school with both physician and parent/guardian signature.
- The parent/guardian must obtain a new form to be on file in the clinic for each school year or whenever there is a change in dosage or conditions under which epinephrine is administered.
- Only the auto-injector pre-measured dose of epinephrine may be given by CuCPS staff members.
- Medication must be properly labeled by a pharmacist. If the physician orders include a repeat of EpiPen®, Adrenaclick®, or Twinject®, the parent must supply the school with two EpiPen®, two Adrenaclick®, or two Twinject® auto-injectors.
- Medication must be delivered to the school by the parent/guardian unless the student has permission to carry the medication.
- A parent is to collect any unused medication within two days after the expiration of the physician's order or on the last day of school. Medication not claimed within that period shall be destroyed.
- For students who have an epinephrine auto-injector at school, please notify the teacher/ sponsor about your child's allergy when your child will be staying for any school-sponsored after school activities. The clinic is closed after dismissal and the nurse is not in the building. It is strongly suggested that middle and high school students carry their own auto-injector for quick access to epinephrine. For students to carry an epinephrine auto-injector, the physician will need to sign the bottom of form 11:10 and the parent and student will need to sign form 11:10c under "Agreement for Permission to Self-Administer and/or Carry Epinephrine."
- Parent Signature gives permission for principal's designee to administer prescribed medicine and to contact physician if necessary.

Parent/Guardian's Signature Required

Date

For Students Using Twinject®

I understand that Cumberland County School personnel will only use the first auto-injector dose of Twinject®. I have also been asked to provide **two Twinject® auto-injector doses of epinephrine** to my child's school in case more than one dose is needed.

Parent/Guardian's Signature Required

Date

Parent/Student Agreement for Permission to Self-Administer and/or Carry Epinephrine Parent:

- I give my consent for my child to self-administer and/or carry his/her auto-injector of epinephrine.
- I understand that the school board or its employees cannot be held responsible for negative outcomes resulting from self-administration of epinephrine.
- This permission to self-administer and/or possess epinephrine may be revoked by the principal if it is determined that your child is not safely and effectively self-administering the medication.
- A new Physician Order/Care Plan for Severe Allergy and Parent/Student Agreement for Permission to Carry Epinephrine must be submitted each school year.

Parent/Guardian's Signature Required

Date

Student:

- If I am to self-administer, I have demonstrated the correct use of an auto-injector of epinephrine to the school nurse/health clinic assistant.
- I agree never to share my epinephrine with another person or use it in an unsafe manner.
- I agree that if I inject epinephrine, I will immediately report it to the school nurse/health clinic assistant or another appropriate adult if the nurse is not available so that EMS is called.

Student's Signature Required

Date

(Physician must also sign that student should carry epinephrine at school on the Physician Order/Care Plan for Severe Allergy 11:10.)

Number of epinephrine auto-injectors received: 1-----2----- 3-----

Signature of staff/date: _____

(11:10c)

**Medical (Physician) Statement
For Children
Requesting Special Foods in Child Nutrition Programs**

Part I (to be completed by School District or Parent/Guardian)

Name of Student _____ Age _____

Name of Parent/Guardian _____ Telephone Number _____

School attended by Student _____

Part II (to be completed by Physician)

Diagnosis (Include description of patient's medical or other special dietary needs that restrict the child's diet):

List food(s) to be omitted from diet:

List food(s) that may be substituted (Diet Plan):

Additional Information:

Date

Signature of Physician

Telephone Number

This form should be given to cafeteria manager and forwarded to School Foods Coordinator and given to clinic personnel.

References

Henrico County Public Schools. (2004). Allergy Protocol.

Loudon County Public Schools. (2010). Allergy Protocol.

The Food Allergy & Anaphylaxis Network. (2009).

<http://www.foodallergy.org/pal.html>

Managing Life Threatening Food Allergies in Schools, Massachusetts Department of Education. (2002) <http://www.doe.mass.edu>

Special Care Issues, Virginia Department of Education.

http://www.doe.virginia.gov/support/health.../special_care_issues.pdf

Managing food anaphylaxis at school requires emergency plan.

http://www.schoolhealth.org/food_allergies.htm 296