Significance of Guideline Implementation

Students with food allergies come into the school setting with different backgrounds and needs. As food allergies are increasing in diagnosis, school nurses are faced with the challenge of providing a safe educational setting for children.

The overarching goal underlying the creation of these guidelines is to ensure that all faculty, staff and students attending Beechwood Independent School District are thoroughly educated by using best practices guidelines to foster an environment that meets the needs of all students.

These guidelines will focus on prevention, education and emergency response as opposed to a school-wide ban of specific foods, because it may provide a false sense of security.

If you have any further questions or concerns, please contact Amy Thomas, the District Health Coordinator, at amy.thomas@beechwood.kyschools.us.

ANA Position Statement

“Assuring Safe, High Quality Health Care in Pre-K Through 12 Educational Settings”

Students’ health and health needs must be addressed in schools to achieve optimum learning. The American Nurses Association (ANA) supports a collaborative school health model which best protects the fundamental public health and educational priority our nation’s children represent. Based in part on the success of public health planning, it requires the cooperation and participation of health care professionals, teachers, school administrators and staff, students, families, and the community.

Food Allergy Overview

A food allergy is an abnormal immune response to specific antigens and is differentiated from food intolerance by its definition as an Immunoglobulin E (IgE) mediated response to an allergen, usually a food protein. Immunoglobulins or antibody proteins are present in plasma and subsequently classified according to their specific function with regard to immunity. IgE is one of five subclasses of immunoglobulins and is responsible for allergic symptoms during a reaction. In people with food allergies, specific antigens trigger the rapid release of cell mediators inducing a range of reactions affecting different areas of the body.

Eight food and or food groups account for 90% of serious allergic reactions in the United States:

- Milk
- Eggs
- Fish
- Crustacean shellfish
- Wheat
- Soy
- Peanuts
- Tree nuts

In summation, a food allergy results when the body has a specific and reproducible immune response to certain foods. The body’s immune response can be severe and life threatening, such as anaphylaxis. Although the immune
system normally protects people from germs, in people with food allergies, the immune system mistakenly responds to food as if it were harmful.

**Anaphylaxis**

Anaphylaxis is the most severe form of an allergic reaction, and should be regarded as an emergency situation to avoid death. It is very important the child experiencing an anaphylactic reaction, be treated with epinephrine or EpiPen® and closely monitored.

Not all allergic reactions will develop into anaphylaxis. Symptoms and severity of allergic reactions vary between individuals and can be dependent upon the amount of exposure or ingestion. However, the appearance of signs and symptoms related to food-induced anaphylaxis can vary between a few minutes to several hours after exposure to the allergen.

Most reactions occur within 1 hour of exposure to the allergen; however, reactions can also occur within 8-72 hours after initial exposure. It is important to keep in mind that adults typically recognize signs and symptoms according to the system affected, compared to children.

### Symptoms Communicated by Children with Food Allergies

- “It feels like something is poking my tongue.”
- “My tongue (or mouth) is tingling (or burning).”
- “My tongue (or mouth) itches.”
- “My tongue feels like there is hair on it.”
- “My mouth feels funny.”
- “There’s a frog in my throat; there’s something stuck in my throat.”
- “My tongue feels full (or heavy).”
- “My lips feel tight.”
- “If feels like there are bugs in there (to describe itchy ears).”
- “It (my throat) feels thick.”
- “It feels like a bump is on the back of my tongue (throat).”

Source: [http://www.cdc.gov/healthyschools/foodallergies/index.htm](http://www.cdc.gov/healthyschools/foodallergies/index.htm)
Additional signs and symptoms reported by adults:

- **Integumentary**
  - hives, swelling, itching, warmth or redness.

- **Respiratory**
  - coughing, wheezing, shortness of breath; chest pain or tightness, throat pain or tightness; trouble swallowing; hoarse voice, nasal congestion; fever-like symptoms; sneezing, runny nose; itchy nose, red itchy or watery eyes; angioedema.

- **Gastrointestinal**
  - nausea, vomiting, diarrhea, stomach pain, cramps.

- **Cardiovascular**
  - dizziness, lightheadedness, pale/blue color. Weak pulse, fainting, shock, loss of consciousness.

- **Neurological**
  - anxiety, feeling of impending doom; feeling that something really bad is about to happen; headache.

Several factors may increase the risk of a severe or fatal anaphylactic reaction: asthma or a history of asthma attacks; a previous history of anaphylaxis; or existing food allergies. Early recognition of the symptoms of anaphylaxis, immediate administration of an epinephrine auto-injector and prompt transfer of the child by the emergency medical system is essential, due to the severity and rapid onset of food-induced anaphylaxis.

Sometimes, if symptoms do not subside, a second epinephrine auto-injector is necessary. Parents should be notified as soon as possible, but NOT before the administering epinephrine.

**When in doubt, it is better to give the epinephrine auto-injector and call the EMS system for an ambulance. Fatalities are more likely to occur when epinephrine administration is withheld.**
The Roles and Responsibilities of the School Nurse

The school nurse is mandated by the American Nurses Association to educate all students, staff, and other faculty on the appropriate ways to manage food allergies while caring for children in the school setting. Thus, the highest priority of the school nurse is to provide adequate education and training to all students and staff in the district. This would provide the initial means that support the concept of primary prevention.

I. The school nurse should be recognized as the expert in health information, care planning, and the leader in training all staff, licensed and unlicensed personnel.

II. The nurse is responsible for the creation of an Allergy Parent Packet containing an Allergy Individualized Health Plan (IHP), Administration of Medication Form, and a FARE Food Allergy & Anaphylaxis Emergency Care Plan (ECP) (also known as a Food Allergy Action Plan).

III. The nurse is responsible for the creation and authorization for duplication and dissemination of an Individualized Health Plan (IHP) and FARE Food Allergy & Anaphylaxis Emergency Care Plan to all faculty and staff who are in present contact or expected to be in contact with at-risk individuals.
    a. At [http://www.foodallergy.org/file/emergency-care-plan.pdf](http://www.foodallergy.org/file/emergency-care-plan.pdf) is a copy of a Food Allergy Action Plan, that will be utilized (as a paper copy) to convey important information to all eligible staff and faculty. This action plan is provided by the courtesy of the Food Allergy & Asthma Network.
    b. The nurse should place all health conditions in Infinite Campus upon return of allergy packet forms from parent.

IV. Be actively and directly involved in the development of an IHP & ECP.
    a. School nurses have the ability to review medical information and to seek clarification when needed.
    b. The school nurse can assist other team members in understanding the medical implications of impairment.
        i. Two children with the same food allergy may not display signs of an allergic reaction in the same manner. Children with similar food allergies should still be treated based upon their own diagnosis, as well as the signs and symptoms they have genuinely displayed during past exposures.
    c. Contact with specific ‘trigger-food’ items should be addressed in the IHP & ECP.

V. Above all, reinforce to faculty and staff the need to follow the emergency plan of action exactly as written.

VI. Plan and organize a multidisciplinary meeting to facilitate classroom management, and with input from the child’s parents, healthcare provider, school nurse, teachers, and building administrations as indicated.
    a. The meeting should be held prior to the start of school to ensure everyone who may have contact with such children, are knowledgeable about their plan of care as well as the ECP.
    b. The ECP and IHP should be re-evaluated and or updated as needed prior to the start of every school year.
    c. The nurse is responsible for familiarizing a substitute school nurse with the IHP's and ECP's of children with food allergies utilizing a “stand-in” or “substitute” nurse plan.

VII. Reevaluation of these guidelines should occur, prior to the start of a new school year.
    a. The guidelines should be designed so that they benefit ALL students. (I.e. guidelines will not focus on a specific food allergy, but food allergies in general.)
    b. Students with food allergies should have access to the same opportunities and resources as other students.

VIII. School nurses are responsible for the storage of any emergency medications in the health office.
    a. The safety of students should be taken into account when selecting an accessible location to store and retrieve emergency medications.
b. The nurse should work with the parent(s) and child to determine if the child is able to carry emergency medications on them for self-administration or during extracurricular activities.

c. The school nurse will ensure all emergency medications of students will be kept organized and labeled legibly and appropriately.

d. If in any case, a child with a history of food allergies so happens to experience a severe allergic reaction (such as anaphylaxis), and does not have his/her Epi-pen available, epinephrine should be provided immediately (see Standing Orders for Administration of Stock Epinephrine for Anaphylaxis).

**Primary Prevention Through Education and Training**

I. The school nurse is responsible for the education and training of all faculty and staff and shall provide teachers with tools to educate students.
   a. Faculty should be informed of where emergency epinephrine will be stored.

II. Food Allergy Training trainees should be able to:
   i. Understand the concept of a food allergy.
   ii. Understand how anaphylaxis occurs and how it is interpreted from different developmental perspectives.
      1. It is important for faculty and staff to know that young children will describe allergic symptoms different compared to an older child, adolescent or adult
   iii. Differentiate an allergic reaction from an anaphylactic reaction.
   iv. Identify signs and symptoms of an allergic reaction.
   v. Identify the signs and symptoms of an anaphylactic reaction.
   vi. Know the appropriate steps to take when anaphylaxis occurs.
      1. Be familiar with when to notify the EMS and the parents.

b. It is necessary to review the procedure for calling 911 emergency services in the event of an anaphylactic reaction. This includes communicating to the rescue squad, the need for advanced life support and epinephrine.

c. Staff members should be taught to save the used Epi-Pen to give to the emergency medical staff to take to the hospital.

III. Faculty and students should be given the opportunity to ask questions pertaining to food allergies and anaphylaxis.

IV. The nurse should incorporate hands-on-training when teaching faculty and staff on the correct use of an Epi-Pen.
   a. The training should be provided as “in-service”.
   b. All those participating in training, should be able to provide a return demonstration.
      i. Staff members should be given the chance to practice administration of epinephrine with a demonstrator device.
         1. Demonstrate how and where to administer an Epi-pen (epinephrine) and its desired effects.

V. All training should be documented and accounted for.
The Roles and Responsibilities of Students and their Families

I. Individuals afflicted with a medical disability have the right to keep their health information confidential.
   a. The school nurse has the right to disseminate a student’s IHP & ECP to those overseeing the care of the student while in the school setting.

II. Students have the right to function autonomously with respect and without fear of being bullied or discriminated against.

III. Students with food allergies or other medical impairments should be able to identify the signs and symptoms of any adverse reaction (related to their condition or resulting from accidental exposure to “trigger foods” and immediately notify the appropriate staff or faculty.

IV. It is important for all students to have an understanding of food allergies and the importance of following school policies to protect at-risk students.

V. Parents should cooperate with the school nurse and other faculty and staff in developing an individualized health plan and emergency care plan for their child/children.
   a. Parents should provide the school nurse with written medical documentation, instructions, and medications as directed by a physician (IHP, Administration of Medication Form, and FARE ECP with picture prior to the first day of school).
   b. Parents should review policies and procedures with school staff, the student’s physician, and the student (if age appropriate) after a reaction has occurred.
   c. Parents should provide emergency contact information and notify school immediately if information changes.
   d. Parents should provide the school nurse with a physician’s statement if student no longer has allergies.
   e. Parents of a child who has a food allergy should leave a bag of “Safe Snacks” in the student’s classroom so there is always something the student can choose from during an unplanned special event.

VI. Parents are encouraged to accompany their children on field trips.

VII. Parent should educate their child on how to manage their food allergy.
   a. Teaching the child about the “trigger foods” and/or what foods to avoid.
   b. What symptoms they (the child) present indicating an allergic reaction.
   c. How to read food labels, and what ingredients to look for to avoid (should be developmentally appropriate for the child’s age).
   d. Ensure the child is able to speak up (self-advocacy) for themselves in the case of an emergency and care for themselves in the absence of their parents (self-care).
   e. Teaching the child to not trade food with others and not to eat anything with unknown ingredients or known to contain any allergen if has food allergy.
   f. Teaching the child to notify an adult immediately if they eat something they believe may contain the food to which they are allergic.
   g. Teaching the child to wash hands before and after eating.

The Roles and Responsibilities of Faculty and Staff

I. Both faculty and staff are responsible for creating a safe environment for all children.

II. Respect the privacy of students to want to keep their health information confidential.
III. Both faculty and staff should demonstrate knowledge of food allergies and how to manage them within the school setting according to protocols, policies and guidelines.

IV. Effectively communicate with all staff members, especially the school nurse about any questions or concerns they may have regarding the management of food allergies.

**The Roles and Responsibilities of a Teacher in the Classroom/In-class projects**

I. Teachers have the responsibility of keeping all children safe while in the classroom.
   b. Handwashing with soap and water after eating to decrease the chance of cross-contamination on surfaces after lunch.
   c. All surfaces in classroom will be cleansed with disposable cloths and cleansing products that have been shown to effectively remove food proteins after celebrations in classroom.

II. The teacher should participate in mandatory in-service training addressing student with allergies.

III. The teacher should be aware of any children within the classroom who have food allergies.
   a. The child’s IHP and ECP should be kept in a secure, but accessible location in the case of an emergency.
   b. The teacher and/or nurse should be able to access the child’s emergency medications within seconds.
   c. The teacher should be sure volunteers, student teachers, aides, specialists and substitute teachers are informed of the student’s allergies and necessary safeguards.
   d. The teacher should leave student information in an organized, prominent, and accessible format for substitute teachers.

IV. Parents of other children should be notified about students in their class with food allergies.

V. Teachers should encourage students to treat those with food allergies with respect and also cover policies about bullying.
   a. Educate classmates to avoid endangering, isolating, stigmatizing, or harassing student with allergies; be aware how the student with allergies is being treated; enforce school rules about bully and threats.

VI. Avoid the use of common allergenic compounds during such learning activities.
   a. Food for projects should not be used often. If so, the teacher should check all ingredients for allergens and eliminate allergen use.
   b. Inform parents 24 hours prior to any school events where food will be served if a student has a food allergy.

VII. The teacher should plan for celebrations (as well as classroom rewards and incentives) by considering alternatives to food/candy.

VIII. The teacher should never question or hesitate to act if a student reports signs of an allergic reaction.

**The Roles and Responsibilities of Everyone while Dining in the Cafeteria**

It is the responsibility of all students, staff, and faculty to ensure that students with food allergies are not accidentally exposed to “trigger foods”.

I. Students should not share food (including, but not limited to utensils, food containers, and food).
II. Parents should be given a copy of the school’s breakfast and lunch menu.
   a. Parents should also be provided with accessibility to food labels to oversee the choices provided for children and to teach their children of the food items they must not ingest.

III. Children with food allergies should not be segregated, excluded or isolated from other children.
   a. An allergy-free table in the cafeteria may be provided, where “allergen-free” foods are to be eaten; however, this area should be made available to all children who choose not to consume “trigger foods” at that table.

IV. Cafeteria workers should provide allergen-free alternative food for those children with food allergies.

V. Food service workers need to be educated on how to follow food handling guidelines to avoid cross contamination.

VI. Frequent handwashing.

VII. Frequent and thorough washing of utensils, plates, cups.

VIII. Use of separate utensils or plastic wrapped utensils for children with food allergies.

IX. “Allergen-free” table(s) should be cleansed with a cloth used only for that table or with disposable cloths and cleansing products that have effectively been shown to remove food proteins.

The Roles and Responsibilities of Everyone during Field Trips/School Bus

I. The School bus driver, monitor, and (any additional personnel) should be trained on how to identify anaphylaxis, and when and how to respond appropriately.
   a. The school bus driver and monitor(s) should also be trained in other areas (i.e. CPR).
   b. In the event of an emergency, the school bus driver should safely pull to the side of the road and contact the appropriate staff (i.e. radio to dispatcher, 9-11).
      i. If the bus driver is required to follow additional protocols outside of the school districts protocols, then he/she should do so immediately (if appropriate).

II. No food of any kind should be permitted to be eaten on the bus unless a trip is over 30 miles.

III. Parents should be invited to accompany their child on his/her school field trips, in addition to the assigned chaperone.
   a. The teacher and the child’s parents should collaborate with the nurse prior to planning a field trip to plan ahead for risk avoidance at the destination and during transportation to and from the destination.
      i. Ensure the child with the food allergy is assigned to staff who are trained in early recognition of anaphylaxis and use of an Epi-Pen.
      ii. Ensure the Epi-Pen is with the student or trained adult.

IV. The teacher shall notify the school nurse two weeks prior to a scheduled field trip and include date, time, and location.

V. The teacher shall ensure a functioning cell phone or other communication device is taken on field trip.

VI. The teacher shall consider ways to wash hands before and after eating in cases of food allergy.

Bullying

I. Beechwood Independent School District has zero tolerance for any type of bullying of children with food allergies.

Federal Legislation
**Section 504 of the Rehabilitation Act of 1973** prohibits all programs and activities receiving federal financial assistance, including public schools, from discriminating against students with disabilities, as defined in the law. A student with a disability under Section 504 is defined as one who has a physical or mental health impairment (in this case, life-threatening food allergy) that “substantially limits a major life activity,” such as walking, seeing, hearing, speaking, breathing, learning, working, caring for oneself, and performing manual tasks (29 U.S.C. § 794; 34 C.F.R. § 104 et seq.).

“Substantially limited” is not defined in the law or Section 504 regulations. It is the responsibility of the Section 504 team to determine eligibility criteria and placement as outlined in the regulations. In order to determine a child’s qualification, an individualized assessment of the child is required. If qualified, the child is entitled to receive a free, appropriate public education, including related services. These services should occur within the child’s usual school setting with as little disruption as possible to the school’s and the child’s routines, in a way that ensures that the child with a disability is educated to the maximum extent possible with his non-disabled peers.

**The American with Disabilities Act (ADA) of 1990** also prohibits discrimination against any individual with a disability, and extends the Section 504 requirements into the private sector. The ADA contains a definition of “individual with a disability” that is almost identical to the Section 504 definition. The ADA also provides a definition of substantially limits (42 U.S.C. § 12101 et seq.; 29 C.F.R. § 1630 et seq.).

**The Individuals with Disabilities Education Act of 1976 (IDEA)** provides financial assistance to state and local agencies for educating students with disabilities that significantly interfere with learning. Children are eligible if they fit into one or more of the 13 categories of disability defined in the law and if, because of the disability, they require specialized instruction (20 U.S.C. § 1400 et seq.; 34 C.F.R. § 300 et seq.).

An Act concerning the use of asthmatic inhalers and epinephrine auto injectors while at school (public act 09-155) Requires the state department of education to adopt regulations to permit children diagnosed with either asthma or an allergic reaction to retain possession of asthmatic inhalers and automatic prefilled cartridges at all times.

**The Family Education Rights and Privacy Act of 1974 (FERPA)** protects the privacy of students and their parents by restricting access to school records in which individual student information is kept. This act sets the standard for the confidentiality of student information. FERPA also sets the standards for notification of parents and eligible students of their rights with regards to access to records, and stipulates what may or may not be released outside the school without specific parental consent. Within schools, FERPA requires that information be shared among school personnel only when there is a legitimate educational interest.

**Occupational Safety and Health Administration (OSHA)**, a regulatory agency within the U.S. Department of Labor, requires schools in Connecticut to meet safety standards set forth by this agency. These standards include the need for procedures to address possible exposure to blood-borne pathogens. Under OSHA regulations, schools are required to maintain a clean and healthy school environment. Schools must adhere to Universal Precautions designed to reduce the risk of transmission of blood-borne pathogens, which include the use of barriers such as surgical gloves and other protective measures, such as needle disposal, when dealing with blood and other body fluids or tissues.

**Food Allergies: Federal FNS Instruction 783-2, Revision 2, Meal Substitutions for Medical or other Special Dietary Reasons** dictates that Food Service Programs that participate in the National School Lunch and School Breakfast Programs must accommodate children with disabilities and identify children that may be accommodated in the absence of a disability. (No state policy)
References


