

DeForest Area School District
Administrative Regulation

TITLE: Food Allergy Management Plan	NUMBER: AR 4.9(6)
<i>Executive Limitation: EL 4, Treatment of Students (4.9 - Compliant Procedures)</i>	
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LIFE-THREATENING FOOD ALLERGY MANAGEMENT PLAN

Introduction and Background

I. Definition of Food Allergy.

The DeForest Area School District is dedicated to fostering the health, nutrition and wellbeing of students with allergies by providing education and a supportive school community. A food allergy is defined as an adverse health effect arising from a specific immune response that occurs reproducibly on exposure to a given food. The immune response can be severe and life-threatening. 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. One way that the immune system causes food allergies is by making a protein antibody called immunoglobulin E (IgE) to the food. The substance in foods that cause this reaction is called the food allergen. When exposed to the food allergen, the IgE antibodies alert cells to release powerful substances such as histamine, that cause symptoms that can affect the respiratory system, gastrointestinal tract, skin, or cardiovascular system and lead to a life-threatening reaction called anaphylaxis. This plan focus on food allergies associated with IgE because those are the food allergies that are associated with the risk of anaphylaxis. There are other types of food-related conditions and diseases that range from the frequent problem of digesting lactose in milk to reactions caused by cereal grains (celiac disease) that can result in serious chronic health problems. These conditions and diseases may be serious but are not immediately life-threatening and therefore, not addressed in the plan.

II. Common Food Allergies and Signs and Symptoms of a Reaction.

Eight foods account for 90% of serious reactions: milk, eggs, fish, crustacean shellfish, wheat, soy, peanuts, and tree nuts. Reactions vary both in type and severity by individual but can

include: red, itchy, watery eyes, swollen lips or tongue, itchy skin, rash or hives, nausea, pain, cramping, vomiting, diarrhea, or acid reflux, nasal congestion, sneezing, hoarse voice, trouble swallowing, dry cough, numbness around the mouth, wheezing, shortness of breath, difficulty breathing, chest tightness, irritability, change in alertness, mood change, pale or blue skin color, weak pulse, dizziness, fainting, confusion or shock, decrease in blood pressure, or loss of consciousness. The most serious type of reaction is anaphylaxis. Left untreated or undertreated, anaphylaxis can lead to death. Anaphylaxis occurs within minutes to several hours after food ingestion and can be precipitated by mild skin symptoms that progress slowly to more severe symptoms.

III. Prevention and Treatment.

No treatment exists to prevent reactions to food allergies or anaphylaxis. Strict avoidance of the food allergen is the only way to prevent a reaction. However, avoidance is not always easy or possible, particularly in a school setting. School is a higher risk setting for children with allergies due to factors such as a large number of students, increased exposure to offending allergens, and cross contamination of tables, desks and other surfaces. High risk activities include: breakfast and/or lunch in the cafeteria, art and science projects, bus transportation, fundraisers, bake sales, parties/holiday celebrations, field trips, and after-school events.

The recommended first line of treatment for a reaction caused by a food allergy is the prompt use of epinephrine. Early use of epinephrine (most commonly in an auto-injector such as an EpiPen) to treat anaphylaxis improves an individual's chance of survival and quick recovery.

IV. Food Allergy Practices and Procedures.

This plan sets forth the procedures and practices that may be implemented in the Deforest Area School District as necessary to keep students with life-threatening food allergies safe at school. Please note that this plan does not impose a ban on any particular food in the school. However, the District encourages all individuals to refrain from bringing foods containing peanut and tree nuts into the Deforest schools. In addition, there may be designated allergen-free zones in the schools where foods with specific allergens will not be permitted.

The plan address these priorities:

- Identification of students with food allergies and provision of school health services
- Individual written management plans
- Medication protocols: storage, access, and administration
- Healthy school environments: comprehensive and coordinated approach
- Communication and confidentiality
- Emergency response
- Professional development and training for school personnel
- Awareness education for students
- Awareness education and resources for parents/caregivers
- Monitoring and evaluation

Protocols

I. Identification.

Early identification of students with life-threatening food allergies is essential. The District therefore encourages parents/guardians of children with life-threatening food allergies to notify the school of the allergy in advance of the school year, providing as much information and medical documentation about the extent and nature of the food allergy as is known, as well as any known effective treatment for the allergy. If substitutions need to be made in the lunchroom, a statement should be obtained from a licensed doctor which identifies the child's allergy, an explanation of why the allergy restricts the child's diet, the major life activity affected by the allergy, the foods to be omitted from the child's diet, and the food or choice of foods that must be substituted.

II. Written Management and Emergency Plans.

If the District determines that a student has a life-threatening food allergy, the District will develop an individual health care plan (IHCP) for the student. An IHCP is a plan that considers how to deal with what might happen with a student medically while the student is in school. An IHP outlines the student's needs and a plan for addressing those needs such as how medication will be administered, how the student's health status will be monitored, the location where care will be provided, and who will be providing the care. It serves as the basis for ongoing teamwork, both between the family and school staff and among staff members. It also provides the school with an accurate, centralized source of information about the student's medical needs, and with direction and authorization should a health need arise suddenly. To be sure the plan remains current, review dates should be written into the plan. The IHCP also address the child's needs across school settings and may include a description of the functional health issues (diagnoses); student objectives for promoting self care and age appropriate independence; and the responsibilities of parents, school nurse and other school personnel. The IHCP may also include strategies to minimize the allergic student's risk for exposure.

In addition to the IHCP, the school will develop an Emergency Health Care Plan (EHCP), which provides specific directions in a medical emergency. In developing the EHCP, the school nurse or other appropriate District personnel may seek to obtain consent from the parent/guardian to consult directly with the child's health care providers to clarify medical needs, emergency medical protocol, and medication orders.

The district will distribute the IHCP and EHCP to any school personnel responsible for implementing any provisions of the IHCP and/or EHCP.

Whenever appropriate, a student with a life-threatening food allergy will be referred to a Section 504 Team for consideration if/when there is reason to believe that the student has a disability that substantially limits a major life activity, as defined by Section 504. When making eligibility determinations under Section 504, the school will consider the student's needs on an individualized, case-by-case basis. A student with a Section 504 Accommodations Plan will also have an EHCP and IHCP.

III. Medication Protocols: storage, access, and administration

Medications will be managed to allow for quick access when needed and to protect the safety of the students and the medications.

- Receive and retain written treatment orders from licensed health care providers.
- Identify personnel to administer medications.
- Store medications in a safe, appropriate, secure, yet accessible location.
- Reference location in a student's IHCP and/or Section 504 Accommodations Plan. Individuals responsible for the student's safety should be informed of the location.
- Request at least two epinephrine auto-injectors for each student.
- Monitor medications for expiration dates.
- Refill prescription after emergency medications are administered.

IV. Healthy School Environments: comprehensive and coordinated approach

The following are protocols that may be implemented to maintain a safe and healthy environment across school setting.

Classroom

- Train classroom teachers and other classroom staff on allergy awareness, prevention, recognizing allergic reactions, and implementing emergency protocols.
- Train classroom teachers and other classroom staff on basic food handling and cleaning procedures to prevent cross contamination.
- Provide classroom teachers and other classroom staff with the IHCP, EHCP, and if applicable, Section 504 Accommodations Plan for each student with a food allergy.
- Provide substitute staff with the IHCP, EHCP and if applicable, Section 504 Accommodation Plan for each student with a food allergy.
- Develop plan to allow student to carry Epipen across school settings.
- Prohibit offending allergens in classrooms of allergic students.
- Post signs outside and inside of classroom reminding visitors, staff, and students that allergens are not allowed in the classroom.
- Avoid using common allergens in any classroom projects/activities, experiments, as academic rewards or incentives, and during classroom parties, celebrations or special events. Allow only pre-packaged food items with complete ingredient lists in the classroom.
- Implement hand washing procedures before and after the consumption of food including arrival in the morning and after lunch or snacks (note hand sanitizers are not effective in removing residue of known allergens).
- Consider methods to prevent cross contamination from lunches and snacks stored in the classroom.
- Educate students on allergy awareness, prevention, recognizing allergic reactions, and emergency protocols.

- Communicate to other students rules and expectations about bullying related to food allergies.
- Train teachers to read labels to identify allergens.
- Plan for daily snacks in the classroom including special snacks provided to student with food allergy. A possible plan might include: allergic child eating only snacks from home or from an approved snack list, checking of snacks by teacher or other staff member, prohibiting certain offending allergens such as peanuts or tree nuts.
- Send home letter to parents informing them about allergens in the classroom.
- When classrooms are used for meals or snacks in schools, provide a designated allergen-free area with dedicated cleaning supplies.
- Discourage sharing and trading of food.
- Check all soap and lotion products for allergens.

Cafeteria

- Train food service personnel and other lunchroom staff on allergy awareness, prevention, recognizing allergic reactions, and implementing emergency protocols.
- Allow food service personnel representative to attend team meeting with appropriate members before student's entry to school.
- Provide food service personnel or other appropriate lunch room staff with the IHCP, EHCP, and if applicable, Section 504 Accommodations Plan for each student with a food allergy.
- Post EHCP in kitchen area (away from students) with picture and consent of parent.
- Assign at least two staff members trained to administer epinephrine by auto-injector in lunchroom at all times to support rapid response to symptoms and consistent monitoring after injection.
- Provide ready-access epinephrine auto-injectors and two-way communication devices.
- Train food service personnel and require contracted food service staff to review menu items, identify potential allergens, and make appropriate accommodations.
- Provide advance copies of menu to parents/guardians of food allergic students and, when possible, notification of any menu changes.
- Maintain up-to-date contact information for manufacturers of food products.
- Train food service personnel and other lunch room staff on basic food handling and cleaning procedures to prevent cross contamination.
- Provide peanut/tree nut free tables (or other necessary allergen-free tables).
- Maintain cleaning supplies dedicated only to allergen-free tables.
- Allow students with food allergies to use a lunch tray (even with cold lunch) so as to avoid cross contamination on tables.
- Allow students with food allergies to dispose of waste in an allergen-free area or garbage can.
- Allow students with food allergies to place lunch boxes in separate area or container.

Buses or other transportation

- Enforce no eating policies with appropriate medical considerations and exceptions.
- Equip all school buses with two-way communication.
- Introduce students with life-threatening food allergies to bus drivers and provide list of allergic students to bus drivers at the beginning of the year or as necessary, as well as EHCP with picture (with consent of parents).
- Train bus drivers in allergy awareness, prevention, recognition of allergic reaction, and emergency procedures. Training provisions should be built into transportation contract for out-sourced bus drivers.
- Assign seating if necessary.
- Implement cleaning protocols for buses to minimize exposure to allergens.

Field Trips

- Review plans for field trip to avoid/minimize high risk places.
- Implement a safe plan for field trips including keeping the student with life-threatening food allergies under the direct supervision of a staff person who has been trained in identifying symptoms of an allergy, emergency procedures, and administration of epinephrine auto-injectors. The only exception would be if the student's parent/guardian accompanies the student and acts as a supervisor.
- Provide two-way communication on the field trip.
- Ask parents of students on the fieldtrip to avoid sending foods with the specific offending allergen or other common food allergens.
- Ensure the allergic student or supervising staff carries two epinephrine auto-injectors at all times on the field trip.
- Consider eating situations on field trips and plan for prevention of exposure to the student's allergen. If children need to eat on the bus, provide allergen-free zone for students with food allergies.
- Provide hand-wipes or provide hand washing for all students before and after eating.
- Invite parents of students with food allergies to accompany their children on school trips, in addition to the chaperones. However, neither the student's safety nor attendance may be conditioned on the parent's presence.
- Do not exclude children with food allergies on field trips.

Extracurricular or After School Activities

- Post signs on outside doors to school alerting visitors to be aware of potential food allergies, encouraging allergen-free snacks, reminding visitors to wash hands frequently, and to follow school protocols with respect to any food brought in the school.
- Restrict the use of foods that are known allergens in a classroom used for after-school activities.
- Train before and after-school coordinators as well as coaches or advisors in allergy awareness, basic prevention, recognizing symptoms of a food allergy, and implementing emergency procedures. For outsourced programs, training may be built into contracts.
- Train before and after-school coordinators in basic food handling procedures to prevent cross contamination.

- Promote allergy awareness in school newsletters and information disseminated in the community.

V. Communication and Confidentiality

Policies and communication plans will comply with all state and federal privacy laws. Accordingly, the District will work with parents/guardians of students with food allergies in:

- Developing a communication plan with respect to informing school staff of a student diagnosed with a life-threatening food allergy and of the IHCP, EHCP, and Section 504 Accommodations Plan, if applicable.
- Informing parents of applicable procedural and due/process rights should they object to food allergy policies and procedures.
- Establish ongoing communication with the bus company and any other transportation provider to ensure transportation vehicles are safe for students with food allergies.
- Establish ongoing communication with the school nutrition staff and food service companies to ensure that cafeterias are safe for students with food allergies.
- Establish ongoing communication between the school nurse and all members of the food allergy management team or Section 504 team.
- Establish ongoing communication between parents and school staff that follows a continuum of communication: first - teacher, second - building associate principal (middle and high school), and third - principal.

VI. Emergency Response

Every school will have an emergency response plan that provides a written outline of emergency procedures for managing life threatening allergic reactions and a list of the individuals who will:

Administer the epinephrine.
 Notify the emergency medical services (call 911).
 Notify the parent/guardian.
 Notify the school nurse.
 Notify school administration.
 Meet emergency responders at school entrance.
 Direct emergency medical responders to site.
 Assess the emergency at hand.
 Remain with the student.
 Refer to student's EHCP.
 Notify student's primary care provider and/or allergy specialist.
 Attend to student's classmates.
 Manage crowd control.
 Accompany student to emergency care facility.
 Assist student's re-entry to school.

Training for individuals who may administer epinephrine will include:

1. Knowing when to give auto-injector- Signs and symptoms of anaphylaxis.
2. Knowing who may receive an epinephrine auto-injector—age, weight, junior vs. adult dosage.
3. How to give an epinephrine auto-injector (with an in-person skill check, demonstration and return demonstration)—including injection site, mechanics of injector, how to dispose of injector.
4. Care of the victim.

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 on 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, parents, and/or staff and re-examining the EHCP.

In an event that a student has had a moderate to severe reaction, the following actions may 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 adults to discuss what was seen and dispel any rumors.
- Provide factual information.
- If an allergic reaction is thought to be from a food provided by school food service, request assistance of the Food Service Director to ascertain what potential food item was served/consumed. Review food labels and obtain nutritional information from Food Service Director and staff.
- Agree on a plan to disseminate factual information and review knowledge about food allergies to other students who witnesses or were involved in the allergic reaction, after both parents and the student consent.
- Amend the student's EHCP to address any changes that need to be made.
- Consider what might be done to prevent a future reaction.

Special Consideration For The Student

The student and parent(s) may meet with the nurse/staff who were involved in the allergic reaction to assure both of the student's future safety, what happened and what procedural changes will be made to prevent another reaction.

If a student demonstrates anxiety about returning to school, a plan involving appropriate staff may be developed and followed until his/her anxiety is alleviated. If a child has a prolonged response to an anaphylactic event, strategies may be reviewed and clinical intervention may be recommended. Collaboration with the student's medical provider would be indicated to address any medication changes.

A student may continue to need to access help if another allergic reaction should occur; therefore, ensure that the student feels comfortable enough to seek help if needed. Avoid having a student withhold information from staff out of embarrassment or because of perception of intimidation. Other students with food allergies in the school system may be in particular need of support.

VII. Professional Development and Training for School Personnel

The District will provide training to school personnel on food allergies that may include:

- Training on district/school policies and procedures.
- Bullying prevention and response.
- Recognizing food allergy reactions.
- Awareness of food and non-food items that might present risk.
- Emergency protocol for food allergy reactions including administration of epinephrine.
- Strategies to prevent food allergy reactions.
- Communication procedures for emergencies and day-to-day management of allergies.
- Proper storage and administration of epinephrine.
- Strategies to manage student privacy and confidentiality.
- Basic food handling procedures including hand washing, use of utensils, and cleaning and sanitizing surfaces.

VIII. Awareness Education for Students

Students will be educated about food allergy awareness including support for classmates with food allergies, bullying prevention, recognizing the signs, symptoms and potential life-threatening reactions, actions needed to respond to an emergency situation, and the importance of following District procedures regarding hand washing, food sharing, allergen-free zones, and student conduct.

IX. Awareness Education and Resources for Parents/Guardians

The District will provide awareness education to parents/guardians of students in the district and may do so at parent meetings, or via newsletters or other forms of communication between the District and the parent/guardian.

X. Monitoring and Evaluation

The District will review food allergy policies and practices to identify risks and modify practices if needed, to incorporate lessons learned by staff, to incorporate data on when and where medication was used, to align with current science on food allergies, and to comply with state and federal legislation.

Guidelines For Individuals

To facilitate implementation of the above protocols, the following are guidelines for individuals involved with a student with life-threatening food allergies. These are not intended to be exhaustive lists but rather guiding principles that will aid in the efforts to maintain a healthy and safe environment for children with food allergies.

I. Guidelines for Parents

- Inform school nurse of child's allergies before the first day of school.
- Provide necessary documentation of food allergy to school.
- Participate in developing an IHCP and/or Section 504 Plan and an EHCP with school nurse and teacher.
- Participate in planning for classroom safety including safe snacks, projects, communication to other parents, and field trips.
- Provide appropriate medications including epinephrine auto-injectors.
- Provide any updates on child's status.
- Discuss the location of the epinephrine auto-injector including in a backpack, fanny pack, and classroom.
- Provide relevant information about child to bus company and ensure emergency protocol is in place. May provide consent for EHCP with picture for bus and cafeteria.
- Educate the child in the self-management of his or her food allergy including: recognizing safe and unsafe allergens, identifying strategies for avoiding exposure to unsafe allergens, recognizing symptoms of an allergic reaction, alerting an adult if he or she is having an allergic reaction, reading food labels (age appropriate), the risks of sharing personal items including food, utensils, medications, etc.

II. Guidelines for Students

These guidelines should be modified appropriately depending on the age of the child.

- Know the offending allergens.
- Be aware of strategies to avoid exposure.
- Learn to recognize symptoms of an allergic reaction.
- Alert an adult if having an allergic reaction.
- Learn to read food labels to identify allergens.
- Never share food, utensils, or other personal items.
- Always LOOK at the food being served.
- Do not eat something if uncertain of the ingredients.
- Wash hands before eating.
- Learn how to administer an Epipen.
- Remember to carry Epipen.

- Report teasing or bullying.

III. Guidelines for School Nurse

- Receive and retain written treatment orders from licensed health care providers.
- Identify personnel to administer medications and provide training. Maintain documentation of staff training.
- Store medications in a safe, appropriate, secure, yet accessible location.
- Request at least two epinephrine auto-injectors for each student.
- Monitor medications for expiration dates.
- Refill prescription after emergency medications are administered.
- Meet with parent/guardian and develop IHCP and EHCP before the start of the school year.
- Participate in Section 504 Team Meeting, if applicable.
- Obtain written medical records of allergies and orders for medications needed in an emergency.
- Share EHCP with all staff that interact with an individual student (includes but not limited to teacher, specials teachers, health assistant, play ground supervisor, food service staff, and bus drivers).
- Train staff to recognize and respond to allergic reactions.
- Teach proper hand washing techniques to staff and students.
- Assist in educating students about food allergy awareness.

IV. Guidelines for Teachers

- Review IHCP, EHCP and Section 504 Plan, if any, for each child with a food allergy.
- Meet with parents to discuss needs of child and classroom practices and procedures.
- Be trained in how to prevent exposure to allergen, how to recognize food allergy symptoms, and how to respond in an emergency.
- Minimize exposure in the classroom, on field trips, and at any other school-sponsored activities.
- Plan for fieldtrips including supervision, meals, and emergency medication.
- Plan for snacks in the classroom to avoid exposure to allergens.
- Prohibit any sharing or trading of food.
- Reinforce hand washing before and after eating.
- Remove offending food allergens from classroom projects, snacks, celebrations, experiments etc.
- Establish classroom protocol for substitutes and volunteers.
- Establish on-going communication with parents of food allergy student.
- Ensure soap and lotion are allergen-free.
- Monitor any pet food or bedding for allergens.
- Educate students on food allergy awareness, prevention, emergency protocol, and bullying.
- Provide students/parents allergy-free food lists.

- Dedicate cleaning supplies for use only on desks or tables used by student with food allergy.

V. Guidelines for Substitutes and Volunteers

- Check for EHCPs in the sub folder at the start of the assignment. If questions, contact school nurse or building administrator.
- Be aware of allergens prohibited in classrooms or other zones in the school.
- Follow protocol for classroom with food allergic child.
- Do not hand out extra food items as rewards to students.
- Wash hands before coming into any classroom.
- Be trained in how to prevent exposure to allergen, how to recognize food allergy symptoms, and how to respond in an emergency.

VI. Guidelines for Food Service Staff

- Be trained on allergy awareness, prevention, recognizing allergic reactions, and implementing emergency protocols.
- Attend team meeting with appropriate members before student's entry to school.
- Obtain IHCP, EHCP, and if applicable, Section 504 Accommodations Plan for each student with a food allergy.
- Post EHCP in kitchen area (away from students) with consent of parent.
- Assign at least two staff members trained to administer epinephrine by auto-injector in lunchroom at all times to support rapid response to symptoms and consistent monitoring after injection.
- Provide ready-access epinephrine auto-injectors and maintain two-way communication devices.
- Review menu items, identify potential allergens, and make appropriate accommodations.
- Provide advance copies of menu to parents/guardians of food allergic students and, when possible, notification of any menu changes.
- Maintain up-to-date contact information for manufacturers of food products.
- Be trained on basic food handling and cleaning procedures to prevent cross contamination.
- Provide peanut/tree nut free tables (or other necessary allergen-free tables).
- Maintain cleaning supplies dedicated only to allergen-free tables.

VII. Guidelines for Bus Drivers

- Enforce no eating policies with appropriate medical considerations and exceptions.
- Equip all school buses with two-way communication.

- Obtain list of allergic students to bus drivers at the beginning of the year or as necessary, as well as EHCP with picture (only with consent of parents).
- Be trained in allergy awareness, prevention, recognition of allergic reaction, and emergency procedures.
- Implement cleaning protocols for buses to minimize exposure to allergens.

Cross References:

AR 4.8(9) – Students with Allergies/Special Dietary Needs