

## Care of the Student with Food Allergies At-Risk for Anaphylaxis

### **Purpose:**

To provide guidance in the management of students with food allergies at-risk for anaphylaxis at school.

### **Responsibility:**

School Nurse, Campus Administrators, Child Nutrition, Teachers, Students, and Parents.

**Other applicable policies: FFAF (LEGAL), FFAF (LOCAL) Other applicable policies: FFAF (LEGAL), FFAF (LOCAL)**

### **Background:**

A *food allergy* is an abnormal response to a food, triggered by the body's immune system (NIAID, 2010). Symptoms of a food induced allergic reaction may range from mild to severe and may become life-threatening. Reactions vary with each person and each exposure to a *food allergen* and the severity of an allergic reaction is not predictable. With the increasing prevalence of food allergies in the past two decades, care of students with life-threatening allergies has become a major issue for school personnel (Sheetz, 2004). School personnel should be ready to effectively manage students with known food allergies and should also be prepared to recognize symptoms of an allergic reaction in both diagnosed and undiagnosed students in order to respond to the student's emergency needs.

Strict avoidance of food allergens and early recognition and management of allergic reactions are important measures to prevent serious health consequences (U. S. Food and Drug Administration, 2008). Children spend up to 50 percent of their waking hours in school, and foods containing allergens are commonly found in schools. Thus, the likelihood of allergic reactions occurring in schools is high (Sheetz, 2004). Studies show that 16-18 percent of children with food allergies have had allergic reactions to accidental ingestion of food allergens while in school. Moreover, food-induced anaphylaxis data reveals that 25 percent of anaphylactic reactions in schools occur among students without a previous food allergy diagnosis (Sicherer, 2010 & Nowak-Wegrzyn, 2001).

Currently, management of food allergies consists of educating children, parents and care providers, including school personnel, about strict avoidance of the food allergen, recognizing the signs and symptoms of an allergic reaction, and initiating emergency treatment in case of an unintended ingestion or exposure. In order to address the complexities of food allergy management in schools, it is important that students, parents/caregivers, and school personnel work cooperatively to create a safe and supportive learning environment (National School Boards Association, 2011).

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**Definitions:**

**Allergen Free Zone:** an area designated in the cafeteria adjacent to class seating where a student may sit with the class but only be surrounded by peers who have food free of the allergen which may adversely affect the student. This area is typically at the end of the row of rectangle tables or a specific section of a round table. The zone should not be physically removed from the section of tables assigned to the class.

**Anaphylaxis:** a serious allergic reaction that is rapid in onset and may cause death. Anaphylaxis occurs within a few minutes to several hours after exposure to the allergen.

**Auto-injector:** a pre-measured, spring-loaded pen-like device used to administer epinephrine and designed for ease of use by non-medical persons.

**Cross Contamination:** when an allergen is transferred from one item (utensils, pots, pans, countertops, surfaces, etc.) to another.

**Food Allergy Emergency Action Plan:  
(FAEAP)**

a personalized emergency plan that specifies the delivery of accommodations and services needed by a student in the event of a food allergy reaction.

**Emergency Medical  
Service (EMS):**

an emergency medical technician or paramedic that is training to provide out-of-hospital medical care in urgent situations and providing transportation to the nearest hospital.

**Epinephrine:  
(Adrenaline)**

medication used to counteract anaphylaxis; usually administered via an auto-injector.

**Food Allergy:**

a potentially serious immune-mediated response that develops after ingesting or coming into contact with specific foods or food additives.

**Food Intolerance:**

an unpleasant reaction to a food that, unlike a food allergy, does not involve an immune system response or the release of histamine.

**Individualized  
Healthcare Plan (IHP):**

a plan written by the school nurse (RN) that details accommodations and/or nursing services to be provided to a student because of the student's medical condition based on medical orders written by a health care provider in the student's medical home.

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**School Nurse:**

a person who holds a current license as a registered professional nurse (RN) from the Texas Board of Nursing as outlined in the Texas Administrative Code, § 153.1021.

**School-Sponsored Activity:**

any activity, event, or program occurring on or off school grounds, whether during or outside of regular school hours, which is organized and/or supported by the school

**Severe Food Allergy**

a dangerous or life-threatening reaction of the human body to a food-borne allergen induced by inhalation, ingestion or skin contact that requires immediate medical attention.

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### Procedure:

1. Notification of a food allergy
  - Upon enrollment of a new student, the parent or guardian shall indicate if their child has a known severe food allergy during the online enrollment process.
2. Upon review of the online enrollment records, the campus nurse will:
  - identify students with severe food allergies
  - as applicable, request parent completes and submits the following forms:
    - **Parent Cover Letter** indicating if parent agrees for the school nurse to **alert the student's classroom** and if the student will sit in an **allergy free zone**.
    - **Medication Permit/Physician's Order** form
    - **Food Allergy Emergency Action Plan (FAEAP)** form, with physician signature
    - **Special Diet Request** form to be returned to the Child Nutrition department.
  - Review and complete the FAEAP and distribute to personnel with a need to know (Level II training)
  - Develop an IHP for the food allergy as applicable, in collaboration with physician, parent, administrator and teacher
  - Notify Child Nutrition, Custodial Staff, and Transportation
  - Initiate the 504 process, if appropriate
3. Environmental Controls will be established on the campus through:
  - Designation of the classroom as "Allergen Free"; on elementary campuses, and where appropriate, the specific allergen may be listed on the classroom door.
  - As appropriate, classroom/grade level parent communication regarding specific allergy.
  - Offering a "allergen free zone" in the cafeteria
  - The allergen free zone will be cleaned with supplies designated specifically to this zone. Campus administration will communicate specific needs to the Director of Operations and Distribution and campus custodian.
  - Hand washing after meals
4. Level I training will be conducted annually for all employees through the SafeSchools Training Program provided through BISD,
  - Level I Training: This includes district wide education to all school personnel on every campus through the SafeSchools Training Program.
    - Most common food allergens
    - Hazards related to the use of food for instructional purposes
    - Importance of environmental controls
    - Signs and symptoms of an anaphylactic reaction
    - How to use an FAEAP
    - How to administer epinephrine

Level II training will be coordinated and conducted by the school nurse on the campus level.

Level II Training: This includes all of Level I training as well as provides emergency information to school personnel who will interact with the student including but not limited to classroom teacher(s), cafeteria personnel, club sponsors, coaches, and before/after school care givers.

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Level III Training: This includes all of Level I and Level II training as well as provides more in-depth training and hands-on training with epi-pen auto injector. The campus Emergency Response Team (ERT) will participate in this level of training as well as other personnel that the school nurse identifies as necessary, such as those employees trained for medication administration.

- More in-depth Level I information
- Identifying students at risk for anaphylaxis
- Planning for students who do not have epinephrine at school
- Development and implementation of FAEAP/IHP/504 plan(s)
- Communication procedures for initiating emergency protocols, including substitute staff.
- Environmental control factors including hand washing and cleaning procedures
- Working with EMS
- Post anaphylaxis debriefing

School Nurse should document Level III training on **Anaphylaxis/Food Allergy Level III/ Epinephrine Documentation** form and **Food Allergy Level 3 Sign In Sheet** and keep in Daily Medication Notebook.

5. In the event of an anaphylactic event, post exposure conference will be held on the campus. The school nurse, along with the campus administrator should coordinate.

The following will be addressed in the debriefing:

- Identification of the source of the allergen exposure
- Steps to prevent future exposure
- Review Food Allergy Emergency Action Plan (FAEAP)
- Interview of the student and witnesses regarding events leading up to incident
- Work with Child Nutrition if allergen was due to food served by the school
- Review FAEAP/IHP/504 plan(s)
- Replacement of epinephrine if used at school

6. In the rare event of a fatal reaction, the district's crisis plan will be activated.

## Severe Food Allergy - Responsibilities of Family & Student

In promoting a safe school environment for children with food allergies at-risk for anaphylaxis, students, parents, and school personnel should work as a team in identifying students at-risk for anaphylaxis, reducing the risk of exposure to food allergens and to react quickly should an exposure or allergic reaction occur.

### The responsibilities of the family include:

- Notifying the school of the student's allergies in accordance with TEC, Section 25.022. Accurate reporting during the online enrollment process is the preferred method of notification.
- Working with the School Nurse (RN) to develop and review the Food Allergy Emergency Action Plan (FAEAP) and Individualized Health Plan (IHP) as well as discuss accommodations the student will need throughout the school day, during school-sponsored activities, and on the school bus.
- Providing completed and signed BISD Medication Authorization form, Guidelines for Self-Administration of Asthma/Anaphylaxis Medication form (signed by physician), Allergen Free Zone form and Food Allergy Emergency Action Plan (signed by the physician) to the school nurse.
- Providing properly labeled medications and replace medications after use or upon expiration.
- Working with your child in the self-management of their food allergy including:
  - Safe and unsafe foods,
  - Strategies for avoiding exposure to unsafe foods,
  - Symptoms of allergic reactions,
  - How and when to tell and adult they may be having an allergy-related problem,
  - How to read food labels (age appropriate),
  - If age appropriate, the importance of carrying and administering their personal asthma and anaphylaxis medications as prescribed.
- Meeting with the school staff for post-exposure conference.
- Providing emergency contact information and *update when needed*.

The responsibilities of the family for before/after school childcare or other activities outside of the instruction day but held on the school campus include:

- Working with the after-school program providers that are not staffed by BISD employees to develop and review the FAEAP as well as discuss accommodations the student will need during the before/after school program.
- Completing appropriate medication authorization and health forms as requested by the vendor.

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- Providing properly labeled medications and replace medications after use or upon expiration.
- 504 accommodations do not apply to before/after school activities provided by an outside agency.

**The responsibilities of the student include:**

- No trading of food with others.
- Not eating anything with unknown ingredients or known to contain any allergen.
- Being proactive in the care and management of their food allergies and reactions (as developmentally appropriate).
- Immediately notifying an adult if they eat something, they believe may contain a food to which they are allergic.

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## Severe Food Allergy - Responsibilities of School Nurse (RN)

In promoting a safe school environment for children with food allergies at-risk for anaphylaxis, students, parents, and school personnel should work as a team in identifying students at-risk for anaphylaxis, reducing the risk of exposure to food allergens and to react quickly should an exposure or allergic reaction occur.

### Responsibilities of school nurse (RN):

- Review health conditions provided by parents during online enrollment and request appropriate documentation from parent.
- Review the BISD Parent Statement of Food Allergy Information.
- Work with parent/guardian and student in development of FAEAP and IHP.
- Ensure that required paperwork has been submitted.
- Document all information on electronic computerized record
- Ask BISD coaches/sponsors of before and after school sponsored activities for a list of students participating in the program(s).
- Notify Child Nutrition, Transportation, Teachers, BISD After-School Coaches/Sponsors of the enrollment of the student with a severe food allergy as applicable.
- Provide classroom teacher(s), Transportation and any other staff with a need to know with a copy of the FAEAP.
- Provide teacher with Food Allergy Notice for Parents to send home notifying parents that a student in their classroom has a severe food allergy and what their role is in keeping the class room environment safe.
- Ensure that medications are properly labeled and note expiration date on electronic health record.
- Encourage parent to keep extra epinephrine in the clinic if the student will be carrying the medication with them.
- Store medication in an accessible but unlocked cabinet in the case of an emergency.
- Provide Level I and Level II Food Allergy training as outlined in the Care of the Student with Food Allergies At-Risk for Anaphylaxis guidelines. Maintain documentation of Level II training on **Anaphylaxis/Food Allergy Level III/Epinephrine** Training form.
- Periodically assess staff readiness to administer epinephrine when needed.
- Ensure that a Level III staff member is trained to attend field trips and school sponsored activities. For students who are authorized to self-carry epinephrine auto-injectors, coordinate Level II Food Allergy training to bus drivers who have a student with food allergies who are at-risk for anaphylaxis on their route.
- Coordinate Post Exposure Conference, along with administrator

## **Severe Food Allergy - Responsibilities of Child Nutrition**

In promoting a safe school environment for children with food allergies at-risk for anaphylaxis, students, parents, and school personnel should work as a team in identifying students at-risk for anaphylaxis, reducing the risk of exposure to food allergens and to react quickly should an exposure or allergic reaction occur.

### Responsibilities of Child Nutrition:

- Review the legal protections for students with life-threatening allergies and ensure that students with severe food allergies that participate in the federally-funded school meal program are given safe food items as outlined by the physician's signed statement.
- After receiving notice from healthcare provider, make appropriate substitutions or modifications for meals served to students with food allergies.
- Read all food labels and recheck routinely for potential allergens.
- Train all child nutrition staff and substitutes to read food labels and recognize food allergies.
- Maintain contact information for manufacturers of food products (Consumer Hotline).
- Review and follow sound food handling practices to avoid cross-contact with potential food allergens.
- Follow cleaning and sanitation protocol to avoid cross-contact.
- Provide Level I training to all child nutrition personnel.
- Avoid use of latex gloves, use non-latex gloves.
- Provide advance copies of the menu to the parent/guardian of students with food allergy, and notification if menu changes. Consider how to provide specific ingredient lists to parents upon request.
- Be prepared to take emergency action for a student in the cafeteria in the event of an allergic reaction.
- Participate in Post Exposure Conference as applicable.

## Severe Food Allergy - Responsibilities of Classroom Teacher

In promoting a safe school environment for children with food allergies at-risk for anaphylaxis, students, parents, and school personnel should work as a team in identifying students at-risk for anaphylaxis, reducing the risk of exposure to food allergens and to react quickly should an exposure or allergic reaction occur.

### Classroom:

- Complete Level I and Level II Food Allergy training.
- Consider completing Level III Food Allergy training.
- Review the Food Allergy Emergency Action Plan (FAEAP) for your student.
- Develop a communication plan with the front office and/or school nurse.
- Keep accessible the FAEAP with a photo of the student is available
- Ensure that student teachers, aides, specialist and substitute teachers working with the student are informed of the student's food allergy and take necessary safeguards.
- Send home Food Allergy Notice for Parents (provided by nurse) notifying parents that a student in their classroom has a severe food allergy and what their role is in keeping the classroom environment safe.
- Leave FAEAP and any information in an organized, prominent and accessible format for the substitute teacher(s) and other appropriate staff.
- Be aware of how the student with food allergies is being treated; enforce school rules on bullying and threats.
- Work with the school nurse to educate other parents about the presence and needs of students with life-threatening food allergies in the classroom.
- Inform parents and school nurse of any of any school events where food will be served.
- Consider eliminating or limiting food in classrooms and other learning environments.
- Avoid isolating or stigmatizing a student with food allergies and adhere to the BISD policy on bullying.
- Ensure the FAEAP is followed when a student is suspected of having an allergic reaction. If the student is escorted to the clinic, the student should be escorted by an adult, if at all possible.
- Do not put a student on the bus if there are any signs or symptoms of an allergic reaction.

### Classroom Activities:

- Avoid use of allergen containing foods/substances for classroom activities (e.g., arts and crafts, counting, science projects, parties, holidays and celebrations, cooking or other projects).
- Welcome parental involvement in organizing planning class parties and special events. Consider non-food treats. Avoid foods that contain the allergen.
- Use non-food items such as stickers, pencils, etc. as rewards instead of food.

### Snack time/Lunchtime:

- Establish processes to ensure that the student with life-threatening food allergies eats only what she/he brings from home and/or is known to be safe.
- Encourage hand washing before and after snacks and lunch. *Alcohol-based hand sanitizers are NOT effective in removing allergens from hands.*
- Teach students the importance of not sharing or trading food.
- Encourage parents/guardians to send a box of "safe" snacks for their child.

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### **Field Trips:**

- Give the nurse at least TWO weeks' notice prior to field trips.
- Ensure the FAEAP and the student's epinephrine is taken on the field trip and all outings.
- Collaborate with parents of student with food allergies when planning field trips.
- Consider eating arrangements on field trips and plan for reduction of exposure to a student's life-threatening food allergy.
- Consider inviting parents of students at risk for anaphylaxis to accompany their child on school trips, and/or to act as a chaperone. However, the student's safety or attendance must not be a condition on the parent's presence on the trip.
- Ensure that 1 or 2 staff members on the field trip are trained in recognizing signs and symptoms of life-threatening allergic reactions and are trained by the school nurse to use an epi-pen.
- Consider ways to wash hands and encourage hand washing before and after eating (e.g. provision for hand wipes, etc.).

## **Severe Food Allergy - Responsibilities of Campus Administrator**

In promoting a safe school environment for children with food allergies at-risk for anaphylaxis, students, parents, and school personnel should work as a team in identifying students at-risk for anaphylaxis, reducing the risk of exposure to food allergens and to react quickly should an exposure or allergic reaction occur.

Responsibilities of campus administrator include:

- Ensure a process is in place for identifying students with food allergies who are at-risk for anaphylaxis.
- Ensure that designated staff complete Level I, Level II, and Level III Food Allergy training annually.
- Ensure that at least one Level III trained staff member attends field trips when a student with food allergies who are at-risk for anaphylaxis is participating the event.
- Ensure that a plan is in place to notify substitute teachers if they have a student with food allergies who are at-risk for anaphylaxis in their classroom.
- Ensure that a plan is in place to respond to exposure or allergic reactions when a school nurse is not available.
- Ensure that a plan is in place to designate a table(s) as “allergy free zone” in the cafeteria.
- Communicate the need for specific cafeteria environmental control measures to district Director of Operations and Distribution, as well as the campus custodian.
- Ensure that the classroom is designated an “allergy free classroom” if appropriate and the classroom teacher is aware of such restrictions.
- Limit use of food as rewards and manipulatives in classrooms.
- Coordinate Post Exposure Conference, along with School Nurse
- Assist parents in gaining access to nutritional information for outside food vendors, as applicable

## **Severe Food Allergy - Responsibilities of Transportation Department**

In promoting a safe school environment for children with food allergies at-risk for anaphylaxis, students, parents, and school personnel should work as a team in identifying students at-risk for anaphylaxis, reducing the risk of exposure to food allergens and to react quickly should an exposure or allergic reaction occur.

Responsibilities of the transportation department include:

- Provide Level I Food Allergy training to all bus drivers.
- For students who are authorized to self-carry epinephrine auto-injectors, coordinate Level II Food Allergy training to bus drivers who have a student with food allergies who are at-risk for anaphylaxis on their route.
- Obtain a copy of the FAEAP from the school nurse for students with food allergies who are at-risk for anaphylaxis who ride the bus,
- Provide appropriate bus drivers with FAEAP for students with food allergies who are at-risk for anaphylaxis who are on their routes.
- Maintain a policy of no consumption of food or drinks on the buses.
- Ensure that bus drivers know how to contact EMS in the event of an emergency.

## **Severe Food Allergy - Responsibilities of Coaches/Sponsors of Before and After School Sponsored Activities**

In promoting a safe school environment for children with food allergies at-risk for anaphylaxis, students, parents, and school personnel should work as a team in identifying students at-risk for anaphylaxis, reducing the risk of exposure to food allergens and to react quickly should an exposure or allergic reaction occur.

Responsibilities of coaches/sponsors include:

- Conduct the school sponsored activity in accordance with school policies and procedures regarding students with food allergies who are at-risk for anaphylaxis.
- Provide the school nurse with a list of students who are participating in the before and after school sponsored activity.
- Obtain a copy of the FAEAP from the school nurse for students with food allergies who are at-risk for anaphylaxis participating in the activity.
- Ensure all coaches/sponsors of the activity receive Level II Food Allergy training.
- Ensure all coaches/sponsors know if the student is self-carrying epinephrine and/or where the student(s) epinephrine is located on the campus.
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- Discourage trading or sharing of food and utensils.
- Promote and monitor good hand washing practices.
- Discourage the use of foods that are known allergens.

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## **Severe Food Allergy - Responsibilities of Custodial Staff**

In promoting a safe school environment for children with food allergies at-risk for anaphylaxis, students, parents, and school personnel should work as a team in identifying students at-risk for anaphylaxis, reducing the risk of exposure to food allergens and to react quickly should an exposure or allergic reaction occur.

Responsibilities of custodial staff include:

- Attend/participate in Level I Food Allergy training.
- Clean desks, tables, chairs, and other surfaces with special attention to designated areas for students with food allergies who are at-risk for anaphylaxis.
- Be aware that a 504 plan or IHP may require specialized cleaning of designated areas.

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**References:**

- Center for Disease Control and Prevention. (2012, January).
- Branum, A. L. (2008, October). *Unites States Department of Health and Human Services*. Retrieved from NCHS Data Brief Number 10.
- Branum, A. L. (2009). Food allergy among children in the United States. *Pediatrics*, 1549-1555. Food Allergy and Anaphylaxis Network. (2009). *Education: School Guidelines*. Retrieved June 18, 2011, from School Guidelines for Managing Students with Food Allergy: <http://www.foodallergy.org/page/food-allergy--anaphylaxis-network-guidelines>
- Food Allergy and Anaphylaxis Network. (2011). *School Guidelines for Managing Students with Food Allergies*. Retrieved June 2011, from Food Allergy and Anaphylaxis Network: <http://www.foodallergy.org/page/school-guidelines-for-managing-students-with-food-allergies>
- Food Allergy Initiative. (2011). *School Guidelines for Managing Students With Food Allergies*. Retrieved June 17, 2011, from Food Allergy Initiative: <http://www.faiusa.org/admin/document.doc?id=76>
- Greenhawt, M. (2011, July 25). *Helping families manage food allergies in school*. Retrieved from Medscape: [www.medscape.com/veiwarticle/746589\\_print](http://www.medscape.com/veiwarticle/746589_print)
- Gupta, R. S. (2011). The prevalence, severity, and distribution of childhood food allergy in the United States. *Pediatrics*, e9-e17.
- National Association of School Nurses. (2011). *Tools and Resources*. Retrieved August 2011, from Food Allergy and Anaphylaxis: <http://www.nasn.org/ToolsResources/FoodAllergyandAnaphylaxis>
- National Institute of Allergy and Infectious Disease. (2010, November). Retrieved from National Institute of Allergy and Infectious Disease: [www.niaid.nih.gov](http://www.niaid.nih.gov)
- Nowak-Wegrzyn, A. C.-W. (2001 Jul;155(7)). Food-allergic reactions in schools and pre- schools. *Archives of Pediatric and Adolescent Medicine*, 790-795.
- Sheetz, A. G. (2004 (74)5 ). Guidelines for managing life-threatening food allergies in Massachusetts schools. *Journal of School Health*, 155-160.
- Sicherer, S. ((78) 2011). Food allergy. *Mount Sanai Journal of Medicine*, 683-696. Sicherer, S. (2002). Food allergy. *Lancet* (360), 701-710.
- Sicherer, S. M. (2010). Clinical Report: Management of food allergy in the school setting. *Pediatrics*, 1232-1239.
- Sicherer, S. S. (2010). Food allergy. *Journal of Allergy and Clinical Immunology*, S116-S125.
- Texas Department of Agriculture. (2011, November). Accommodating children with special dietary needs. *USDA Child Nutrition Guidelines*. Austin, Texas : Texas Department of Agriculture.
- Texas Department of Agriculture. (2011). *Accommodating children with special dietary needs*. Austin: Texas Department of Agriculture.
- Texas Department of State Health Services. (2011, December). *The Texas Guide to School Health Programs*. Retrieved from Texas Department of State Health Services: <http://www.dshs.state.tx.us/schoolhealth/pgtoc.shtm>
- U. S. Food and Drug Administration. (2008). *Center for Safe and Applied Nutrition*. Retrieved from Food allergies: What you need to know: [www.cfsan.fda.gov/~dms/ffalrqn.html](http://www.cfsan.fda.gov/~dms/ffalrqn.html)