

Santa Rosa County School District

A Tradition Of Excellence

Food Allergies

Guidelines

2014-2015

(revised 7/11/14)

Executive Summary

Current federal and state laws do not require Florida school districts to adopt a student food allergy policy. Statewide guidelines for school district food allergy policies have not been published; however, many districts in Florida have adopted policies and procedures to address the needs of students with food allergies. These policies range from simple to comprehensive and adhere to the following existing federal and state laws and regulations:

Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act Amendment Act (ADAAA, 2008), and the Individuals with Disabilities Education Act of 2004 (IDEA 2004) state that a life-threatening food allergy is considered a “disability” and an Emergency Health Care Plan must be written to address the student’s needs in the school environment.

The ADA Amendments Act of 2008 (ADAAA) was enacted on September 25, 2008, and became effective on January 1, 2009. This law made a number of significant changes to the definition of “disability.” It also directed the U.S. Equal Employment Opportunity Commission (EEOC) to amend its ADA regulations to reflect the changes made by the ADAAA.

http://www.eeoc.gov/laws/regulations/ada_qa_final_rule.cfm

United States Department of Agriculture’s (USDA) regulation 7 CFR Part 15b, governing Child Nutrition Programs, requires School Food Service Departments to **provide meal substitutions or modifications for children whose disabilities restrict their diets, with written notification from the child’s physician.**

The School Health Services Program, s. 381.0056, F.S., mandates that basic school health services be provided to all students. This includes a **plan that addresses medical emergencies at schools.**

The 2005 Florida Legislature passed the Kelsey Ryan Act by amending s. 1002.20(3)(i), F.S., giving **students the right to self-administer epinephrine on school grounds**, and students with life-threatening food allergies are given prescriptions for an epinephrine auto-injector to self-administer in case of an emergency.

Allergy Management Policy

Santa Rosa County School District is committed to providing a safe and nurturing environment for students. The Santa Rosa School Board understands the increasing prevalence of life threatening allergies among school populations. Recognizing that the risk of accidental exposure to allergens can be reduced in the school setting, Santa Rosa County is committed to working in cooperation with parents, students, and physicians to minimize risks and provide a safe educational environment for all students. The focus of allergy management shall be on prevention, education, awareness, communication and emergency response.

The goals for allergy management include:

1. To define a formal process for identifying, managing, and ensuring continuity of care for students with life-threatening allergies across all transitions (PreK-12). This process shall be outlined in detail in the district's administrative procedures manual.
2. To maintain the health and protect the safety of children who have life-threatening allergies in ways that are developmentally appropriate, promote self-advocacy and competence in self-care and provide appropriate educational opportunities.
3. To ensure that interventions and individual health care plans for students with life- threatening allergies are based on medically accurate information and evidence-based practices.

In accordance with applicable law, it is the policy of the district to provide all students, through necessary accommodations where required, the opportunity to participate in all school programs and activities. Accordingly, the superintendent shall direct executive directors, district building administrators and staff, to act affirmatively and work closely with parents to assure that the needs of children with documented allergies are taken into consideration in planning for district programs. The district health services coordinator shall ensure the district's management plan is reviewed and updated annually.

Life Threatening Allergy Guidelines

BACKGROUND

Allergic food reactions can span a wide range of severity of symptoms. The most severe and potentially life threatening reaction is anaphylaxis. This protocol is to be used for students who are at risk for anaphylaxis and in circumstances where a previously undiagnosed life-threatening allergic response occurs. When a physician assesses that a child's food allergy will result in anaphylaxis, the child's condition meets the definition of "disability" and is covered under the Federal Americans with Disability Act (ADA), Section 504 of the Rehabilitation Act of 1973, if the allergy management affects the student's ability to make educational progress.

Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body, the most dangerous of which are breathing difficulties and a drop in blood pressure. Foods that most commonly cause anaphylaxis, a life threatening allergic reaction, are peanuts, tree nuts, shellfish, milk, wheat, soy, fish, and eggs. These severe allergic reactions can occur within minutes of ingestion or a reaction can be delayed for up to two hours. Some reactions are "biphasic" in nature with an initial period of symptoms, a symptom free period of 2-3 hours followed by severe shock-like symptoms. At present there is no cure for food allergies and strict avoidance is the key to preventing reactions. Exposure may occur by eating the food or food contact.

Under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADAAA, 2008), individuals with a disability shall not be denied the benefits of, or be subjected to discrimination, under any program or activity receiving federal financial assistance. Generally, all public schools receive federal funds through the School Nutrition Program and children with life-threatening food allergies are considered to have a disability.

The Individuals with Disabilities Education Act (IDEA) requires that every child receive a "free appropriate public education." If a child's disability affects his or her educational progress in schools, an Individual Education Plan (IEP) is written and it includes input from parents. In cases when a student's food allergy is severe enough to cause acute health problems that affect the student's educational performance, an Individual Education Plan may be an appropriate document to address a student's food allergy.

Florida school districts follow these procedures, in compliance with federal laws, to address the needs of students with life-threatening food allergies:

1. The school district determines whether students with life-threatening allergies should receive services under Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act (ADA), or the Individuals with Disabilities Education Act (IDEA).
2. If it is determined that the student is eligible for services under Section 504, the school staff develops a Section 504 plan to document the related aids and services the school district will provide, and an Emergency Health Care Plan (EHCP) is developed to address the student's life-threatening allergies.
3. If the district determines that the student should receive services under IDEA, the school staff documents the related aids and services needed in the student's IEP. Districts are given further guidance under Rule 6A-6.03028, F.A.C., in the development of IEPs.

MEDICATIONS

<http://www.santarosa.k12.fl.us/stuserv/health/2011-2012/Manual0324.pdf>

The most commonly prescribed medications for the treatment of anaphylaxis are:
Epinephrine – Brand names include, but are not limited to EpiPen®, EpiPen Jr®, Auvi-Q® autoinjectors. Parents usually bring epinephrine to school in the form of an EpiPen® (0.3 mg), EpiPen Jr® (0.15 mg) or Auvi-Q® (0.3 mg or 0.15 mg) auto injectors.

CARE PLAN CONSIDERATIONS/OPTIONS

There are a variety of student accommodation and care plans that are appropriate to use for students in our schools that experience health conditions that may impact a student's school day and academic program. The plans that are most often seen are:

Emergency Health Care Plan – a plan completed by the student's licensed physician or physician's designated licensed extender, i.e., a Nurse Practitioner or Physician's Assistant that is designed for use by both nursing and school personnel. It outlines the care that a student could need in an emergency situation and used as a guide to respond to a student who is experiencing a potentially critical situation.

Emergency Health Care Plan for Accommodations – A document developed by the nursing staff in collaboration with parents and the school team to identify reasonable medical accommodations for the child's needs throughout the school day.

Section 504 Plan- The intent of Section 504 of the Rehabilitation Act of 1973 is to provide students with disabilities equal access to educational programs, services, and activities. Students with disabilities may not be denied participation in school programs and activities solely on the basis of disability.

There are substantial differences across the country in legal interpretations and school district practices regarding Section 504, its definition of a qualified person with a disability, and the eligibility of students with life-threatening food allergies. Since the law provides that a team of knowledgeable persons must make eligibility determinations on a case-by-case basis, these guidelines cannot provide specific guidance on the eligibility question. Nevertheless, school districts have an obligation to provide reasonably safe environments for all students. Whether students with life-threatening food allergies are identified under Section 504 as disabled individuals or not, Santa Rosa County District Schools will provide these students with individualized health care plans to address their health and safety needs.

Definitions

Food Allergy: defined as an immune system response to a particular food or food ingredient or additive. In allergic individuals, the immune system identifies a food as a germ or antigen and produces antibodies (Immunoglobulin E or IgE), and this reaction stimulates the release of histamine and other chemicals.

Food Intolerance or Non-Allergic Food Hypersensitivity: defined as an abnormal physiological response to food that does not involve the immune system. Food intolerance reactions include pharmacologic, metabolic, and toxic responses to foods or food components. Examples of food intolerance are lactose intolerance, celiac disease, and phenylketonuria (PKU).

Responsibilities of the Parent/Guardian of a Student with Severe Anaphylactic Symptoms

Each parent/guardian of their child with a Life-Threatening Allergy shall have the following expectations:

1. Teach your child to:
 - a. Recognize the first symptoms of a food allergic/anaphylactic reaction.
 - b. Communicate with school staff as soon as he/she feels a reaction is starting.
 - c. Carry his/her personal epinephrine auto-injector when appropriate.
 - d. Not share snacks, lunches, drinks or utensils.
 - e. Understand the importance of hand washing before and after eating.
 - f. Report teasing and/or bullying that may relate to the child's disability.
2. Take responsibility for his/her own safety. As children get older, teach them to:
 - a. Encourage self-advocacy of the seriousness of the allergy to adults and peers.
 - b. Communicate symptoms as soon as they appear to the school nurse and teacher.
 - c. Encourage education on label reading and ingredient safety.
 - d. Administer his/her own epinephrine auto-injector and be able to train others in its use.
 - e. Develop awareness of their environments, including allergy-controlled zones and **to practice age appropriate behavior regarding health and safety.**
3. Inform the school nurse/health technician of your child's allergies prior to the opening of school (or as soon as possible after diagnosis). **All food allergies must be verified by documentation from Physician or physician's designated licensed extender (Nurse Practitioner (NP) or Physician Assistant (PA)).**
4. *Sign a **Mutual Exchange of Information Release** for school personnel to consult with family physician/allergist and all medical providers.*
Work with the school team collaboratively to develop the Emergency Health Plan for medical accommodations, in the classroom, in the cafeteria, in after-care programs, during school sponsored activities, and provide an **Emergency Health Care Plan**. Medical information from the child's treating physician must be provided as needed to write the Plans. (A licensed physician is defined as a doctor of medicine (MD) or a doctor of osteopathy (DO) is recognized.)
5. The **Plan should also promote increasing age-appropriate independence** (ages 8 -18) as the student grows and matures. In determining age-appropriate independence the student's level of autonomy and their ability to function autonomously is considered.
6. Complete and submit all required medication forms.
7. Provide the school with current cell phone, pager, etc and maintain updated emergency contact numbers and medical information.

8. Provide the school nurse/health technician with up-to-date emergency medications (including Epinephrine) so they can be placed in all required locations for the current school year. Medications will comply with the district medication policy of proper labeling and expiration. *(Provide replacement medications after use or upon expiration. Pick up medication at the end of every year.)*
9. To consider providing a medical alert bracelet for your child. Nationally accepted bracelets may be found at: Medic Alert, 1-800-432-5378 www.medicalalert.org
10. To complete appropriate forms requested by Transportation or other appropriate departments and/or programs.
11. Provide Epinephrine on field trips and go on your student's field trips if possible and if requested.
12. Provide a list of foods/ingredients to avoid.
13. To provide "safe snacks for your student's classroom so there is always something your child can choose from during an unplanned special event.
14. Encourage child to wash hands before and after handling food. Encourage child to identify the allergy controlled zone when eating and to utilize easy access to soap in or near classrooms.
15. Inform the school of any changes in the child's Life-threatening Food Allergy status.
16. Provide the school with the physician's statement if the student no longer has food allergies.

Responsibilities of the Student

Each student with a Life-Threatening Allergy shall have the following expectations:

1. To develop a relationship with the school nurse and/or another trusted adult in the school to assist in identifying issues related to the management of the food allergy in the school. (Trusted adults are people who respect your feelings will listen and help work out a solution to any problem you may have. Trusted adults will provide guidance and support).
2. Use proper hand washing before and after eating and throughout the school day
3. To avoid sharing or trading of foods or eating utensils with others.
4. Take responsibility for avoiding food allergens.
5. To not eat anything with unknown ingredients or known to contain any allergen.
6. To avoid putting anything in mouth such as writing utensils, fingers, or other foreign object.
7. To be proactive in the care and management of their food allergies and reactions based on their developmental level. Learn to recognize personal symptoms.
8. To notify an adult immediately if they eat something they believe may contain the food to which they are allergic.
9. To notify an adult if they are being picked on or threatened by other students as it relates to their food allergy.
10. To keep emergency epinephrine with the student, in the nurse's office or in the classroom. If the student is authorized to carry the emergency medication with them at all times, he/she will demonstrate responsibility of this practice by completing the skills checklist with the school nurse (found in the appendix within the Epinephrine Self-Administration Authorization packet for Anaphylaxis).
11. To develop an awareness of their environment and their allergy-controlled zones.
12. Should know the overall Emergency Health Care Plan and understand the responsibilities of the plan.
13. To develop greater independence to keep themselves safe from anaphylactic reactions.
14. Attend (if age appropriate) the Health Care Plan (Severe Allergy) and/or 504 Plan meetings so that self-advocacy and food allergy/intolerance knowledge will continue to increase with age.

Responsibilities of the Administrator

Santa Rosa County District School assigned Administrator/s shall attend Section 504 Plan Eligibility for students with a severe peanut/treenut allergy (SPTA) and ensure the following:

1. Follow all applicable federal laws, including ADA, 2008, Section 504, and FERPA, Family Educational Rights and Privacy Act as well as all state laws and district policies/guidelines that may apply. (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

2. To have available the appropriate allergy forms to the parent and explain that the required forms must be returned and approved by the school nurse prior to the child attending school.
3. Meet with parents and listen to their needs and concerns.
4. The district cannot guarantee a child's 100% safety from food allergen exposure but will ensure that the appropriate safety measures will be put into place to provide as safe an environment as possible.
5. The school will present the parents with The HIPAA Compliant Authorization for **Mutual Exchange of Information** for signature to provide needed communication between the supervising physician and school for effective implementation of the plan.
6. Establish a core team comprised of Parent, Principal, Teacher, Student, Nurse, Cafeteria Manager, and other personnel deemed necessary to make decisions about food allergies.
7. Create an emergency action plan for addressing life-threatening food based allergic reactions with the consulting school nurse, student's parent(s)/guardian(s), and physician.
8. Ensure district-wide mandatory in-service training and education on reducing life-threatening allergy risks, recognizing food allergy symptoms, and emergency procedures for appropriate staff to include, but not limited to the following topics:
 - A description/definition of severe allergies and a discussion of the most common foods causing allergic reactions.
 - The signs and symptoms of anaphylaxis.
 - The correct use of an Epinephrine.
 - Specific steps to follow in the event of an emergency.

In addition, parent/staff severe allergy educational meetings may be scheduled as medical personnel are available.

9. Reinforce a no-food and no-utensil trading /sharing best practice will be encouraged. A sign in each elementary school shall be posted informing students that they are expected to neither trade nor share food or utensils.

10. Ensure that the School Nurse in consultation with suggestions from students parent(s)/guardian(s) and the physician or designated licensed extender will prepare the Emergency Health Care Plan for medical accommodations.
11. Establish life-threatening allergy safe zones as needed in each school cafeteria including allergy safe zones. These zones will be designated by a universal symbol. These zones will be cleaned and sanitized as per district protocol (see Nutrition Services and Custodial Services Section).
12. Ensure the Emergency Health Care Plan for medical accommodations is available in the nurse's office/clinic and a student's homeroom at the elementary levels and in the nurse's office /clinic at the secondary schools.
13. Recommend that parents/guardians attach a photograph of their student with a Life-Threatening Food Allergy to their Emergency Health Plan for medical accommodations.
**When appropriate; student's photos will be placed in the kitchen only for kitchen staff to view as an extra protective measure. Pictures will be out of view of other students and carried out in accordance with patient confidentiality regulations.
14. When appropriate, students are allowed and encouraged to carry their Epinephrine on them, as allowed by the district's Administration of Medication Policy and Self-Administration Epinephrine Authorization Plan.
15. Ensure that information is in an organized, prominent and accessible format for a substitute teacher with the universal symbol displayed for ease of access. A bright colored label will be on the outside of sub folders (MEDICAL ALERT). The medical issue will be filled in specific to the student.
16. Instruct and reinforce with facilities personnel to develop cleaning protocol to ensure that the threat of allergens is minimized and has designated food allergen controlled zones.
17. Establish procedures to ensure letters to all parents of children assigned to a classroom where one of the students has been identified as having a Life-Threatening Allergy (K-5) and school-wide for secondary students. This will be carried out in accordance with patient confidentiality regulations.
18. The school's emergency protocol on Life-Threatening Allergies will be posted in appropriate locations, i.e. nurse office/clinic, main office and other areas as designated by the building principal.
19. Notify staff of the locations of Epinephrine's in the school.
20. A contingency plan will be in place using designated building staff and understood by all staff and students in the event the nurse is not in the office or in the building. Staff will call 911 in all instances of Epinephrine administration.
21. Create/review/update district policies and procedures/training on a periodic basis to ensure students' needs are being met.

Responsibilities of the School Health Professionals

The school nurse is the primary coordinator of each student's life-threatening allergy plan. Each school nurse &/or health technician will have the following responsibilities:

1. Meet with parent/guardian(s) of a student with a Life-Threatening Allergy to develop an Emergency Health Care Plan for Accommodations for the student, which may include the use of MEDIC-ALERT bracelets and other methods of identification for students with Life-Threatening Allergies.
2. Maintain updated Emergency Health Care Plan for Accommodations in the nurse's office/ clinic, in the classroom when appropriate, and with Epinephrine's that are carried by identified students. The emergency action plans will also travel with the Epinephrine's on school sponsored field trips.
3. Assist the administrator in providing information about students with Life-Threatening Allergies to staff where there is a need-to-know basis.
4. In conjunction with the administrator, provide yearly professional development-training and education for staff regarding Life-Threatening Allergies, symptoms, risk reduction procedures and emergency procedures including demonstration on how to use the Epinephrine.
The school health technician and/or school nurse shall retain documentation of those personnel who have received training on a yearly basis.
5. Facilitate Emergency Health Care Plans for students with health issues that require emergency action from the school personnel in the absence of a school nurse or health care provider on campus.
6. Familiarize teachers/substitutes with the Emergency Health Care Plan for medical accommodations of their students and any other staff member who has contact with student on need-to-know basis.
7. Educate with parents the appropriate locations for storing the Epinephrine and the possibility of receiving more than one Epinephrine as necessary. Locations for storage will follow the manufacturer's guidelines for avoidance of light and extreme temperatures.
8. Inform the school administrator and parent/guardian if any student experiences an allergic reaction that has not been previously diagnosed.

Responsibilities of the Teachers

Each teacher shall have the following responsibilities:

1. Knowledge of the signs and symptoms of severe allergic reaction as provided in the student's health care plan, and is aware of and implement the emergency plan if a reaction is suspected.
2. Review the Emergency Health Care Plans for medical accommodations in a setting with the nurse/health technician and parent(s)/guardian(s) of any student/s in your classroom with life-threatening allergies along with relevant staff members.
3. Participate in professional development training about students with life-threatening allergies including demonstration on how to use the Epinephrine.
4. Participate in the planning of a student's re-entry into school after an anaphylactic reaction.
5. Notify parents by written communication of any school related activity that requires the use of food in advance of the project or activity. (Learning activities will be controlled as much as possible) Limit use of food for instructional lessons.
6. Collaborate with administration, nurse/health technician, and parents to send out letters to all parent(s)/guardian(s) of students in a class with an individual with a Life-Threatening Allergy announcing potential classroom food/snack limitations.
7. Reinforce appropriate classroom hygiene practices/hand washing before and after eating.
8. Visually assess classroom/activity environment for potential risks, food residue. Use separate wash buckets and cloths with district-approved cleaning agents solely for the cleaning of food allergen controlled zones.
9. Respond immediately to reports of students being teased or bullied about their food allergies.
10. Follow Emergency Health Care Plan and call 911 when life-threatening allergy related symptoms occur.

Responsibilities of the Food Services

The food services department shall:

1. Provide in-service to nutritional service employees regarding safe food handling practices to avoid cross contamination with potential food allergens.
2. Food service employees will wear non-latex gloves. Gloved hands will be washed or changed during extended use to avoid cross contamination with potential food allergens.
3. Maintain a list of students with food allergies within the food service area with a photo (not for public viewing) of the student wherever possible.
4. Maintain knowledge of which food products contain allergens.
5. Provide food allergen controlled zones at schools where students with applicable food allergies are identified with universal symbol.
6. Participate in professional development training for students with life-threatening allergies including demonstration of Epinephrine use.
7. With parental approval, set up reasonable procedures for cafeteria regarding food allergic students, including entering student's allergy into computerized database. Information will remain confidential and shared on a need-to-know basis in compliance with federal privacy regulations.
8. USDA regulation 7CFR (Code of Federal Regulations) Part 15b require substitutions or modifications in school meals for children whose disabilities restrict their diets. A Child with a disability must be provided substitution in foods when that need is supported by a statement signed by a licensed physician. The physician statement must identify:
 - The child's disability
 - An explanation of why the disability restricts the child's diet
 - The major life activity affected by the disability
 - The food or foods to be omitted from the child's diet, and the food or choice of foods that must be substituted.
9. FSO, Food Service Office will be responsible for reviewing food content labels and will provide access to school menu for preview.
10. Respond appropriately to all complaints/concerns from any student with a life-threatening allergy, including allowing student to see school nurse if complaining of any potential symptoms. A response to complaints/concerns would also include any type of hazing or inappropriate behavior on the part of other students.

Responsibilities of Ancillary School-Based Services

RESPONSIBILITIES OF CUSTODIAL SERVICES

The custodial service department shall under the direction of the Building Administrator:

1. Use FAAN Cleaning Procedures: separate wash buckets and cloths with district-approved cleaning agents solely for the cleaning of food allergen controlled zones.
2. Receive training on maintaining food allergen controlled zones.
 - Always wash, rinse, and sanitize all food contact surfaces as specified in three steps
 - Use three separate cleaning cloths with each cleaning along with three separate buckets.
3. Participate in training for students with life-threatening allergies including demonstration of Epinephrine use.

RESPONSIBILITIES OF THE TRANSPORTATION DEPARTMENT

All school bus drivers shall be informed when he/she is transporting a child with a Life-Threatening Allergy. The school bus drivers shall:

1. The transportation department maintains health concern files separately from those maintained at each school. When a student is added to a bus route, a transportation health concern form is mailed home to the parent(s)/guardian(s). It is the parent(s)/guardian(s) responsibility to communicate health concerns such as a life-threatening allergy directly to the transportation department by returning the completed form (see Transportation Section).
2. Have functioning emergency communication devices (e.g., cell phones, two-way radios, etc.) on each bus.
3. Implement procedures listed on the students' Health Care Plan that pertains to the time the student is located.
4. Maintain and reinforce policy of no food eating on the bus except for those medically documented needs, i.e., diabetics. In cases of medically documented needs, those students must bring allergen safe foods for eating on the bus.
5. Students with life-threatening allergies should sit in the identifiable food allergen controlled zone, immediately behind and to the right side of the bus driver when transporting to/from school.
6. Bus drivers will not hand out food treats even on special occasions.
7. Provide all students using district transportation with the transportation health concerns form and maintain a list of students with identified health concerns including anaphylactic risk.
8. Participate in training for students with life-threatening allergies including demonstration of how to use the Epinephrine.

RESPONSIBILITIES OF PERSONS IN CHARGE OF CONDUCTING AFTER-SCHOOL ACTIVITIES

Person(s) in charge of extracurricular programs shall have the following responsibilities:

1. The Emergency Health Care Plan will be available for parents to copy and give to others who assume responsibility for their child. Personnel may include:
 - a. Before or after school activity instructors
 - b. Coaches
 - c. Kids Zone/Child Care
 - d. Overnight tournament sponsors or district chaperones
 - e. Clubs, programs, or sports will maintain a list of students with severe life-threatening allergies. These individual programs will be responsible for obtaining this information from parent(s)/guardian(s).
2. District employees will participate in in-service training about students with life-threatening allergies including demonstration of Epinephrine use at least annually. The training will be documented and kept on file.

RESPONSIBILITIES DURING RECESS AND PHYSICAL EDUCATION CLASSES

During recess and physical education classes for a student with a Life-Threatening Allergy, the school shall have the following responsibilities:

1. Children will be under the supervision of at least one adult. Epinephrine Packet will be taken outside if specified in the child's Emergency Health Care Plan/Emergency Health Plan for medical accommodations. The epinephrine will be carried by a designated district employee or by the student with a completed Epinephrine Self-Administration Packet for Anaphylaxis.
2. Emergency communication device (walkie-talkie, cell phone) will be accessible and functional.

RESPONSIBILITIES ON FIELD TRIPS

The school shall have the following responsibilities when a student with Life-Threatening Food Allergy attends field trips:

1. On field trips consideration given for avoiding food allergen exposure, and parental attendance is encouraged.
2. Meals of children with food allergies should be stored separately to minimize cross contamination.
3. Professional development trained district employee such as the classroom teacher will accompany the class on the field trip and will maintain each applicable student's Epinephrine and will follow the child's Allergy Action Plan/EHCP.
4. Copies of student's Emergency Health Care Plan will be carried on all field trips.
5. Staff will call 911 in all instances of Epinephrine use. Parent(s)/Legal Guardian(s) will be notified.

Sample Parent Letter Form Elementary

(This is a sample that can be modified and placed on building letterhead)

Dear Parents,

We would like to make you aware that one of your child's classmates has been diagnosed with a serious peanut/food allergy. Even though we have many children in our school with the same type of allergy, some children have the potential to suffer a severe medical reaction as a result of any exposure to peanuts or peanut bi-products. This reaction includes the inhalation of peanut products or products produced in factories that utilize peanut oil.

Because a child with a serious peanut allergy can suffer a potential life threatening reaction by ingesting trace amounts or simply touching a peanut-containing food, multiple staff members have been trained to use epinephrine injectors. There are no cures for food allergies, so strictly avoiding the allergy-causing food is the safest plan.

The safety of all of our children is paramount to everyone at (school's name.)

Please help us by adhering to the following food allergy safety guidelines:

- Please do not send any homemade snack items to school with your child without prior school approval.
- Check the label of all snacks items to ensure it doesn't contain peanuts or peanut bi-products. The federal [Food Allergen Labeling and Consumer Protection Act \(FALCPA\)](#) requires that all packaged food products sold in the U.S. that contain peanuts as an ingredient must list the word "Peanut" on the label.
- If your child attends an after school daycare that requires you to send a daily snack with your child, please pack it in a part of their backpack that isn't exposed to their folder and paperwork that goes to and from school. If at all possible, try to avoid peanut products.
- Parties are a special time for children, but can be difficult for the food-allergic child. Please make sure all items are turned in to the front office in the original container with the ingredient label still attached. We will review the ingredients and make sure the items are appropriate for the classroom. We will then deliver the goodies to the classroom.
- If your child has eaten foods with peanuts or peanut butter for breakfast, please make sure that his/her hands are washed with both soap and water before leaving for school.
- If you each lunch with your child at school, please require them to wash their hands before reuniting with their classmates. This will help ensure traces of peanuts and peanut products are cleaned off prior to entering the classroom.
- The classroom tables will be washed on a daily basis by the cleaning staff with a cleaner, especially designed to eliminate oils and bi-products. This should also help all students with staying healthy and avoiding germs and bacteria.

Please carefully consider the special event treats such as Halloween or Valentine candies you choose for class distribution, as you will be amazed which items contain peanuts or are processed in a factory with nut products or were processed in a facility that also manufactures food containing common food allergens.

Thank you for your assistance with this matter. We want to ensure that EVERY student is safe and well provided for.

Remember, the safest way to reduce peanut allergy risks in the classroom is to take the time to read ingredient labels carefully.

Thank you for your support and cooperation.

Sincerely,

Principal

Health Care Professional Name and Title/Credentials

Sample Parent Letter Form Middle/High School

(This is a sample that can be modified and placed on building letterhead)

Dear Parents,

This year our school has several students diagnosed with a **SERIOUS** peanut/food allergy. It is our continued effort to provide a safe and healthy environment for all students. Because a child with a serious peanut allergy can suffer a potential life threatening reaction by ingesting trace amounts or simply touching a peanut-containing food, we are asking that you follow the guideline listed below.

Suggested Guidelines:

- Please do not send any homemade snack items to school with your child without prior school approval.
- Check the label of all snack/food items sent to school to ensure it doesn't contain peanuts or peanut bi-products. The federal **Food Allergen Labeling and Consumer Protection Act (FALCPA)** requires that all packaged food products sold in the U.S. that contain peanuts as an ingredient must list the word "Peanut" on the label. **This would include food items sent for parties and school/class celebrations.**
- If your child attends an after school program or event and wants to bring a snack, please pack it in a part of their backpack that isn't exposed to their folder and paperwork that goes to and from school. If at all possible, try to avoid peanut products.
- If your child has eaten foods with peanuts or peanut butter for breakfast, please make sure that his/her hands are washed with both soap and water before leaving for school.
- Our cafeteria has designed "Peanut Free" tables. Any student may sit at those tables provided they are not eating items that contain peanuts, peanut bi-products, tree nuts or items manufactured in factory that uses peanut oils.
- Encourage your child to wash their hands after lunch prior to entering their next class.

As a school we have reviewed and will continue to review our policies and procedures in an attempt to limit exposure to allergens. This should help promote a healthier environment for all our students, staff, parents and community members. If you have any comments or suggestions, please contact the school.

Remember, the safest way to reduce peanut/food allergy risks in the classroom is to take the time to read ingredient labels carefully.

Thank you for your support and cooperation.

Sincerely,

Principal

Health Care Professional Name and Title/Credentials

Sample Food Allergy and Epinephrine Training In-Service Form

Date: _____

Name (Print): _____ Bldg: _____

- ✓ *I have received information regarding food allergies, signs, and symptoms of an allergic reaction and possible allergy triggers.
- ✓ *I have received a list of safe foods/allergy-controlled foods and understand it is my responsibility to check all foods/ingredients prior to classroom consumption.
- ✓ *I have received information on how to clean possible contaminated surfaces.
- ✓ *I have demonstrated how to administer an Epinephrine.

Signature: _____

Date: _____

Principal Signature: _____

Date: _____

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Emergency Health Care Plan

Student's

Name: _____ D.O. B. _____ Teacher: _____



ALLERGY TO: _____

Asthmatic Yes* No *Higher risk for severe reaction

STEP 1: TREATMENT

Symptoms:

If a food allergen has been ingested, but no symptoms:

- Mouth Itching, Tingling, or swelling of lips, tongue, mouth
- Skin Hives, itchy rash, swelling of the face or extremities
- Gut Nausea, abdominal cramps, vomiting, diarrhea
- Throat Tightening of throat, hoarseness, hacking cough
- Lung Shortness of breath, repetitive coughing, wheezing
- Heart Thready pulse, low blood pressure, fainting, pale, blueness
- Other _____

Give Checked Medication**

** (To be determined by physician authorizing treatment)

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |

If reaction is progressing (several of the above areas affected), give The severity of symptoms can quickly change Potentially life-threatening

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen EpiPen Jr. Twinject 0.3 mg Twinject 0.15mg

Antihistamine: give _____
Medication/dose/route

Other: give: _____
Medication/dose/route

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

STEP 2: EMERGENCY CALLS

1. Call 911 (or Rescue Squad: _____). State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. _____ Phone Number: _____ at _____

3. Parents _____ Phone Number(s) _____

4. Emergency contacts: Phone Number (s)
Name/Relationship

a. _____ 1.) _____ 2.) _____

b. _____ 1.) _____ 2.) _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian Signature: _____ Date _____

Doctor's Signature: _____ Date _____

(Required)

Trained Staff Members

1. _____
Printed name

2. _____
Printed name

3. _____
Printed name

4. _____
Printed name

Signature

Signature

Signature

Signature

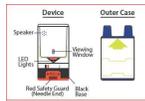
Auvi-Q®

Automated Voice Instructions

Auvi-Q® contains an electronic voice instruction system to help guide you through each step of your injection. If the voice instructions do not work for any reason, use Auvi-Q® as instructed in these Instructions for Use. It will still work during an allergic reaction emergency.

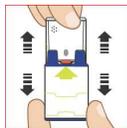
How to use your Auvi-Q®

Figure A



1. Pull Auvi-Q® from the outer case. See Figure B. Do not go to step 2 until you are ready to use Auvi-Q®. If you are not ready to use Auvi-Q®, put it back in the outer case.

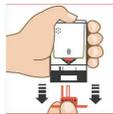
Figure B.



2. Pull off Red safety guard. See Figure C. To reduce the chance of an accidental injection, do not touch the black base of the auto-injector, which is where the needle comes out. If an accidental injection happens, get medical help right away.

Note: The red safety guard is made to fit tight. **Pull firmly to remove.**

Figure C.



3. Place black end of Auvi-Q® against the middle of the outer thigh (through clothing, if needed), then press firmly, and hold in place for 5 seconds. See Figure D.

Only inject into the middle of the outer thigh. **Do not** inject into any other part of the body.

Note: Auvi-Q® makes a distinct sound (click and hiss) when you press it against your outer thigh. This is normal and indicates Auvi-Q® is working correctly. Do not pull Auvi-Q® away from your leg when you hear the click and hiss sound.

EpiPen®

Remove the EpiPen® Auto-Injector from the carrier tube and follow these 2 simple steps:



Hold firmly with orange tip pointing downward. Remove blue safety cap by pulling straight up. **Do not bend or twist.**



Swing and push orange tip firmly into mid-outer thigh until you hear a “click.”

Hold on thigh for several seconds.



Built-in needle protection

When EpiPen® is removed; the orange needle cover automatically extends to cover the injection needle, ensuring the needle is never exposed

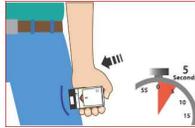
After using EpiPen®, you must seek immediate medical attention or go to the emergency room. For the next 48 hours, you must stay close to a healthcare facility or be able to call 911

This Patient Information has been approved by the U.S. Food and Drug Administration.

Revised February/2014

Auvi-Q®
Instructions continued

Figure D.



4. After using Auvi-Q®, get emergency medical help right away. Replace the outer case and talk to your healthcare provider about the right way to throw away your Auvi-Q®. Ask your healthcare provider for an Auvi-Q® prescription refill. After the use of Auvi-Q®:

- The black base will lock into place.
- The voice instruction system will say Auvi-Q® has been used and the lights will blink red.
- The red safety guard cannot be replaced.
- The viewing window will no longer be clear.
- It is normal for some medicine to remain in your Auvi-Q® after you have received your dose of medicine.
- Talk to your healthcare provider about the right way to throw away your Auvi-Q®.
- Auvi-Q® is a single-use injectable device. Once Auvi-Q® has been used; any medicine that remains in the auto-injector cannot be reused.

Until you throw away your used Auvi-Q®, the electronic voice instruction system will remind you that it has been used when the outer case is removed.

This Patient Information has been approved by the U.S. Food and Drug Administration.

Rev February/2014

Once EpiPen® or Auvi-Q® has been used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.

***Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.*

Sample Transportation Form

(This is a sample that can be modified and placed on building/district letterhead)

Date: _____

To: Parents/Guardians
From: Director of Transportation
Director of Nutritional Services

There are students in The Santa Rosa County School District who have severe life-threatening allergies. If these children are exposed to any peanut, nut products, or designated food allergen it could be life threatening. We are working on educating all staff, children and families about ways to reduce the risks to these children.

We are informing you so that you will help us to provide a safe environment on the bus.

Washing hands and faces, particularly if peanut or nut products have been eaten for breakfast, will help ensure a safe bus ride for these students. Peanut and nut oils can remain on the hands and face and need to be washed off well with soap and water.

There will be absolutely NO EATING on the school buses to and from school each day. For your information, we have set up "allergy-controlled" zones in the school cafeterias where this is necessary.

Only children who do not have nut products or designated food allergens in their lunch may sit in the "allergy-controlled" zone.

If you have any transportation questions please feel free to call _____. For questions regarding the cafeteria please call _____.

You may also call the school nurse at your child's school to discuss any of your questions or concerns.

Thank you for your help and support in keeping our schools and buses healthy and a safe environment for all of us.

Sample Substitute Awareness Form

Notice to All Substitutes

*****IMPORTANT*****

Our building has several students who have severe, LIFE-THREATENING food allergies. For these students, eating or touching any nuts or products containing nuts or other food allergens such as dairy or shellfish could result in a potentially fatal allergic reaction.

As you begin today, immediately check with the office professionals or person to who you report to learn about life-threatening allergies or students with other health concerns with whom you will work. If you are a substitute, check the appropriate sub folder for further information.

All health information is CONFIDENTIAL.

Our staff is trained in how to respond to students with food allergies in the event of an accidental exposure, but prevention is the most important action we can all take.

To help reduce the risk of exposure for students with severe allergies, please:

1. Wash your hands after eating or touching any foods.
2. Do not eat or bring any food items into classrooms or specials classrooms without first checking with the teacher of that room.
3. Observe the signs posted outside ALL rooms or areas that indicate that no nuts or other allergens are allowed in those areas.
4. Do not offer food to any student.
5. Children should not engage in sharing of food.
6. Do not let students take food out to the playground.

Thank you for your cooperation in this important matter. I have read the above and my signature below indicates my understanding of Life-Threatening allergies may pose for some students. I will not offer food to students or engage in activities that may be perceived as sharing food with students.

SignatureDate

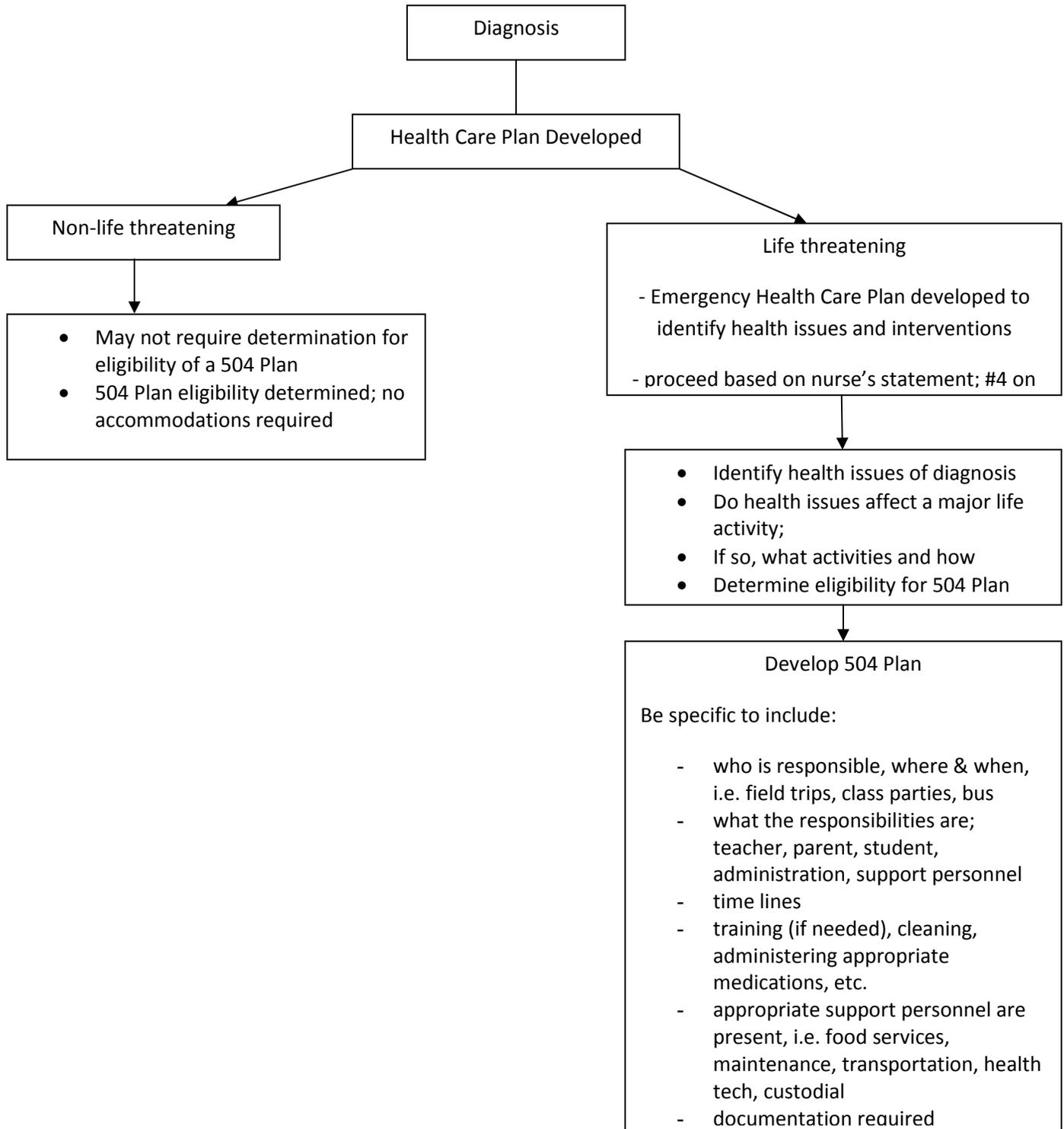
Questions?

Contact school nurse/health technician: _____
 Phone #: _____

Tips for Developing a Section 504 Plan

With an

Emergency Health Care Plan



SRCS Life Threatening Food Allergens Procedural Checklist

Student/School	Grade:
Person/Title Completing:	Date:

***Life threatening food allergy** means that there is a serious type of allergic reaction called “anaphylaxis”. Left untreated or undertreated, anaphylaxis can result in death.*

Enter Dates of Completion and initials in the boxes provided & maintain binder of documentation:

_____ Parent or Guardian informed school staff. (pg. 7, #3)

_____ Parent/Guardian’s signature obtained on Consent for Mutual Exchange of Information Release form. (pg. 7, #4)

_____ Completed Medical Document received. (pg. 7, #3)

_____ Designee initiated Chronological History of Communication/Events documentation form. (pgs. 10, #1,2)

_____ Designee created a Documentation Binder for the specified student.

_____ Designee scheduled Impact Pre- 504 Meeting. (pg. 2)

_____ Provide agenda and follow-up of meeting minutes to establish the roles, responsibilities, and protocol. (pg. 10, #5)

_____ Designee scheduled 2nd Impact Pre- 504 Meeting if needed.

_____ Designee scheduled mutually agreed upon Emergency Health Care Plan (EHCP) & Section 504 meeting/s with Administrator, food service, Nurse, Nurse Tech., custodial staff, Transportation, teachers, parent/s and student as appropriate. (pg. 11, #'s 9,10,11, 23)

_____ Designee conducted meeting to create &/or review EHCP. (pg. 11, #20)

_____ Designee conducted Section 504 meeting. (pg.2)

_____ Designee distributed copies of EHCP & Section 504 Plans to appropriate staff and parents.

_____ Designee obtained adequate supply of medication from parent & established storage locations, notifying all appropriate staff of their location.

_____ Administrator designated at least three staff members responsible for administering emergency medication as needed

Administrator coordinated and scheduled **trainings before school begins** (Documentation of topic covered, date, & sign in sheets):

_____ Food Allergy Basics with all staff (pgs. 3-6)

SRCS Life Threatening Food Allergens Procedural Checklist; cont.

_____ Food Emergency Health Care Plan (pg. 5)

_____ Epineprine Administration with appropriate staff (pg. 20)

Administrator coordinated and scheduled **review trainings on a regular basis**. (Documentation of topic covered, date, & sign in sheets): (Twice per year – prior to start of school; following winter break)

_____ Food Allergy Basics with all staff (pgs. 3-6)

_____ Food Emergency Health Care Plan (pg. 5)

_____ Epineprine Administration with appropriate staff (pg. 20)

_____ Administrator notified parents and students about the school wide food policy changes upon school starting. Designee will follow-up with new students.

_____ Administrator informed students of policy regarding harassment situations. (Bullying) (pg.13, #9)

_____ Administrator conducted an emergency treatment practice drill.

Sample SRCS District's Documentation Forms:

*From *The School Food Allergy Program Comprehensive Guide*, published by FAAN, Food Allergy & Anaphylaxis Network, revised 2010. www.foodallergy.org

Consent for Mutual Exchange of Information Release form
Medical Document
Chronological History of Communication/Events
Documentation Binder format
Impact Pre- 504 Meeting Agenda
Training Plan for All Staff- WBMS
Safety Procedures for Accidental Exposure/Reaction- WBMS
Notification Letter to Parents, Food Allergy Policy- WBMS
Substitute Notification Procedures- WBMS
Training Agenda-WBMS
Protocol for "Brought Lunches"- WBMS
Field Trip Procedures- WBMS
Epinephrine Location Notification

*Sample Letter to Parent to request medical information

*Food Emergency Health Care Plan & Epinephrine Administration

Handouts for Distribution:

**Five Things Teachers Should Know About Managing Students with Life Threatening Food Allergies* 5-9

*Be a Pal flyer- *How to Protect the Lives of Friends Who Have Food Allergies*

<http://www.foodallergy.org/document.doc?id=118>



5 Things Teachers Should Know About Managing Students with Life-Threatening Food Allergies

1) *Always take food allergies seriously.*

- ❖ Food allergy is a potentially life-threatening condition for which there is no cure.
- ❖ Strict avoidance of the offending allergen is the only way to prevent a reaction.
- ❖ Food allergy can cause anaphylaxis, a life-threatening allergic reaction that can be fatal if not treated quickly.
- ❖ Every bite matters!

2) *As a teacher, you can help reduce the risk of an allergic reaction.*

- ❖ Use non-food items, or limit the use of allergen-containing foods, in classroom activities, lesson plans, parties and celebrations.
- ❖ Prohibit students from sharing or trading food.
- ❖ Incorporate special seating arrangements such as an allergen-safe table or zone.
- ❖ Require students to wash their hands or use wet wipes when they enter the classroom in the morning and again after eating lunch. Hand sanitizer does NOT remove allergens.
- ❖ Wipe down surfaces (tabletops, chairs, etc.) with cleaning agents that remove allergens after allergen-containing foods have been used or consumed.

3) *Talk with your school nurse about responding to a potential anaphylactic emergency.*

- ❖ All school personnel who come into contact with a food-allergic student throughout the day (substitute teachers, cafeteria staff, bus drivers) should have a copy of the student's Food Emergency Health Care Plan (FAAP) in their area, and should be trained and educated on how to recognize the signs of a potential reaction, and to administer epinephrine.
- ❖ Discuss with the nurse how a child might describe an allergic reaction.
- ❖ Discuss with the nurse the location of the student's prescribed epinephrine auto-injector(s) during the school day, and who is authorized to administer the epinephrine, which can be any school personnel.
- ❖ Most states, including Texas, have laws that allow a student, with appropriate consent, to carry his or her prescribed epinephrine at school.

4) *Meet with the child's parent(s).*

- ❖ Assure them that you understand the severity of food allergy, you have been trained and educated on how to recognize a potential allergic reaction and how to administer epinephrine, and that you will keep a copy of the child's FAAP in your area.
- ❖ Assure them that you will report any bullying/teasing due to food allergy to appropriate school personnel.

5) *Foster an environment of inclusion and equality among your students.*

- ❖ Incorporate food allergy, along with other chronic health conditions such as asthma and diabetes, into your classroom curriculum.

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- ❖ Help assure that students with food allergy never feel isolated or excluded from classroom activities.
For additional resources, visit www.foodallergy.org