

# RIVER RIDGE CUSD #210

## FOOD ALLERGY MANAGEMENT PROGRAM PLAN

School attendance may increase a student's risk of exposure to allergens that could trigger a food-allergic reaction. A food allergy is an adverse reaction to a food protein mediated by the immune system which immediately reacts causing the release of histamine and other inflammatory chemicals and mediators. While it is not possible for the District to completely eliminate the risks of exposure to allergens when a student is at school, a Food Allergy Management Program using a cooperative effort among students' families, staff members and students helps the District reduce these risks and provide accommodations and proper treatment for allergic reactions. (Policy 7:285)

The goals established in the School Code for a Food Allergy Management Program are as follows:

1. Identify students with food allergies.
2. Prevent exposure to known allergens.
3. Promptly recognizing allergic reactions and subsequent treatment.
4. Food allergy education to staff including use of an auto-injector.
5. Educate children and family members about food allergies.

## **1. Identify Students with Food Allergies**

During the student registration process, whether it is an initial enrollee or a transfer student, the Allergy Health History Form (Appendix A) will be used to identify student food allergies. The school nurse will interview the parent or guardian regarding this allergy and communicate it to the dietary staff, teachers of the student and appropriate others in contact with the student. (See Appendix A: Allergy Health History Form/Anaphylaxis Emergency Action Plan Form)

The school nurse will work with the parents to obtain directly from the child's healthcare provider the medical information necessary to develop plans for managing this allergy. The USDA requires a doctor's statement that a child has a food allergy before food service staff can make meal accommodations. Included with this information should be a completed "Emergency Care Plan" as outlined in Section 3, that provides for the collection of food allergy information and individual prescribed recommendations signed by the student's health care provider.

## **2. Prevent Exposure to Known Allergens**

A copy of the Emergency Care Plan should be distributed to all staff in direct contact with the individual student who has the allergy. Awareness of the allergy and the signs and symptoms of the reaction can be further discussed with the school nurse as necessary. Accommodations for the substitute and acceptable food alternatives for the individual student can be identified. (See Appendix A: Allergy Health History Form/Anaphylaxis Emergency Action Plan Form)

## **3. Allergic Reactions and Treatment**

Comprehensive food allergy emergency planning includes prevention, preparedness, response and recovery.

- a. Prevention (see Section 2)
- b. Preparedness

Communication devices should be readily available in each area of the school to readily communicate an emergency. This can be simply a cell phone to use to call 911 if appropriate or for the less severe cases calling the school nurse.

- c. Response

Epinephrine auto-injectors should be readily and easily available to the staff. If a student has had a known anaphylactic reaction, it is the parent's responsibility to provide at least one epinephrine auto-injector, prescribed by a doctor. The school nurse should make sure these devices are readily available and not out-dated.

Delays in using epinephrine have resulted in fatal reactions, and therefore, trained staff should give epinephrine immediately if anaphylaxis is suspected.

Whenever an epinephrine auto-injector is used, emergency medical services must be activated (911) and the student transported to the nearest emergency department.

#### **4. Staff Food Allergy Education**

The school nurse once per year will provide training to all staff to increase their knowledge of food allergies and how to respond to food allergy emergencies. Training should include how to reduce the risk of an allergic reaction, response for allergic reactions and support for the student affected.

### **Provide General Training on Food Allergies for all Staff**

Any staff member who might interact with children with food allergies or be asked to help respond to a food allergy emergency should be trained. Examples include administrators, nutrition and food service staff (including contract staff), classroom and specialty teachers, athletic coaches, school counselors, bus drivers, custodial and maintenance staff, therapists, paraeducators, special education service providers, librarians and media specialists, security staff, substitute teachers and volunteers such as playground monitors and field trip chaperones. General training content should include the following:

- School or ECE program policies and practices.
- An overview of food allergies.
- Definitions of key terms, including *food allergy*, *major allergens*, *epinephrine* and *anaphylaxis*.
- The difference between potentially life-threatening food allergy and other food-related problems.
- Signs and symptoms of a food allergy reaction and anaphylaxis and information on common emergency medications.
- General strategies for reducing and preventing exposure to allergens (in food and nonfood items).
- Policies on bullying and harassment and how they apply to children with food allergies.
- The school's or ECE program's emergency plans, including who will be contacted in the case of an emergency, how staff will communicate during a medical emergency and what essential information they will communicate.

When a nurse is not on site, trained unlicensed assistive personnel should be identified as the back-up. Documentation of the response to a food allergy should be recorded. (See Appendix C: Food Allergy Emergency Document) The school nurse should follow up with the parent or guardian within 24 hours and discuss the incident with appropriate follow up. (See Appendix B: Food Allergy Reaction Follow-up)

## **Justification for More Than One Dose of Epinephrine**

Schools should consider keeping multiple doses of epinephrine onsite so they can respond quickly to a food allergy emergency. Although some schools allow students to carry their own auto-injectors, a second auto-injector should be available at school in case a student does not have one at the time of the emergency. School staff may also decide that having more than one auto-injector at different locations (especially for a large building or campus) will best meet a child's needs. In addition, some symptoms of anaphylaxis may continue after one dose of epinephrine, so a second dose may be needed at school if EMS does not arrive quickly.

Some state laws allow for the prescribing of stock supply of non-patient specific epinephrine auto-injectors for use in schools, which may allow schools to acquire the needed additional doses of epinephrine. When allowed by state law and local policy, schools programs that have a doctor or nurse onsite can stock their emergency medical kits with epinephrine auto-injectors to be used for anaphylaxis emergencies.

In states where legislation does not exist or does not allow schools or ECE programs to stock epinephrine, staff will need to work with parents and their doctors to get additional epinephrine auto-injectors for students who need them. (See Appendix D: "Anaphylaxis Mechanisms" and Appendix E "Epinephrine Auto-injector")

## **Provide In-depth Training for Staff Who Have Frequent Contact with Children with Food Allergies**

In addition to general food allergy training, in-depth training is needed for staff who are responsible for a specific child with food allergies during the day. Examples include specifically identified classroom and specialty teachers; paraeducators; athletic coaches; bus drivers; food service managers; other staff members who prepare, handle or serve food; and all ECE program staff. This training should include the following:

- How to respond to a food allergy emergency.
- Information about federal laws that could apply, such as ADA, Section 504 and FPPA. Information about any state laws, including regulations or district policies that apply.
- How to administer epinephrine with an auto-injector (for those formally delegated to do so).
- How to help children treat their own food allergy episodes.
- Effects of food allergies on children's behavior and ability to learn.
- Importance of giving emotional support to children with food allergies and to other children who might witness a severe food allergy reaction (anaphylaxis).
- Common risk factors, triggers and areas of exposure to food allergens in school programs.
- Specific strategies for fully integrating children with food allergies into school and class activities while reducing the risk of exposure to allergens in classrooms,

during meals, during nonacademic outings, on field trips, during official activities before and after school programs, and during events sponsored by schools programs that are held outside of regular hours. These strategies could address (but are not limited to) the following:

- Special seating arrangements when age and circumstance appropriate (e.g., during meal times, birthday parties).
- Plans for keeping foods with allergens separated from foods provided to children with food allergies.
- Rules on how staff and students should wash their hands and clean surfaces to reduce the risk of exposure to food allergens.
- The importance of not sharing food.
- How to read food labels to identify food allergens.

## **5. Educate Children and Family Members About Food Allergies**

All children should learn about food allergies. Schools can provide food allergy education as part of the corresponding elementary instruction, health education classes, food and consumer sciences, physical education, or

- Signs and symptoms of anaphylaxis
- Knowledge and understanding for those who have food allergies to prevent teasing or bullying
- How to respond to a suspected food allergy emergency
- Understanding rules on hand washing, food sharing, allergen-safe zones and personal conduct.

All parents should receive information to increase their awareness and understanding of food allergies. The education can be provided through letters, school websites or community resources.

## **Develop Food-Handling Policies and Procedures to Prevent Food Allergens from Unintentionally Contacting Another Food**

State and local health regulations generally based on the FDA Model Food Code, provide school districts, schools and ECE programs with requirements governing the cleaning and sanitizing of surfaces and other practices that can protect against the unintentional transfer to residue or trace amount of an allergic food into another food. Some practices to reduce this cross-contact include the following:

- Clean and sanitize with soap and water or all-purpose cleaning agents and sanitizers that meet state and local food safety regulations, all surfaces that come into contact with food in kitchens, classrooms and other locations where food is prepared or eaten. Cleaning with water alone will not remove food allergens.
- Clean and sanitize food preparation equipment, such as food slicer and utensils before and after use to prevent cross-contact.
- Clean and sanitize trays and baking sheets after each use. Oils can seep through wax paper or other liners and cause cross-contact.
- Prepare food separately for children with food allergies. Strategies should include preparing items without allergens first, using a separate work space and equipment, and labeling and storing items before preparing other foods.
- Train all staff who prepare, handle or serve food how to read labels to identify food allergens. Make sure that staff members are knowledgeable about current labeling laws. Because food labels often change, they should be read every time the food is purchased. Ingredient lists posted on websites are not reliable. The manufacturer of the food should be contacted if clarification is needed.
- Use appropriate hand-washing procedures that emphasize the use of soap and water. Hand sanitizers are not effective in removing food allergens.  
(See Appendix F: Table 1 “Recommended Practices, etc...”)