

Guidelines for Managing Life-Threatening Allergies

Overview

The Opportunity Training Center recognizes the presence of students with allergies and the life-threatening nature of allergies for some students. The school has developed a policy to assist in implementing strategies to minimize the potential for exposure to allergens and train staff to respond in an emergency. Although there can be no guarantee to provide an allergen-free environment, education and awareness are key to keeping students with potentially life-threatening allergies safe.

Food Allergy

According to the American Academy of Allergy, Asthma and Immunology, food allergies affect between 3% to 8% of children and approximately 2% of adults in the United States. Ninety percent of allergic reactions are caused by eight foods (peanuts, tree nuts, milk, eggs, wheat, soy, shellfish and fish).

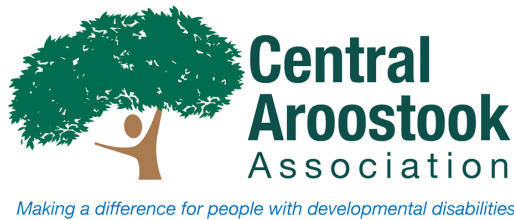
Individuals with a food allergy experience an exaggerated response by their immune system to a “foreign” substance, namely allergens in the food product. Symptoms range from mild (itching and hives) to severe including life threatening “anaphylactic reaction”. Symptoms of anaphylaxis can include a tingling in the mouth, a feeling of warmth or light-headedness, breathing difficulty such as wheezing and coughing, gastrointestinal symptoms such as cramping, vomiting and diarrhea. Left untreated, anaphylactic reactions can ultimately lead to cardiovascular collapse and death. The only treatment for anaphylaxis is emergency medications such as injectable Epinephrine (Epi-pen), steroids and antihistamines.

Food intolerance is often confused with food allergy. Food intolerance does not trigger an allergic reaction. Symptoms are generally gastrointestinal in nature. For example, a person may experience abdominal pains after drinking milk. In this instance, the person lacks the enzyme for digesting the milk sugar (lactose). Your healthcare provider can help determine the difference between a food intolerance and a food allergy.

Other Life-threatening Allergies

The information contained in this policy focuses on food allergies, but the treatment of serious allergic reactions is the same whether caused by insect stings, latex or food.

Management of Life-Threatening Allergy Policy Definition:



For purposes of this policy, life threatening allergy is defined as a condition in which there is documented evidence by the student's healthcare provider that the presence of specific allergens may result in an immunologic response that can cause potentially harmful and/or fatal consequence.

Life threatening allergies pose a significant risk for some students. A collaborative approach involving parents, administrators, teachers, staff and school nurses has been used in planning and preventing the incidence of allergic reactions in our schools. Education, awareness, prevention and emergency response procedures have been identified as key components of a comprehensive life-threatening allergy management plan. Procedures in support of the policy use specific protocols to assist children in assuming increased individual responsibility for their health and safety as they grow older.

A. Education.

The school will provide education regarding life threatening allergies that is current, medically accurate and evidence-based. Annual educational sessions for staff and teachers will include a description of severe allergies, the signs and symptoms of anaphylaxis, the correct use of Epi-pens and specific steps to follow in the event of an emergency. The Program Director will be responsible for scheduling the training and ensuring that all appropriate employees are trained.

B. Awareness

A formal process exists for identifying students with life threatening allergies. An individual health care plan is developed for each student by the program director, with collaboration of the nurse consultant (who takes the lead), parent/guardian and student's healthcare provider. Parental consent to share information with the student's healthcare provider is obtained to elicit cooperation within the school community.

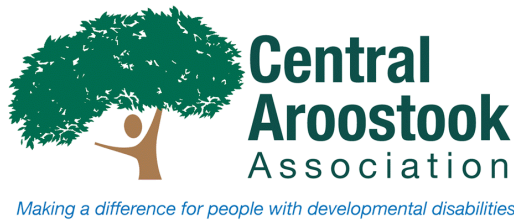
C. Prevention

Safe lunchroom and eating protocols are established which include: provisions for holiday and special celebrations; transportation and field trips; and recognizing and avoiding allergens in school activities.

D. Emergency Response

Protocols for rapid response to an emergency exist including: recognizing anaphylaxis in a student; administering epinephrine; availability of a communication system and activating the emergency medical system; contacting parents/guardians; conducting role play/drills during the school day.

E. Monitoring Effectiveness of Policy



Assessments should occur at least annually and include new research, practices and district emergency event information involving the administration of medication to determine the effectiveness of the protocols. Ref. Individuals with Disabilities Education Act (IDEA) of 1976, the Americans with Disabilities Act (ADA) of 1990, Section 504 of the Rehabilitation Act of 1973, the Family Education Rights and Privacy Act of 1974 (FERPA).

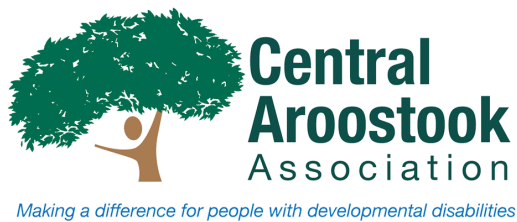
Protocols and Procedures

Implementation of an individual healthcare plan for students at risk for a life-threatening allergic reaction

requires a team approach. A critical role is played by the parent or guardian in notifying the teacher and program director of their child's allergy.

Classroom Procedures

1. At the start of the school year, the teachers will provide the program director information regarding students with allergies and a copy of each student's Allergy Action Plan with photo.
2. The school nurse consultant, in collaboration with the program director, classroom teacher and with input from the parents of the allergic child, will develop a classroom specific protocol regarding activities that will affect the child especially during holidays or celebrations involving food. Students with severe allergies may store snacks from home, clearly labelled with their name, for their consumption at special times during the school year. Plans for cafeteria lunch and snack time will be reviewed as well as any curriculum related activity involving allergens. These protocols will be recorded in the individual healthcare plan (IHP).
3. An age appropriate review of food allergies will be conducted with the classroom students at the beginning of the school year. This review will be done by the teacher or in conjunction with the school nurse if requested by the teacher.
4. Copies of all allergy action plans will be placed in an informational folder. Clear instructions will be provided to all educational staff about the classroom specific food allergy protocol, emergency allergy action plans and individual health care plans.
5. All students will be instructed that sharing or trading of food will not be allowed.
6. The school nurse should be consulted prior to any grade wide or school wide activity during school hours involving the consumption of food.
7. A letter from the classroom teacher will be sent to all parents in the class informing them that a student with a food allergy is a member of the class and to solicit their support in accommodating the needs of the child to reduce the risk of accidental exposure to the offending allergen.



Cafeteria Procedures

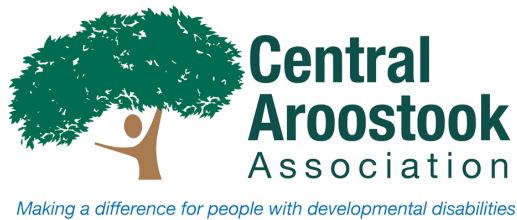
1. The school kitchen will prepare all products in a manner that will minimize the risk of cross contamination of foods. The preparation area and all utensils will be washed in hot, soapy water immediately after completion of the task.
2. School kitchen staff will use latex-free gloves.
3. Areas of the cafeteria or areas of tables will be reserved for students that require reduced risk of exposure to others with allergen products.
4. The staff must provide proper oversight and cleaning of reserved table areas.
5. Students with life-threatening allergies will be excused from cleaning tables if desired.

Transportation Procedures

1. Parents should notify the school bus driver of their child's allergy and the location of emergency medications when carried by the child.
2. School bus drivers employed by the school will be included in annual training provided to all staff regarding allergy symptom recognition, and implementation of emergency bus procedures.
3. Eating and sharing of food is prohibited on routine transportation routes unless medically indicated for a student.
4. School buses must have a working means of two-way communication.

Field Trip Procedures

1. Planning for field trips will include plans to implement a student's Allergy Action Plan, plans for carrying an Epi-pen as needed, and plans for emergency response such as identification of the nearest medical facility.
2. A trained staff member will attend field trips including a student with a life-threatening allergy in the event a parent cannot attend.
3. The student's emergency medications and a copy of their emergency allergy action plan will accompany them on the trip.



4. The teacher or school nurse will have a means of communication to activate emergency medical services.
5. Plan for lunch and snack will be discussed prior to the field trip with the school nurse. Protocols established in the student's IHP will be followed.

Collaboration and Responsibilities

The implementation of the policy and of the individualized healthcare plan for each allergic student requires a team approach and cooperation among administrators, teachers, staff members, parents, nurses and the student as appropriate.

The School administrator will:

Coordinate communication between the school and the district regarding the *Guidelines for Managing Life-threatening Allergies*. Arrange time necessary for training to be conducted for staff and teachers in the

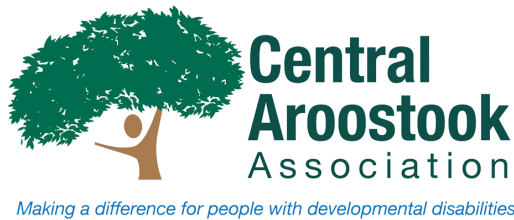
management of life-threatening allergies. Facilitate and support the accommodations developed for individual students, including classroom and cafeteria specific protocols. Provide reminders to staff of the risks of food allergies at high risk times of the year (Halloween, Valentine's Day and field trips).

The School nurse consultant will:

Meet with parents and teacher to develop an individual healthcare plan (IHP) and allergy emergency action plan. Educate staff regarding food allergy, allergic reactions, recognizing signs and symptoms of anaphylaxis and prevention and treatment plans. Review with student, at least annually, his/her knowledge of the symptoms of anaphylaxis and skills necessary for self-administration of Epi-Pen.

The School Program Director will:

Participate in the development of the student's IHP and EAP as needed. Distribute copies of the IHP and EAP to classroom teacher, cafeteria staff and anyone else who interacts with student on a regular basis. Arrange training of school staff in Epi-Pen administration as appropriate and maintain documentation of those trained. Review cleaning of allergen free tables with cafeteria and custodial staff. Monitor anxiety, stress level and social development of students with life-threatening food allergies and provide interventions as appropriate. Act as a resource to parents and students regarding anxiety, stress, and normal development. Educate classmates to avoid endangering, isolating, stigmatizing or harassing students with food allergies. Be aware of the student with food allergies is being treated; use this opportunity to teach community caring; and enforce school rules/policies about bullying and threats.



The Food Service Director will:

Establish communications and training for all school food service staff and related personnel regarding safe food preparation and student food allergies. Maintain information concerning food ingredients and food labels with such information prior to and for at least 24 hours following service in case any student displays an allergic reaction. Provide food ingredient to parents on request. Post Emergency Action Plan for reference of food service staff in confidential manner. Create specific areas that will be allergen safe as needed. Strictly follow safe cleaning and sanitation protocols to avoid cross contamination. Make required food substitutions with documentation signed by physician as defined under USDA guidelines and school lunch program. Be prepared to take emergency action and follow student's EAP.

The Classroom teacher will:

Participate in the development of the student's IHCP and EAP. Review and follow the EAP and IHCP in the classroom. Be sure substitutes are informed of the students with food allergies and keep a copy of the IHCP and EAP in the classroom. Prohibit students from sharing or trading snacks. Avoid use of allergenic foods for classroom activities. Plan and notify school nurse of field trips. Ensure that Epi-Pens and instructions are taken on field trips and that staff assigned to those students who are trained in recognizing and treating symptoms of life-threatening allergies.

The Student will:

Learn to recognize symptoms of an allergic reaction. Promptly inform an adult as soon as accidental exposure occurs or symptoms appear. Ask a friend to help if you cannot get to an adult. Not share food or trade foods with anyone. Not eat any item that has not come from home or been approved by your parent or guardian. Wash hands before or after eating. If approved by your parent and school team, carry your Epi-Pen always. Tell an adult of any instances of teasing or bullying.