

**MANAGEMENT OF
LIFE-THREATENING
ALLERGIES
IN
SCHOOLS AND SCHOOL
AGE CHILD CARE**

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Background

Development of this manual is the result of a collaborative effort of Prince William County Public Schools (PWCS) and a group of interested and concerned parents.

The committee, convened by the School Health Advisory Board (SHAB), developed the “Prevention Expectations” section of this document. The committee was composed of three parents of students with food allergies and one parent of a student without food allergies; one principal representing each elementary school; the Director from the Office of Student Services; representatives from School Health Services, School Food and Nutrition Services, and Health and Physical Education. They consulted with representatives from Facilities Services, Transportation Services, and School Counseling Services.

Other parts of the manual have been written by the Office of Student Services, specifically School Health Services, who have used resources from the Food Allergy Research and Education website (FARE) and have consulted with parents and representatives of the Prince William County Allergy Task Force (PWCATF).

The committee also used “Caring for Students with Food Allergies in School,” a document from Loudoun County Public Schools as a model in developing this publication. We extend a special thanks to Loudoun County for sharing their document.

Emphasis on the nutritional wellness and safety of PWCS students supported the efforts of many to create this manual. The Wellness Policy of the School Board of PWCS, federal mandates, state and federal emphasis on the importance of healthy living for students, FARE guidelines and PWCATF’s recommendations support the need for guidelines. Additionally, concerns regarding safety and sanitation of food products brought into schools created the need for establishing expectations.

The following individuals were members of the committee convened by the SHAB which met on January 13, May 4, 2012, and May 3, 2013, to develop Management of Life-Threatening Allergies In Schools and School Age Child Care:

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Purpose of the Guidelines

The strategies presented in these guidelines can help schools *and School Age Child Care Centers(SACC)* take a comprehensive approach to managing food allergies. Through the collective efforts of school staff members/*contract childcare employees*, parents, and healthcare providers, children with food allergies can be assured that all efforts are made to make schools *and SACC* a safe place to thrive, learn, and succeed . *The term “school” used throughout this guideline is intended to include all PWC Schools and all School Age Child Care Centers.* The guidelines address:

- The scope of childhood allergies which may result in anaphylaxis.
- Types of detailed protocols that should be in place in every school that may help to prevent allergic reaction emergencies and deaths from anaphylaxis (a life-threatening allergic reaction).
- The systematic planning and multi-disciplinary team approach needed to support the student with life-threatening food allergies.
- Promote partnerships among schools, children with food allergies and their families, and healthcare providers.
- Strategies to reduce the risk of exposure to anaphylactic causative agents in classrooms and common school areas such as cafeterias.
- Emergency management should a life-threatening allergic event occur, including the administration of epinephrine, that are consistent with PWCS Standing Order for Auto-Injector Epinephrine Administration For Anaphylaxis or the specific students' Allergy Action Plan (PWCS Reg 757-2).
- The roles of specific staff members in the care of the student with a life-threatening allergic condition, and
- The importance of good nutrition for all students.

While this document focuses on food allergies, treatment of anaphylaxis is the same whether caused by insect sting, latex, or exercise-induced.

School Awareness

Every school should expect at some point to have students with food allergies. All schools must be prepared to deal with food allergies and the potential for anaphylaxis.

- Accidental ingestion of the offending allergen may occur at school.
- The first anaphylactic allergic reaction to a food may occur at school.
- Students with food allergies may be entitled to services under Section 504 of the Rehabilitation Act and Individuals with Disabilities Education Act if determined eligible pursuant to law.

Emotional Impact of Food Allergies

Eating, smelling, and touching food are part of all human experience; however, the student with a severe food allergy may have unpleasant, even life-threatening, responses to food. The emotional impact of having a life-threatening food allergy and of frightening experiences impacts each student and family differently and may change as the student matures. Social isolation was named as the worst part of having food allergies by 94 percent of teens with food allergies. School staff members need to be mindful of the emotional impact as they work with students with food allergies and their parents to prevent barriers to learning.

A review of current literature indicates that the emotional impact of food allergies can include the following:

- Exclusion
- Social isolation
- Anxiety/fear
- Nervous tics
- Depression
- Fears of rejection/embarrassment
- Irritability and “melt downs”
- Resentment/anger (that allergies are unfair)
- Risk-taking behavior
- Bullying
- Disordered eating behaviors
- Obsessive-compulsive behaviors (e.g., perfectionism and checking behaviors)

Teachers, school counselors, and administrators can work together to support the student in dealing with emotions. A sense of safety is critical for students and parents who need to know that the school is aware of the allergy and is striving to keep the student safe. The importance of a cooperative working relationship between the school and the home fosters awareness and sensitivity to the needs of students with life-threatening food allergies. Teaching acceptance of all kinds of differences is important and helps all students recognize the value and worth of their peers.

At the elementary level, school counselors have resources to teach lessons about food allergies and to help students develop peer groups. Counselors at all school levels may conduct small counseling groups about dealing with differences and are available for individual counseling as well as consultation with parents. Schools currently offer a variety of bullying prevention programs. A consistent bullying prevention program was instituted throughout PWCS in the fall of 2004. Parents and students are encouraged to talk with school counselors about their needs and to request special support and help if needed and/or desired.

Parent Suggestions

The following suggestions were provided by various groups of parents of students with food allergies to help school staff members consider possible ways to minimize the emotional impact of food allergies.

Parents of students with food allergies (including rising kindergarten students) should be provided information regarding food allergy management in schools. When a student first enters school or immediately after a diagnosis of life-threatening food allergy, parents should be encouraged to participate in multi-disciplinary team meetings to develop a plan to manage their child's food allergies.

Keeping the unsafe food out of schools and all food out of the classroom would provide many students with food allergies a safe and worry-free environment in which to learn. If a student is spending time anxious about having a reaction, or suffering from constant low level contact reactions, how can he/she possibly focus on learning to his/her best ability?

The expectations about food in schools should be presented as part of wellness initiatives, and not focus solely on students with food allergies. Inconsistent policies create resentment among classmates and other parents. This resentment can make students a target for bullying.

Each school may wish to designate a key staff member who understands the practical and emotional aspects of managing food allergies. This staff member should be available for students or parents who are experiencing difficulty managing food allergies. This staff member should participate in multi-disciplinary team meetings, offer support, and act as a liaison.

Staff should be trained not to label "allergy kids" and be educated about the consequences of labeling students based on a disability or allergy status. Staff should never ask students to publicly identify their food allergies.

Many students are reassured by seeing the precautionary measures that are taken to keep them safe in school.

A student should have the opportunity to become familiar with the teacher, nurse and/or clinic assistant, school counselor, and other key staff prior to start of school. The teacher can assure the student that they are taking precautions to keep the student safe and have been trained to recognize and treat allergic reactions. Student and teacher should use this opportunity to determine how the student can discretely make the teacher aware of a possible reaction. The teacher and cafeteria hostess should empower the student to take action to stay safe, such as moving after being seated in the cafeteria, if someone is eating unsafe food nearby.

Food allergy education may be included in the curriculum. Education should include keeping classmates' safe and recognizing symptoms as well as acceptance of differences to prevent bullying. Teachers should encourage that students with food allergies are seated with at least one "buddy" with safe food during snack and lunch. Kindergarten teachers can create an allergen-free "class mascot" snack table to encourage students to bring allergen-free snacks.

Students with food allergies should be empowered to make choices to stay safe. Students with food allergies should understand that they should move, or request that another student move, if

someone is eating unsafe food. Some students are afraid to break the rules and get up after being seated in the cafeteria.

Support groups or individual counseling help students deal with feelings.

Every effort should be made to protect the student's privacy while being treated by nurse/clinic assistant or emergency medical technicians during a reaction.

Specially trained school counselors and psychologists are available to provide post-reaction support.

Role of the School in Preventing and Managing Life-Threatening Food Allergies

Staff members who are knowledgeable regarding preventive measures and well prepared to handle severe allergic reactions may help save the life of a student. Allergy Action Plans (AAP), Severe Allergy Individual Health Care Plans (SAIHCP), and 504 Plans (if applicable) assist school staff members in providing for the needs of students with life-threatening food allergies and assure parents that we are making every effort to keep their child safe. No treatment exists to prevent reactions to food allergies or anaphylaxis. Strict avoidance of the food allergen is the only way to prevent a reaction.

The school nurse should supervise the implementation of the AAP and development of the SAIHCP for each student with the diagnosis of a life-threatening allergic condition. The school nurse in collaboration with the school principal or designee should be responsible for organizing and conducting a meeting with the student's parent(s), the student (if appropriate), the student's teachers, and other personnel as determined by the student's needs. The AAP and SAIHCP must be developed prior to the student's entry into school or after the diagnosis of a life-threatening food allergy. Refer to PWCS Regulation 757-2, Health Services-Allergic Reactions.

- General training is given to all staff members who might interact with children with food allergies or be asked to help respond to a food allergy emergency.
- 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.
- PWCS School Health Services provides training and resources for staff members.
- In accordance with Regulation 757-2 : Two staff members shall be identified to learn the procedure. These two persons shall be trained by a school nurse in the Prince William County Public School (PWCS) system. The two persons trained shall be regular members of the school staff, which ensures at least one of the two being present during school hours.
- Schools should be prepared to manage an anaphylactic reaction. (See "Emergency Responses" for further details.)

Food Allergy

What is Food Allergy?

People with allergies have an over-reactive immune system that targets otherwise harmless elements of our diet and environment. During an allergic reaction to food, the immune system recognizes a specific food protein as a target. This initiates a sequence of events in the cells of the immune system resulting in the release of chemical mediators such as histamine. These chemical mediators trigger inflammatory reactions in the tissues of the skin (itching, hives, rash), the respiratory system (cough, difficulty breathing, wheezing), the gastrointestinal tract (vomiting, diarrhea, abdominal pain), and the cardiovascular system (decreased blood pressure, heartbeat irregularities, shock). When the symptoms are widespread and systemic, the reaction is termed “anaphylaxis,” a potentially life-threatening event.

What is Anaphylaxis?

Anaphylaxis is a potentially life-threatening medical condition occurring in allergic individuals after exposure to specific allergens. Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body. These symptoms may include one or more of the following:

- Hives
- Difficulty swallowing
- Vomiting
- Wheezing
- Itching (of any body part)
- Difficulty breathing, shortness of breath
- Diarrhea
- Throat tightness or closing
- Swelling (of any body part)
- Sense of doom
- Stomach cramps
- Itchy scratchy lips, tongue, mouth and/or throat
- Red, watery eyes
- Fainting or loss of consciousness
- Change of voice
- Dizziness, change in mental status
- Runny nose
- Flushed, pale skin
- Coughing
- Cyanotic (bluish) lips and mouth area

The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock which are potentially fatal. Common examples of potentially life-threatening allergies are those to foods and stinging insects. Life-threatening allergic reactions may also occur to medications or latex rubber and in association with exercise.

The severity of reactions to food allergens is difficult to predict and varies depending on the child’s particular sensitivity to the food and on the type and amount of exposure to the food. Anaphylaxis can occur immediately or a few hours following allergen exposure. In about a third

of anaphylactic reactions, the initial symptoms are followed by a delayed wave of symptoms two to four hours later. As many as 30-40 percent of people who have an anaphylactic reaction will experience a recurrence in the hours following the beginning of the reaction and require further medical treatment, including additional epinephrine injections. This secondary reaction is called biphasic, meaning two phases. While the initial symptoms respond to epinephrine, the delayed biphasic response may not respond at all to epinephrine and may not be prevented by steroids. Following the administration of epinephrine, it is imperative that the student be transported by emergency medical services to the nearest hospital emergency department even if the symptoms appear to have been resolved.

When in doubt, it is better to give the epinephrine and seek medical attention. Studies show that fatalities are frequently associated with not using epinephrine or delaying the use of epinephrine treatment.

For those students at risk for food-induced anaphylaxis, the most important aspect of the management in the school setting should be prevention. In the event of an anaphylactic reaction, epinephrine is the treatment of choice and should be given immediately. This requires the training of school staff personnel, if nursing staff cannot be available immediately.

Children with severe food allergies have a higher rate for other allergic disease, including asthma and eczema. Anaphylaxis is more common in children whose food reactions have had respiratory features such as difficulty breathing and throat tightness. Fatal anaphylaxis is more common in children with food allergies who are also asthmatic, even if the asthma is mild and well controlled. Anaphylaxis appears to be much more probable in children who have already experienced an anaphylactic reaction. There is no predictable pattern of anaphylaxis, so it does not require the presence of any skin symptoms such as itching and hives.

In many fatal reactions the initial symptoms of anaphylaxis were mistaken for asthma. This delays appropriate treatment with epinephrine.

Summary of Anaphylaxis

Every food allergy reaction has the potential of developing into a life-threatening event. Several factors may also increase the risk of a severe or fatal anaphylactic reaction: concomitant asthma; a previous history of anaphylaxis; peanut, tree nut, seed and/or shellfish allergies; and delay in the administration or failure to administer epinephrine. Food allergies are more prevalent in younger children.

The severity and explosive speed of food anaphylaxis emphasizes the need for an effective emergency plan that includes recognition of the symptoms of anaphylaxis, rapid administration of epinephrine, and prompt transfer of the student by the emergency medical system to the closest hospital.

Living with Food Allergies

Parents of a child with a food allergy may have constant fear about the possibility of a life-threatening reaction and stress from constant vigilance needed to prevent a reaction. They also have to trust their child to the care of others, make sure their child is safe outside the home, and help their child have a normal sense of identity.

Children with food allergies may also have constant fear and stress about the possibility of a life-threatening reaction. The fear of ingesting a food allergen without knowing it can lead to coping strategies that limit social and other daily activities. Children can carry emotional burdens because they are not accepted by other people, they are socially isolated, or they believe they are a burden to others. They also may have anxiety and distress that is caused by teasing, taunting, harassment, or bullying by peers, teachers, or others. School staff must consider these factors as they develop plans for managing the risk of food allergy for children with food allergies.

The best way to provide a safe and healthy learning environment for these children is to promote partnerships among schools, children with food allergies and their families and healthcare providers. The team's objective is to develop a comprehensive approach that will strive to ensure the safety and health of every student with food allergies. With this approach, schools can help parents and their children make the very necessary transition of moving from the safety of their home environment into the expanding world of a school. This is one of the greatest lessons a student can learn; children are safe in a world outside of their own home.

Schools can provide valuable resources to students with food allergies and their families by helping students feel accepted within the school community. They can teach students to:

- Keep themselves safe
- Ask for help
- Trust others
- Develop healthy and strong friendships
- Acquire social skills
- Accept more responsibility
- Improve their self-esteem and
- Increase their self-confidence.

Planning for the Individual Student

Allergy Action Plan (AAP) and Severe Allergy Individual Health Care Plan (SAIHCP)

The AAP and SAIHCP utilizes 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, on field trips, during official activities before and after school, and during events sponsored by the school.

PWCS recommend that parents of students diagnosed with a life-threatening allergy meet with the school nurse and school team working with the student to implement an AAP and develop a SAIHCP. PWCS requires that the parent/guardian of a student with a life-threatening food allergy submit an AAP completed and signed by the healthcare provider, parent and the student (if applicable). This information is used to develop the SAIHCP.

The parent/guardian should work with the school to create a strategy for management of a student's food allergy (See Appendix A "Responsibilities of the Parents" for more detail). The parent/guardian shall provide the following information which is included in the Allergy Action Plan (Appendix F):

- Healthcare provider documentation of food allergy
- Healthcare provider order for epinephrine by auto-injector as well as other medications needed. Medication orders must be renewed at least annually and it is recommended that the order be from an asthma and allergy specialist
- Parent/guardian's signed consent to administer all medications,
- A minimum of two up-to-date epinephrine auto-injectors (more may be necessary based on the student's activities and travel during the school day)
- Name/telephone number of the student's allergist or primary care provider
- Emergency contact information, (e.g., telephone, cell phone), and
- Self carry and/or self-administration Agreement completed and signed by healthcare provider, parent/guardian and student (if needed).

Multi-Disciplinary Team Approach

- The school nurse should be notified of the student's life threatening food allergy at registration.
- The school nurse will contact the parent encouraging them to complete the AAP preferable before entrance into school.

The team should include the following:

- Parent/guardian
 - Principal or other administrator
 - School nurse
 - Teachers and specialists (e.g., art, music, science, computer, family and consumer sciences, health and physical education teachers),
 - School counselor
 - Other learning support staff and assistants based on the student's curriculum and activities
 - Clinic assistant (CA if applicable)
 - Student with food allergy, if age appropriate
 - Food services manager, and
 - Cafeteria hostesses.
- The multi-disciplinary team will schedule a meeting to discuss the AAP and SAIHCP.

- **Other areas** of discussion include:
 - Any past reactions
 - Emotional impact of food allergy
 - Impact of medication on class participation and learning
 - Classroom accommodations
 - Cafeteria seating
 - Snacks
 - School meals
 - Parties
 - Field trips
 - Classroom projects
 - Specialty classes
 - Hand-washing
 - Storage of epinephrine, and
 - Carrying an epinephrine auto-injector on the bus
- Staff will be required to sign acknowledging receipt of the AAP and SAIHCP.
- If the parent or school sees a need for revision of the AAP and/or, SAIHCP the multi-disciplinary team is reconvened.

Prevention Expectations

- Classrooms
- School Field Trips/Athletic Trips
- Physical Education and Recess
- Specials and Special Activities at School,
- School-Sponsored After-School Activities
- School Bus
- Food Services
- Cafeteria, and
- Alternative Celebration and Reward Ideas for Schools.

Protecting a student from exposure to offending allergens is the most important way to prevent life-threatening anaphylaxis. Most anaphylactic reactions occur when a student is accidentally exposed to a substance to which he/she is allergic, such as foods, medicines, insects, and latex.

Schools can be a high-risk setting for students with severe food allergies due to such factors as a large number of students; increased exposure to food allergens; and possible cross-contamination of tables, desks, and other surfaces. High-risk areas and activities for the student with food allergies include: the cafeteria, food sharing, food in classrooms, hidden ingredients, instructional projects, bus transportation, fundraisers, bake sales, parties and holiday celebrations, field trips, and substitute teaching staff being unaware of the food allergic student.

Ingestion of the food allergen is the principal route of exposure; however, it is possible for a student to react to tactile (touch) exposure or inhalation exposure. Reactions through contact can be serious when the allergen comes in contact with mucous membranes such as touching the

eyes, nose, or mouth when the offending food is on the hands of a student with a food allergy. The amount of food needed to trigger a reaction depends on multiple variables. The level of sensitivity for each person with a food allergy may fluctuate over time. Not every ingestion exposure will result in anaphylaxis, though the potential always exists. Another variable is how the food is prepared. Raw egg is more allergenic than cooked egg. Roasted peanuts are more allergenic than boiled or fried. (Virtually all peanut products in the U.S. are roasted.) In addition, the symptoms of a food allergy reaction are specific to each individual. Milk may cause hives in one person and anaphylaxis in another.

Success in managing food allergies depends on allergen avoidance techniques. Scrupulous interpretation of ingredient statements on every item with every purchase is vital to prevent accidental exposure. Unfortunately, this is difficult due to manufacturing processes and changes in those processes. Accidental exposure occurs due to cross-contamination of equipment, omission of ingredients from the ingredient statement, substitution of ingredients, scientific and technical terminology (e.g., sodium caseinate for milk protein), nonspecific food terminology (e.g., natural ingredients) and disregarding precautionary allergen statements, such as “may contain.” Staff should be aware that manufacturers are not required to use advisory (e.g., “may contain”) labeling to indicate allergen cross-contamination. Parents/guardians should determine in advance whether a particular food is safe for a student each time it is to be used. School personnel should know, too, that the safety of any food item may change with no notice due to manufacturing changes.

Procedures shall be in place at school to address food allergy issues in the classrooms and gym, food services/cafeteria, for instructional projects, crafts, outdoor activity areas, school buses, and field trips during school activities.

Classrooms

- A teacher of a student with a food allergy must be familiar with the SAIHCP of students in their classes and respond to emergencies as per the emergency protocol for students with identified allergies.
- Close collaboration and cooperation between parents, school nurses, administrators, teachers, and support staff is essential to protect the health and safety of students with identified allergies.
- Parents/guardians should be notified about parties and projects so they can determine in advance whether a particular food item is safe for a student with life-threatening food allergies.
- The individual student(s) with food allergies should not be identified in writing or verbally to other parents or students.
- In the event of an allergic reaction the students’ AAP will be followed. In the event of an allergic reaction with a student with no known allergy history PWCS Standing Order for Auto-Injector Epinephrine Administration for Anaphylaxis is to be followed.
- The classroom should have easy communication with the school office, school nurse and/or clinic assistant, such as intercom, walkie-talkie, telephone or other communication

devices as needed. New teachers and substitutes should be familiar with the operation of the communication device.

- Information about students' food allergies will be kept in the classroom. Foods containing allergens specific to a student are not to be used for class projects, parties, holidays, celebrations, arts, crafts, science experiments, cooking, or other purposes. The use of healthy non-allergenic foods should be encouraged. The SAIHCP of students in the classroom must be followed. Classroom teachers should be respectful of the privacy of all students.
- All students and their parents, teachers, assistants, and substitutes should be educated about the risk of food allergies.
- Non-food items are encouraged instead of candy when considering rewards. The SAIHCP of students in the group must be followed. Inclusion of all students in classroom rewards is essential. Ideas for non-food rewards are listed on page 23.
- It is suggested that non-food treats be used for birthday celebrations. Possible alternative birthday and party celebration treats are listed on page 22.
- If a student brings a restricted food for snack time to the classroom, the teacher will ensure that all efforts are made to keep the allergen and student with the allergies safely separated and the area is cleansed properly. All students should be encouraged to eat healthy snacks, such as fruits and vegetables. A plan will be in place for the cleaning of snack tables before and after snacks.
- Local agencies, community groups, and community members who use the school facilities before or after operating hours should be aware of and comply with policies on food, cleaning, and sanitation procedures. If food is allowed in the building, consider banning food from specific classrooms or areas that children with food allergies use often. (See Appendix E)
- Sharing or trading food in the class is discouraged.
- Proper hand-washing techniques by adults and students should be taught and reinforced before and after meals at the elementary level. (Hand sanitizer kills germs but does not get rid of allergens.)
- Classroom animals can be problematic on many levels. If an animal is present in the classroom, special attention must be paid to the ingredients in their food since many animal feeds contain peanuts.

School Field/Athletic Trips

- The school nurse will discuss with staff the safety considerations on field trips involving students with life-threatening allergies.
- Field trips need to be chosen carefully and planned well in advance with parents of students with food allergies. No student should be excluded from a field trip due to risk of allergen exposure.
- Protocols for field trips will include timely notification by the teacher to the nurse and/or CA at least a week in advance of the field trip and two weeks before an extended/overnight field trip.
- Parents will be notified early in the planning process of field trips so they can make the staff aware of safety concerns. Cell phone reception, allergens, and the closest hospital should be considered when planning field trips. Medications including epinephrine auto-injector and a copy of the student's SAIHCP and AAP must accompany the student. Parents may wish to consider individual doses of antihistamine if it is part of the AAP.
- In planning a field trip, the teacher will remind all parents to exercise caution regarding what foods are packed for the trip so that students with specific food allergies will be safe. When possible, meals and snacks should not be eaten on the bus. Trip planners should try to locate a sheltered area where students can eat packed lunches in case of rain. The parent of the student with a food allergy or the staff member responsible for the student with a food allergy should be seated in close proximity to the student and make every attempt to ensure that no allergens are eaten near the student.
- When packed meals or snacks are recommended on field trips, School Food and Nutrition Services can be used to provide these items for students. The classroom teacher should notify the parents/guardian of this service. The parent/guardian can contact the food services manager and plan an allergy-free meal or snack. No peanut or nut products will be used in any field trip items provided by the School Food and Nutrition Services.
- If the class plans to stop for lunch at a restaurant, the needs of students with food allergies will be accommodated.
- Parents of a student at risk for anaphylaxis should be invited to accompany their student on school trips, in addition to the chaperone. If there is not enough space for the parents to accompany their student on the bus provided, parents may elect to transport their own student and should plan in advance with the teacher or school administrator.
- In the absence of accompanying parents/guardians, the teacher or designated staff member responsible for the student should be trained and assigned the task of monitoring the student's welfare and for handling any emergency.
- A cell phone or other communication device must be available on the trip for emergency calls.

- Hand wipes which do not contain allergens such as shea and lanolin should be available for use by students and staff after consuming food. Parents may be asked to provide hand wipes as part of the field trip instructions. (Hand sanitizer kills germs but does not get rid of allergens.)
- Teachers and chaperones should carefully monitor items students bring on the bus after a field trip in an effort to ensure that no allergen-producing item is included (Examples: gift shop food products, pine cones, and nuts). If students handle allergens, they should be required to clean their hands before boarding the bus.
- Teachers and staff shall make best effort to identify students with known severe allergies to other staff members that have a need to know.

Physical Education and Recess

- Teachers and staff responsible for physical education or recess should be trained by appropriate personnel to recognize and respond to anaphylaxis.
- Staff in the gym, on the playground, and at other sites used for recess should have a walkie-talkie, cell phone, or similar communication device for emergency communication.
- If for safety reasons medical alert identification (i.e., ID bracelet) needs to be removed during specific activities, the student should be reminded discreetly to replace this identification immediately after the activity is completed. Students also have the option of using their own stretch bands to cover the medical alert identification.

Special Activities at School

School counselors, media specialists, reading specialists, art and music teachers, and other staff members working with students individually, in small groups, and in classroom groups will meet the same expectations as those for the classroom teacher.

- When special events, such as field days and school celebrations, are planned, the school staff will adhere to the classroom and school-sponsored activities expectations.
- Food fund raisers are discouraged. If food is issued, healthy options must be included. Detailed ingredient lists are recommended as well.
- Caution should be used in planning and conducting any fundraisers involving food. Some companies will ship food items directly to the customers. Particular consideration should be given to where food items will be stored and distributed and the inclusion of students with food allergies who may not be able to participate without concerns of handling allergens. Alternatives to selling food products might also be considered. The multi-disciplinary team may consider school fundraising efforts and the safety of students when designing students' SAIHCP.

School-Sponsored After-School Activities

- After-school activities sponsored by the school must be consistent with school policies and procedures regarding students with food allergies.
- The parent/guardian should notify the teacher and school nurse or clinic assistant in advance if the student with a severe food allergy is participating in an after school, school-sponsored activity, thus, providing time to be certain that the supervising teacher or assigned staff member can be trained. Identify who is responsible for keeping the epinephrine auto-injector during school-sponsored after-school activities, including sporting events.
- The coach or adult staff member in charge will be provided with the AAP, SAIHCP, and 504 Plan (if applicable) of students with severe allergies.
- For students who have an epinephrine auto-injector at school, parents should notify the teacher/sponsor about the student's allergy when the student will be staying for any school-sponsored after-school activities. The clinic is closed after dismissal and the nurse/clinic assistant is not in the building. It is strongly suggested that middle and high school students carry their own auto-injectors for quick access to epinephrine. For students to carry an epinephrine auto-injector, the healthcare provider, the student and parent must sign attachment I, page 5 (Permission For Student To Carry And/or Self-Administer Epinephrine) of the AAP. If a student is unable to administer his/her own epinephrine, a trained adult staff member will administer it.
- If activities involving food (such as bake sales, cookie swaps, or fund raisers) are held on school grounds, consideration should be given to students with food allergies. Food should be tightly wrapped or sealed. The display table should be washed after use. (See Appendix E)
- When feasible, school officials should attempt to house activities which involve food (such as multicultural night) in the cafeteria in order to allow students with food allergies to benefit from the educational aspect of the activity. Attendees should be encouraged to wash their hands after consuming food.
- Caution should be taken when food is used in carpeted areas, such as libraries or music rooms, which cannot be easily cleaned. When possible, the area should be vacuumed before student usage.

School Bus

- Eating and/or drinking on school buses are prohibited as published in PWCS student information documents, the “ Code of Behavior”, and in bus rules posted on all school buses.
- School bus drivers are prohibited from providing edible food rewards to students based on good behavior and for holidays such as Halloween and Christmas.
- School nurses will offer training to school bus drivers in risk reduction procedures, recognition of allergic reaction, and implementation of anaphylaxis emergency plan procedures.
- Medication, will not be stored on school buses.
- The Office of Transportation Services will be provided with copies of the SAIHCP, AAP, and other applicable medical documentation. It is the responsibility of the Office of Student Services to distribute these documents to the Office of Transportation Services.
- All school buses will have a cell phone or other means of communication for emergency calls.

Food Services

- At the parent’s request, a food service representative will be available to discuss menus (breakfast, lunch, snacks); a la carte items; recipes; food products and ingredients; food handling practices; cleaning and sanitation practices; and the responsibilities of the school cafeteria manager.
- All school food service staff will be trained in risk-reduction procedures and cross-contamination prevention.
- A list of food ingredients will be updated yearly and published on the PWCS School Food and Nutrition Services Web site.
- A list of foods containing the eight major allergens is also compiled for parents use and published on the PWCS School Food and Nutrition Services Web site.
- After reviewing the food ingredient and allergen list, parents will identify foods to avoid and the needed substitutions are determined with the food services manager. (The USDA requires a doctor’s statement that a child has a food allergy disability before food service staff in the Child Nutrition Program can make meal accommodations and provide a safe meal for a child with a food allergy). The allergy information is entered into the “Point of Sale register.”
- Students go through the serving line and make their food selections. When they reach the cashier, scanning their personalized account card identifies them as a student with an allergy.

- At the elementary schools, as an added precaution a pink florescent dot is placed on the account card.

Cafeteria

- Students with food allergies will be seated in the cafeteria according to the parents' preference expressed in the SAIHCP, AAP, or 504 Plan.
- All students eating meals in the cafeteria should be encouraged to wash their hands before and after eating so that no traces of allergens will be left on their hands.
- Non-food items are encouraged instead of candy when considering rewards. The SAIHCP of students in the group must be followed.
- Non-food treats are encouraged for birthday celebrations. Possible alternative birthday and party celebration treats are listed on page 22.
- After each class finishes consuming food or meal service, all tables and benches where students with food allergies will sit will be thoroughly cleaned following the established table cleaning procedures prior to the students with food allergies entering the cafeteria. (See Appendix E)
- Cafeteria staff will be trained in risk-reduction procedures and cross-contamination risks.
- When planning for school wide events, such as Read Across America or Field Day where food will be served, schools should consider ordering items from Food Services. With advance notice, the food service manager can order allergy-free treats.

Cafeteria monitors will:

- Be trained in risk-reduction procedures, cross-contamination prevention, and recognition of symptoms of an allergic reaction.
- Be offered anaphylaxis response training, be aware of the location of epinephrine and know the designated school staff members trained in epinephrine administration.
- Be provided with a copy of the AAP and the SAIHCP.
- Discourage unsafe practices among students such as trading food or sharing utensils,
- Notify a teacher/administrator if bullying of students is observed.
- Contact the clinic and/or have a staff member escort students experiencing any health concerns such as food allergies, diabetes, or asthma to the clinic.

Alternative Celebration Ideas for Schools

Low Cost Incentives and Rewards to Reinforce Positive Student Behavior

Elementary School Students

Job – Line Leader

Job – Messenger

Job – Board Cleaner

Extra Time at Recess

Visit School Counselor/
Special Person

Extra Time in Centers

BINGO Celebration

Grade-Level Game Day

Fine Dining in the
Cafeteria

Call Home from “Special”
Phone (e.g., cartoon
character)

All Students

Homework Pass

Homework Extension

Less Homework

Lunch with the Teacher

Lunch in Special Location

Library Pass

Sit at Teacher’s Desk

Write in Ink Color of
Choice

Sit in Desired Spot

Free Time

Talk Time

Pajama Day

Hat Day

Game Day/Hour

Donations from Local
Businesses

Middle/ High School Students

Tardy Pass

Special Parking Spot

Teacher for the Day

Re-Gifted Items Donated
by Faculty and Staff

Special Activity Period

Go to Lunch Early

Trading Cards

Gas Coupons

Life-Size “Cut Outs” from
Store Displays

Pass to Sporting Event

Pass to Dance

Sitting in Teacher’s Chair

Go to the Head of the
Lunch Line

Alternative Celebration Ideas for Elementary School

Teachers and principals will want to review suggestions before sending a list of possible celebration treats home to parents, taking into consideration any developmental stages and special needs for the health and safety of individual students in the classes, and school protocols.

- Instant (digital or Polaroid) picture with class.
- Birthday (BD) student is the line leader for the day and gets to wear a special hat or crown.
- Special BD seat - BD student gets to sit by the teacher for the day or close to a friend
- Teacher/parent buys autograph book and each student and teacher writes something nice about the student. Each classmate writes something that they like about the BD student. These can be written on separate sheets and stapled together or in a special small notebook or autograph book provided by the parent.
- Bubbles (outside)
- A few minutes of extra recess time.
- No homework for the day.
- Lunch with teacher or parent.
- Treasure chest full of trinkets from which students may select.
- BD student brings in a wrapped gift to share with the class (game/activity). At the end of the school year it can either be donated to the classroom or the BD student can take it home.
- BD student donates book, game, exercise equipment, or musical instrument to classroom.
- BD student can donate materials for a class project relating to class curriculum.
- BD student can donate game for indoor recess. BD student can donate playground equipment to class.
- Fish bowl of teacher prizes (no homework, extra recess, playtime in the morning or afternoon, freeze dancing). BD student selects from the fish bowl.
- Piñata filled with trinkets rather than candy.
- Gel pens.
- Postcards (local ones, zoo, museum, etc.).
- Mini address books.
- Containers (fancy boxes, bags, baskets).
- Magnets;
- Wooden building sets (\$1 each at craft stores, often on sale)
- Chalk;
- Stickers/temporary tattoos
- Treasure hunt around the classroom as an activity.
- Post-it notes.
- Mini picture frames (cardboard is fine!).
- Show and Tell for BD student, share favorite things or baby pictures; and
- Parent/grandparent comes in to read a book or play games with students or teacher reads book that the BD student lends to the class.

Adapted from Gina Clowe's Allergy Mom Web site www.allergymoms.com

Non-Edible Rewards

- Become a helper to the custodian, librarian, another teacher, or the office staff;
- Become a class monitor for a specific area of need, (e.g., hall monitor, room check monitor, tidy monitor etc.);
- Help a younger student with a learning task for a specified period of time.
- Earn points for a class video.
- Fifteen minutes of free choice activity.
- Work with a friend.
- Wear your ball cap or favorite hat for a work period.
- Read a comic book.
- Show or tell the class something you have or did.
- Have lunch with your favorite person or the teacher.
- Read a story to the principal or to another class.
- Hand out supplies for a defined number of activities.
- Free time in another classroom.
- Receive a positive note for home.
- Select an item from the prize box.
- Select an item from the treat box.
- Earn tickets toward free time.
- Free pencil, pen, or eraser.
- Positive phone message or email home.
- Free poster.
- Free story for the whole class (A strategy like this lets others help the student at risk stay on target.)
- Take the bubble blower out at recess.
- Free homework passes.
- Leader for the day.
- An additional gym period with another class (be sure to partner up with a teacher for exchanges like this one).
- Listen to the radio or CD with a headset for a specified period of time.
- Post work in the hall or near the office.
- Enjoy a game with a friend or in another class.
- Be the leader for the first gym activity.

Free or Inexpensive Rewards for Individual Students

Elementary Schools

- Assist the custodian.
- Be a helper in another classroom.
- Be featured on a photo recognition board.
- Be recognized during announcements.
- Be the first one in the lunch line.
- Be the leader of a class game.
- Be the line leader or the caboose.
- Be the teacher's helper for the day.
- Choose a book for the teacher to read aloud to the class.
- Choose any class job for the week.
- Choose music for the class to hear.
- Choose the game during physical education.
- Choose which homework problem the teacher will give the answer to for a freebie.
- Dance to favorite music in the classroom.
- Design a class/school bulletin board.
- Do half of an assignment.
- Draw on the chalkboard.
- Earn a free pass to a school event or game.
- Earn a gift certificate to the school store or book fair.
- Earn a pass to the zoo, aquarium, or museum.
- Earn a trophy, plaque, ribbon or certificate.
- Earn an item such as a frisbee, hula hoop, jump rope, paddleball, or sidewalk chalk, which promote physical activity.
- Earn extra computer time.
- Earn extra credit.
- Earn play money to be used for privileges.
- Earn points for good behavior to buy unique rewards (e.g., autographed items with special meaning or lunch with the teacher).
- Earn the privilege of emailing a parent at work telling of accomplishments.
- Eat lunch outdoors with the class.
- Eat lunch with a teacher or principal.
- Eat lunch with an invited adult (grandparent, aunt, uncle).
- Eat with a friend in the classroom (with the teacher).
- Enjoy a positive visit with the principal.
- Enjoy class outdoors for the whole class.
- Enter a drawing for donated prizes among students who meet certain grade standards.
- Earn free choice time at the end of the day.
- Earn a no homework pass.
- Earn a flash card set printed from a computer.
- Earn a video store or movie theatre coupon.
- Earn extra art time.
- Go on a walking field trip (earn privilege for whole class); and

- Go to the library to select a book to read.
- Have a teacher read a special book to the entire class.
- Have an extra recess.
- Have the teacher share a special skill (e.g., sing).
- Have the teacher make a positive phone call home.
- Help in a lower level class.
- Listen to music while working.
- Listen with a headset to a book on audiotape.
- Make deliveries to the office.
- Operate the remote for a PowerPoint lesson.
- Select a game at recess that everyone plays including the teacher.
- Play a computer game.
- Play a favorite game or puzzle.
- Read a book to the class.
- Read morning announcements.
- Read outdoors.
- Read to a younger class.
- Receive a “mystery pack” (gift-wrapped items such as a notepad, folder, puzzle, sports cards, etc.).
- Receive a 5-minute chat break at the end of the class or at the end of the day.
- Receive a note of recognition from the teacher or principal.
- Receive a plant, seeds, and a pot for growing.
- Receive art supplies, coloring books, glitter, bookmarks, rulers, stencils, stamps, pens, pencils, erasers, and other school supplies.
- Receive verbal praise.
- Select a paperback book to take home to read from the teacher’s personal library.
- Sit at the teacher's desk for the day or a set amount of time.
- Sit next to the teacher during story time.
- Sit with a friend at lunch, assembly, etc.
- Earn a trip to the treasure box (non-food items such as water bottles, stickers, key chains, temporary tattoos, yo-yo’s, bubbles, spider rings, charms, and pencil toppers).
- Take home a class game for a night.
- Teach the class a favorite game.
- Teach the class a math lesson.
- Use colored chalk.
- Use the teacher's chair.
- Walk with a teacher during lunch.
- Watch a video.
- Work as the principal apprentice for 20 minutes.
- Work in the lunchroom.

Free or Inexpensive Rewards for Individual Students

Secondary Schools

- Write a job recommendation for the student.
- Choose to do a PowerPoint for the class on a particular subject of interest.
- Choose the assignment the class does for homework.
- Dress as the school mascot during a game.
- Eat lunch with a preferred adult.
- Earn a free entrance to a dance.
- Earn a free entrance to a football, basketball, etc., game.
- Earn a free library pass to research a topic of interest.
- Shoot a video about the school's expectations to show on CC TV.
- Make a bulletin board in the front hall highlighting an event of choice.
- Make the morning announcements.
- Serve as the office aide for a period.
- Be part of a brainstorming adult team at the school.
- Eat lunch outdoors at a special table.
- Eat lunch with a parent or grandparent at a special table.
- Shadow business owner for a day- credit for writing about the experience.
- Shadow the principal for an hour or the day.
- Earn the privilege of leaving books in class overnight instead of having to lug to locker.
- Earn reserved seating at a school play for student and five friends.
- When a student does something that should be rewarded, send a postcard to the parents praising the student's action or accomplishment.
- Serve as a student ambassador if visitors come to the school.
- Sit at score table at basketball game.
- Sit in score box at a football game.
- Sit in the teacher's chair for the period.
- Earn special parking preference for a day.
- Earn special recognition at any school event - Guest DJ - one song at dance, etc.
- Earn special seating at lunch table with friends.
- Select which problem the teacher will make a freebie answer on homework.
- Plan spirit week activity for one of the days (hat day, sunglasses, etc.).

Emergency Responses

Teachers should have plans for the remainder of the class if a student has an allergic reaction.

In the event of a severe allergic reaction, Follow the students Allergy Action Plan and PWCS protocol for EMS transport of a student.

Returning to School after a Reaction

Students who have experienced an allergic reaction at school need special consideration upon their return to school. The approach taken by the school is dependent upon the severity of the reaction, the student's age and whether classmates witnessed it. A mild reaction may need little or no intervention other than speaking with the student and parents and re-examining the AAP/SAIHCP. Address concerns with students who witness a life-threatening allergic reaction in a way that does not compromise the confidentiality rights of the students with the allergy.

Corrective actions and lessons learned from an incident should be used to revise the child's individual plan if needed.

- Call parent or guardian to follow up on student condition.
- Review anaphylactic or allergic episode with parent or guardian and student.
 1. Identify allergen and route of exposure-discuss signs and symptoms with parent or guardian.
 2. Review actions taken.
 3. Discuss positive and negative outcomes.
 4. Discuss any needed revision to plan based on experience or outcome.
- Discuss family role with parent or guardian to improve outcomes.
- Discuss school and home concerns to improve prevention, response, and student outcomes.
- Ask parent or guardian to replace epinephrine dose that was given, if needed.
- Ask parent or guardian to follow up with healthcare provider.

Special Considerations for the Student

The student and/or parent(s)/guardians shall meet with the nurse/staff who were involved in the allergic reaction to review and revise the AAP/SAIHCP if needed.

If a student demonstrates anxiety about returning to school, checking in with the student on a daily basis would be indicated until his/her anxiety is alleviated. The school counselor should be made aware of the incident and should provide support for the student, classmates, family, and/or staff. If a student has a prolonged emotional response to an anaphylactic event, strategies should be reviewed and clinical intervention may be recommended. Collaboration with the student's medical provider would be indicated to address any medication changes.

It is important to keep in mind that a student will continue to need to access help if another allergic reaction should occur; therefore, make sure a student feels comfortable enough to seek help if needed. Schools want students to feel free to relay information without embarrassment or fear of intimidation.

Appendices

Appendix A

Roles of Specific Individuals in the Management of Students with Life-Threatening Allergies

- Student with Food Allergies
- Parent/Guardian of a Student with Food Allergies
- School Nurse
- Clinic Assistant
- Principal or Designee
- Classroom Teacher/Specialist
- School Counselor
- Food Service Manager

Responsibilities of the Student with Life-threatening Food Allergies

- Take as much responsibility as possible for avoiding allergens.
- Eat only food brought from home or from the cafeteria which your parents have approved.
- Wash hands before and after eating.
- Learn to recognize symptoms of an allergic reaction.
- Promptly inform an adult as soon as accidental exposure occurs or symptoms appear.
- Take more responsibility for your allergies as you get older (refer to parent responsibilities outline).
- 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 allergy in school.
- Must carry Epi-Pen at all times if prescribed.

Responsibilities of the Parents/Guardians of a Student with Food Allergies

- Inform the school nurse and/or clinic assistant of your child's allergies prior to the opening of school (or as soon as possible after a diagnosis).
- Provide the school with a way to reach you (cell phone, etc.).
- Notify school immediately of any changes or updates to your contact information.
- Provide a list of foods and ingredients to avoid.
- Consider providing a medical alert bracelet for your child.
- Participate in developing a SAIHCP with the multi-disciplinary team.
- Provide the school nurse/clinic assistant with a current AAP and SAIHCP completed and signed by your healthcare provider, student (if applicable) and parent/guardian.
- Comply with the approved AAP and SAICHP.
- Provide the school nurse with annual updates on your child's allergy status.

- If a food/milk substitute is requested: The USDA requires a doctor's statement that a child has a food allergy disability before food service staff in the Child Nutrition Program can make meal accommodations and provide a safe meal for a child with a food allergy.
- The diet order must:
 - Identify the disability,
 - Explain why the disability restricts the child's diet,
 - Address the major life activity affected by the disability, and
 - List the food or foods to be omitted from the child's diet and the food or choice of foods that must be substituted.
- Provide the school with up-to-date epinephrine auto-injectors and antihistamine if ordered by the healthcare provider. If the healthcare provider has indicated on the AAP or medication administration form that the student should self carry his/her own medication, individual doses of antihistamine are recommended.
- Decide if additional epinephrine auto-injectors and antihistamine will be kept in the school, aside from the one in the nurse's office, and if so, where.
- Notify the teacher/sponsor about the student's allergy when the student will be staying for any school-sponsored, after-school activities. The clinic is closed after dismissal and the nurse/clinic assistant is not in the building. It is strongly suggested that middle and high school students carry their own auto-injectors for quick access to epinephrine. For students to carry an epinephrine auto-injector, the healthcare provider, the student and parent must sign attachment I, page 5 (Permission For Student To Carry And/Or Self-Administer Epinephrine) of the AAP. If a student is unable to administer his/her own epinephrine, a trained adult staff member will administer it.
- Provide the school nurse with a written statement from the healthcare provider if student no longer has life threatening allergies.
- Consider providing non-perishable emergency food to keep in school.
- Be willing to go on your child's field trips, if possible.
- Be willing to work with your child's classroom teacher to plan for special events, field trips, and the use of safe food products in school projects.
- Notify the teacher and school nurse or clinic assistant in advance if the student with a severe food allergy is participating in an after school, school-sponsored activity, thus, providing time to be certain that the supervising teacher can be trained.
- At the elementary school, if your child is eating meals or food items provided by School Food and Nutrition Services, review their daily meal selections.

Periodically teach your child to:

- Recognize the first symptoms of an allergic/anaphylactic reaction.
- Know where the epinephrine auto-injector is kept and who has access to the epinephrine.
- Communicate clearly as soon as he/she feels a reaction is starting.
- Carry his/her own epinephrine auto-injector and antihistamine when appropriate with healthcare provider's approval.
- Refrain from sharing snacks, lunches, drinks, or utensils.
- Understand the importance of hand-washing before and after eating.
- Report teasing, bullying, and threats to an adult authority.
- Take as much responsibility as possible for his/her own safety.

It is important that students take on more responsibility for their food allergies as they grow older and are developmentally ready. Consider teaching them to:

- Communicate to an adult when not feeling well.
- Read labels and be aware of the probability of cross-contamination.
- Carry own epinephrine auto-injector and antihistamine.
- Administer own epinephrine auto-injector and be able to train others in its use.

Remember – the ultimate goal is that our students eventually learn to keep themselves safe.

Responsibilities of the Principal or Other Administrator

- Support faculty, staff, and parents in implementing all aspects of the PWCS “Management of Life-Threatening Allergies in Schools and School Age Child Care” guidelines, AAP and SAIHCP's.
- Ensure that staff who come into direct contact with the students with life-threatening food allergies are trained and educated regarding:
 - Food, insect sting, medication, and latex allergies;
 - Prevention procedures;
 - Emergency procedures; and

- How to administer an epinephrine auto-injector in an emergency.
- Ensure that cafeteria monitors and other staff who monitor the cafeteria receive training regarding the safety and care of students with food allergies.
- Provide emergency communication devices for all school activities, including transportation, that involve a student with life-threatening allergies.
- Follow the AAP if any student experiences an allergic reaction at school.
- Make sure a contingency plan is in place in case of a substitute teacher, nurse, clinic assistant, cafeteria hostess, or food service personnel.
- Offer Anaphylaxis training to students' teacher. Ensure teacher has list of designated staff trained in Epi-pen administration, and is aware of location of Epi-pens.

Responsibilities of the School Nurse

- Once notified by parent/guardian that the student has a life threatening allergy and Epinephrine has been ordered inform the parent/guardian that an AAP must be completed and signed by healthcare provider, parent and student (if applicable) as soon as possible.
- Review the AAP to assure that the student's name, photo (if possible), allergens, symptoms of allergic reactions, risk reduction procedures, emergency procedures, and required signatures are in place. Make sure that parents of children with food allergies provide epinephrine auto-injectors as ordered.
- Coordinate with the school administrator/school counselors to arrange a team meeting to familiarize teachers with the SAIHCP and AAPs of their students by the opening of school, or as soon as the plans are accepted.
- Encourage the parent/guardian to review prevention plans, symptoms, and emergency procedures with the student.
- Provide SAICHP information of students with life-threatening allergies and their photos to all staff on a need-to-know basis.
- Send a copy of the students AAP and SAIHCP to transportation to distribute to bus drivers.
- Stay up-to-date on best practices for managing food allergies.
- Educate other staff about food allergies and the needs of children with food allergies in a way that does not compromise their confidentiality rights.

- Use each child's AAP to train other staff members how to recognize the specific signs of an allergic reaction in each child and how to respond to a food allergy emergency.
- Coordinate annual training for all staff on relevant federal and state regulations for managing food allergies in children.
- Coordinate annual training to all staff on emergency response protocol and practices, including how to respond to food allergy emergencies. (Appendix D)
- Provide or coordinate training for delegated staff on how to use an epinephrine auto-injector.
- Document attendance of all training sessions.
- Make sure there is a contingency plan in place in the case of a substitute school nurse.
- Assure that student information is added to health alert in SMS.
- Meet student and identify where classroom is located in the building.
- In elementary school meet with the food service manager and cafeteria hostesses to identify all students with severe food allergies.
- Ensure that cafeteria staff have a current copy of AAP and SAICHP and update as necessary throughout the school year.
- Make sure that medications are kept in a secure place and that staff who are delegated and trained to use epinephrine auto-injectors can get to them quickly and easily. Regularly inspect the expiration date of epinephrine auto-injectors.
- Distribute and post names of staff members trained in Anaphylaxis response (Epipen Administration).
- Review PWCS Medication Authorization for Extended Day and Overnight Field Trips with teacher/designated staff. Instruct trained teachers or assigned staff member to be aware of the location of the epinephrine auto-injector during the entire field trip
- Remind parents to pick up all medication at the end of the school year and inform parent about forms needed for the upcoming school year.

Responsibilities of the Clinic Assistant (CA) if applicable

- Review the AAP to assure inclusion of the student's name, photo, allergens, and symptoms of allergic reactions, risk reduction procedures, emergency procedure, and required signatures.
- Alert the school nurse to arrange education of new personnel as necessary.
- Periodically check medications for expiration dates and arrange for them to be current.
- Store epinephrine auto-injectors in a labeled area that is unlocked during the school day and locked at the end of the day.
- Make sure there is a contingency plan in place in the case of a substitute clinic assistant.
- Assure that student information is added to health alert in SMS.
- Meet student and identify where classroom is located in the building.
- In elementary school, meet with cafeteria hostesses to identify all students with severe food allergies.
- Check epinephrine auto injectors monthly for expiration dates and notify parents when epinephrine auto-injectors are expiring.
- Assure that teacher is aware of where epinephrine auto-injector and antihistamine are located and that these must be taken on field trips
- Remind parents to pick up all medication at the end of the school year and inform parent about forms needed for the upcoming school year.

Responsibilities of the Classroom Teacher/Specialist

- Participate in a multi-disciplinary team meeting for the student with life-threatening allergies and in-service training.
- Implement the AAP and SAICHP of any student(s) in your classroom with life-threatening allergies.
- Plan with the school nurse how to communicate with the school clinic (intercom, walkie-talkie, or other communication device).
- Periodically review the student's AAP and SAICHP and maintain a copy in a designated area of the classroom.
- Be sure all volunteers adhere to the Guidelines for Volunteering in Prince William County Public Schools and sign the Acknowledgement of Receipt of Volunteer Guidelines.
- Leave information in the substitute folder about students with special medical needs for substitute teachers.
- Coordinate with school counselor on providing a lesson plan about food allergies for the class and discuss anaphylaxis in age-appropriate terms with parent's and student's consent.
- Be aware of how the student with food allergies is being treated; enforce school rules about bullying and threats. Respond to signs of social isolation or stigmatizing.
- Work with the school nurse to educate other parents about the presence and needs of the student with life-threatening allergies in the classroom. Enlist their help in keeping certain foods out of the classroom.
- Assure that the plan is in place for cleaning tables before and after snacks.
- Inform parents of any school events or projects where food is involved. Coordinate efforts to ensure that food is safe and the student with food allergies is fully included.
- Participate with the planning for student's re-entry to school after an anaphylactic reaction.
- Never question or hesitate to act if a student reports signs of a possible allergic reaction. Students who may be having an allergic reaction should never be sent home on the bus.

Responsibilities of the School Counselor

- Be aware of students in your school who have life-threatening allergies.
- Monitor bullying, stress, anxiety, grades, and other issues that could be related to the medical diagnosis or medication.
- Work with the parent and staff to request an Intervention Team meeting if social, psychological education, or other issues are noted (such as absences, school avoidance, etc.).
- Provide lessons and services to classrooms, small groups, and individual students as needed to facilitate acceptance of differences, peer relationships, positive self image, and confidence.
- Remain alert to students with anxiety and/or disordered eating behavior at school and work with these students to provide support.
- Provide emotional support when a student who has an allergic reaction requiring an epinephrine auto-injector returns to school.

Responsibilities of the School Food Service

- Provide a list of ingredients in each menu item and lists of foods containing each of the eight major allergens to the parents/guardian upon request.
- Participate in the development of the SAICHP.
- Train all school food service staff in risk-reduction procedures and cross-contamination prevention.
- Enter in the “POS” register a dietary restriction note for all students with food allergies.

Appendix B

Best Practices

Listed below are some of the “best practices” used by some schools and suggested for consideration.

- Classroom teacher uses shared manipulates BEFORE students have snacks in order to avoid cross-contamination.
- Items sent home with individual students, such as Buddy Bear, should be washed before a food allergic student handles them, or the food allergic student should use the item before it has been home with other students. This will help to prevent exposure to allergens which may occur in a non-allergic student’s home.
- Separate tables for food allergic students should not be “labeled” with signs since this may increase feelings of isolation and exclusion.
- When determining class assignments at the elementary school level, principals should consider assigning at least two students with similar food allergies (of the same gender) to a classroom in order to decrease feelings of isolation.
- If a student in a classroom is allergic to tree nuts, boxes of tissue which contain shea should be traded for non-treated tissues.
- Before food is used in the classroom, the parent will have the opportunity to approve the food and inform the student that the food is safe. When the food is being used, the teacher should confidentially inform the student that the parent has approved the food.
- Schools may wish to participate in Food Allergy Awareness Week. Initiate activities with announcements, handouts, and information for all students to take home.

Appendix C

Sample Letters

This section includes sample letters and notices that principals and/or teachers may use in communicating with parents, substitutes, and volunteers. Principals/teachers may want to ask parents of students with food allergies to review the specific letters for accuracy. Electronic versions of the letters are available on the PWCS intranet under School Health Services.

- Version I: Letter to All Parents in a Class of a Student with a Food Allergy
- Version II: Letter to All Parents in a Class of a Student with a Food Allergy
- Version III: Letter to All Parents in a Class of a Student with a Food Allergy
- Notice to Substitutes/Volunteers
- Letter from Food Services Regarding Ingredients in Food Served in the Cafeteria

Version I: Letter to All Parents in a Class of a Student with a Food Allergy

School Letterhead

Date

Dear Parents of students in _____ class:

This year, a student in your child's class has a life-threatening food allergy to _____. Even the residue of certain foods contacted through the skin, eyes, nose, and mouth can be fatal. Strict avoidance is the only way to prevent an allergic reaction.

We must all do what we can to provide a safe learning environment for this student. In an effort to allow this student to participate fully in class activities, we ask that you do not send in any food products, which contain these items.

We are able to further accommodate students with such severe food allergies in the cafeteria by providing designated seating. Students with such allergies are usually well trained about avoiding their food allergens.

Our school strives to provide a safe environment for all students. Your cooperation is greatly appreciated. Please feel free to call if you have any questions.

Sincerely,

Principal

Version II: Letter to All Parents in a Class of a Student with a Food Allergy

On School Letterhead

Date

Dear Parents:

This letter is to ask your help in providing a safe environment for a student in your child's classroom who has a severe peanut/nut allergy. Strict avoidance of peanut/nut products is the only way to prevent a life-threatening allergic reaction. We are asking for your assistance in providing the student with a safe environment.

If exposed to peanuts/nuts, the student may develop a life-threatening allergic reaction that requires emergency medical treatment. The greatest potential for exposure at school is to peanut/nut products. To reduce the risk of exposure, the classroom will be peanut/nut free. Please do not send any peanut or nut-containing products for your child to eat during snack-time in the classroom. Any exposure to peanuts or nuts through contact or ingestion can cause a severe reaction. If your child has eaten peanuts/nuts prior to coming to school, please be sure your child's hands and face have been thoroughly washed prior to entering school.

Since lunch is eaten in the cafeteria, your child may bring peanut butter, peanut, or nut products for lunch. In the cafeteria, there will be a designated peanut-free table where any student without peanut/nut products can sit. If your child sits at this table with a peanut/nut product, he/she will be asked to move to another table. This plan will help to maintain safety in the classroom while allowing non-allergic classmates to enjoy peanut/nut products in a controlled environment. Following lunch, the students will wash their hands prior to going to recess (or returning to class). The tables will then be cleaned with soap, water, and paper towels.

We appreciate your support of these procedures. If you have any questions, please contact me.

Sincerely,

Principal

Version III: Letter to All Parents in a Class of a Student with a Food Allergy

On School Letterhead

Date

Dear Parents:

This year your child shares a classroom with several students who are severely allergic to peanuts and/or tree nuts. In an effort to provide a safe environment for these students who have this severe allergy, we will need your help. Since peanut oil, peanut products, and tree nuts (walnuts, peanuts, almonds, pistachio, etc.) are so widely used in foods yet not so easily detected, we are asking that you read labels carefully. Non-food items, such as stickers, pencils, and notepads, provide a risk-free treat that the whole class can enjoy.

We have several students with such severe allergies that even a tiny amount of peanut or tree nut dust or residue entering the eyes, nose, or mouth or on the skin can be life-threatening. Careful hand-washing before coming to school would be beneficial because we need to be extra careful regarding this situation.

Our school strives to provide a safe environment for all students. We are requesting that no peanut or tree nut snacks be sent into the classroom. When selecting items for the class to share for snacks, parties, crafts, or other purposes, we would greatly appreciate your cooperation for not choosing any foods that contain peanuts, peanut oil, peanut products, or any types of tree nuts.

Please feel free to call if you have any questions or concerns. Thank you for your cooperation and support.

Sincerely,

Principal

Letter from the Food Service Manager to Parents of a Student with a Food Allergy

On School Letterhead

Date

Dear Parents of _____:

I have received the notification of your child's food allergies. Your child's safety is of the utmost importance to us. It is our goal to assist you in avoiding food served in the cafeteria that may be a problem for your child. Your child's food allergies have been identified as:

Enclosed, please find a list or lists of menu items that include the allergen(s). The lists include foods which contain even small amounts of the allergen. If you plan to have your child eat foods provided by the cafeteria please review this information carefully along with the daily menu so that you can assist your child in safely selecting menu items from the available choices that avoid the food allergen. More information is available on the School Food and Nutrition Service Web site at pwcs.edu.

It is important you understand this information is subject to change without our knowledge as manufacturers may change product formulation without notifying the School Division and distributors may substitute a similar food with different ingredients to cover shortages.

Due to the nature of the school cafeteria as a volume feeding operation, it is your child's responsibility to insure his/her selections do not include the food allergens. Use of a meal account card at elementary school or ID# at middle and high school will identify your child to the cashier as an individual with a specific allergy. This will allow our staff to review with your child their food selections. (If the child pays for his/her food items in cash without first scanning his/her account card or using his/her ID#, the cashier will not know that he/she should review the items selected.)

If you have questions regarding this information please contact me at _____ or call 703.791.7480 to speak to the Administrative Coordinator for Nutrition.

Sincerely,

Food Service Manager

Enclosure

Notice to Substitutes/Volunteers

This note should be provided to volunteers and substitutes, including volunteers who are helping oversee field trips.

Dear Substitute/Volunteer:

Prince William County Public Schools has wellness guidelines which strongly discourage food in classrooms. Many classes have students with health issues such as obesity, food allergies, celiac disease, and diabetes. In order to encourage wellness and to provide a safe environment for all students, especially those with life-threatening food allergies, we ask that you not buy or give any food, including candy and gum, to students in your care.

Thank you for your cooperation in this matter.

Sincerely,

Principal

Appendix D

Prince William County Public Schools Education in the Care of Students with Severe Allergies

PWCS believes that all students will receive their academic education in a safe environment. For students with severe allergies, maintenance of this environment is facilitated through education of individuals who come in contact with these students and as directed in the medical plan of care.

School Health Services provides training and guidance for the care of students with severe allergies. This program is comprehensive in nature and is repeated at least annually as a demonstration of PWCS commitment to the safety of these students. Training includes:

- School staff in contact with these students;
- Cafeteria hostesses;
- Food Service staff;
- Bus drivers;
- Clinic staff;
- PWCS substitutes;
- PWCS clinic substitutes; and
- Parents – who might require supplemental education, especially after an initial diagnosis.

The goal of School Health Services is to provide safety for these students in the least restrictive environment while maintaining the health needs of the other students in our schools. School Health Services encourages the use of a reward system that does not include food, parties that include healthy activities, crafts that foster creative thinking and the educational process, and the education of staff and students as steps to keep the environment safe for our students with severe allergies.

The guidelines used by School Health Services to maintain the safety of students with severe allergies include:

- An AAP completed by a physician that provides the direction of care should a severe allergic reaction occur at school.
- Completed by a registered nurse with input from parents which provides direction for the classroom teacher in the care of the student in the classroom, cafeteria, on field trips, and during classroom parties.
- Consistent communication with parents concerning the health needs of their child with severe allergies.
- Consistent communication with school staff to assure that questions or concerns are addressed promptly. Parents are encouraged to notify the clinic staff and teacher by email or telephone of any concerns, changes of the status of the student, or questions.

School Staff Training

- Training is completed on a yearly basis for all teaching staff.
- All staff members who have students in their classrooms with AAP and SAICHP must attend the training.
- Additional epinephrine auto-injector training is available for all staff who will be taking students with severe allergies out of the building on a field trip. It is strongly recommended that staff receive this additional training prior to leaving the building with the students.
- During field trips, all students with severe allergies should be accompanied by a PWCS employee who has been trained in use of epinephrine auto-injector administration if the parent is not going on a field trip. At the secondary level, if Permission For Student To Carry and/or Self Administer Epinephrine (Attachment I page 5 of the AAP) has been completed the student does not need to remain with trained staff.
- An online video is available for teachers and staff which covers the major talking points of epinephrine administration.
- Following the video, staff will be provided a demonstration of how to use an epinephrine auto-injector. Return demonstration by the trainee using an epinephrine auto-injector is required for completion of training.
- Food service staff will be trained in risk-reduction procedures and cross-contamination prevention.

Resources for Staff Training

1. School nurse
2. Handout
3. Lecture for reinforcement
4. Demonstration
5. In-school support staff (others who have been trained)
6. On-line training video

Severe Allergy Talking Points

- Anaphylaxis is a serious allergic reaction that can be rapid in onset and may cause death. The most common causes of anaphylaxis are food, insect stings, medications, and latex.
- Foods that most commonly cause an allergic reaction are peanuts, tree nuts, wheat, soy, milk, eggs, fish, and shellfish. The reactions to food can range from mild to life threatening. Recent studies showed that 3.3 million Americans are allergic to peanuts or tree nuts, and 6.9 million are allergic to seafood.
- What do you do? Remember the 4 R's:
 - **Realize** that prevention is the best strategy to prevent reaction
 - **Recognize** symptoms if they occur
 - **React** quickly
 - **Review** what happened
- The first **R** is ***realizing that*** prevention should include education.
- **DISCOURAGE THE USE OF FOOD IN THE CLASSROOM.** Avoid using food as rewards or for curriculum projects.
- If food is to be provided in the classroom the teacher must check with the parent of the allergic student prior to any food being given to that student. The nurse/clinic assistant should not be used to evaluate if a food is safe. Approval of any food should be given by the parent. The parent furnishing the food must provide the teacher with a list of ingredients if food is homemade. Store bought food must have ingredient label.
- Hand washing is an important safety measure to avoid passing food proteins accidentally. Hand washing prior to eating and after is important for general hygiene as well as safety. Hand sanitizers do not remove allergens.
- The second **R** is **recognizing symptoms**. The following are common warning signs of anaphylaxis?
 - Complaint of a tingling, itchiness, or metallic taste in the mouth
 - Hives

- o Difficulty breathing
 - o Swelling and/or itching of the mouth and throat area
 - o Diarrhea
 - o Vomiting
 - o Cramps and stomach pain
 - o Paleness (due to a drop in blood pressure)
 - o Loss of consciousness
- These symptoms can occur very rapidly. Depending on age, the student may not be able to accurately describe his/her sensations. Students may state that their throat is itchy or their mouth hurts. They might state they are not breathing right or that they simply feel sick.
 - **Reacting quickly** is the third **R**. If the diagnosed student is experiencing symptoms refer to his/her AAP. If an undiagnosed student is experiencing symptoms refer to PWCS Standing Order for Auto-Injector Epinephrine Administration For Anaphylaxis.
 - The students' personal epinephrine auto-injectors are located in a predetermined place as discussed in the training sessions with the teachers and other trained staff. This information will be documented on the AAP and SAICHP. Each PWCS has two unassigned Epinephrine Auto Injectors located in an unlocked established location available during school hours for quick access in an emergency situation.
 - ***The last R is review. If an incident occurred review what led to it and discuss preventive measures.***

PWCS Clinic Training

Training for designated staff who provide coverage in the school clinic requires attendance at the four hour Administration of Medication course as well as CPR/First Aid certification.

Cafeteria Hostess Training

1. All hostesses attend training yearly. Individualized instruction is provided by school nurses for new cafeteria hostesses and upon request.
2. Cafeteria attendants will keep themselves updated on student health concerns provided by the school nurse.
3. Training includes lecture, demonstration of epinephrine auto-injector administration, and return demonstration by trainee.

Bus Driver/Bus Attendant Training

1. Bus drivers and attendants are trained on allergy recognition and immediate responses during their initial orientation training during the first aid component.
2. School administrators/school nurses will include appropriate bus drivers and attendants on student specific severe allergy training.
3. Training includes lecture, demonstration of epinephrine auto-injector administration, and return demonstration by trainee.

PWCS Substitute Training

Training is completed during substitute orientation session.

Student specific training is given to substitute teachers as needed by the school nurse. Substitute teachers are also informed of the designated staff trained in Anaphylaxis Response. During this lecture a basic overview of other health issues that might be encountered in the School Division is provided.

PWCS Clinic Substitute Training (if applicable)

1. Training on severe allergies for clinic substitutes is provided within the module on medication training. Substitutes are provided with an overview of anaphylaxis, in-depth discussion of the severe allergy healthcare plan, and treatment procedures should an epinephrine auto-injector be required at school. A demonstration of epinephrine auto-injector administration as well as return demonstration is required for completion of the module.
2. For all non-licensed clinic substitute staff, there is a yearly requirement for medication training recertification. The recertification process covers the same objectives as the initial medication training.

Appendix E

Procedure for Table Cleaning for Students with Severe Allergy

State and local health regulations, generally based on the FDA Model Food Code, provide school districts, schools with requirements governing the cleaning and sanitizing of surfaces and other practices that can protect against the unintentional transfer of 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 alone with water will not remove food allergens.
- Use appropriate hand-washing procedures that emphasize the use of soap and water. Hand sanitizers are not effective in removing food allergens.
- Use this method prior to each time a class with a student with a severe allergy will sit at a table.
- Cafeteria attendants will keep themselves updated on student health concerns provided by the school nurse.
- Each student with food allergies may have a designated area to eat which is cleaned before the student sits down.

Questions and concerns regarding cleaning procedures can be answered by contacting the cafeteria manager.

Appendix F

Allergy Action Plan

Student:	School:	Effective Date:
Date of Birth:	Grade:	Teacher:

Dear Parent or Guardian: Please provide the information requested below to help us care for your child at school.

Part 1 - Provides medical history and contact information. To be completed by parent/guardian.

Part 2 - Provides healthcare provider authorization to administer medication during an allergic reaction. To be completed by healthcare provider.

Part 3 – Provides parent/guardian authorization to provide care. To be completed by parent/guardian.

Part 4 – Provides authorization when a student is to carry and self-administer epinephrine. To be completed by healthcare provider, parent/guardian, and student.

Please note: Allergy Action Plans must be submitted annually at the beginning of each school/SACC year and whenever modifications are made to this plan.

Part 1: To be Completed by Parent/Guardian

Contact Information		
Parent/Guardian #1:		
Address:		
Telephone – Home:	Work:	Cell:
Parent/Guardian #2:		
Address:		
Telephone – Home:	Work:	Cell:
Other emergency contact:		

Physician's Name:	Office phone:
Medical History	
What is your child allergic to?	
What age was your child when diagnosed?	
Has your child ever had a life-threatening reaction?	
What is your child's typical allergic reaction?	
Does your child have asthma?	
Does your child know what food/allergens to avoid?	
Will your child eat the school provided breakfast and/or lunch?	
Will you be providing meals and snacks for your child at school/SACC?	
How does your child travel to school/SACC? <div style="display: flex; justify-content: space-around; align-items: flex-end;"> Bus <input type="checkbox"/> Car <input type="checkbox"/> Walk <input type="checkbox"/> </div>	

Allergy Action Plan

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs.

Asthma: ☐ Yes (higher risk for a severe reaction) ☐ No

For a suspected or active food allergy reaction:

**PLACE
STUDENT'S
PICTURE
HERE**

FOR ANY OF THE FOLLOWING **SEVERE SYMPTOMS**

☐ If checked, give epinephrine immediately if the allergen was definitely eaten, even if there are no symptoms.



LUNG

Short of breath, wheezing, repetitive cough



HEART

Pale, blue, faint, weak pulse, dizzy



THROAT

Tight, hoarse, trouble breathing/ swallowing



MOUTH

Significant swelling of the tongue and/or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting or severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION of mild or severe symptoms from different body areas.

NOTE: WHEN IN DOUBT, GIVE EPINEPHRINE.

MILD SYMPTOMS

☐ If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.



NOSE

Itchy/runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea/discomfort



1. GIVE ANTIHISTAMINES, IF ORDERED BY PHYSICIAN

2. Stay with student; alert emergency contacts.
3. Watch student closely for changes. If symptoms worsen, **GIVE EPINEPHRINE.**

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. Use Epinephrine.

1. INJECT EPINEPHRINE IMMEDIATELY.

2. Call 911. Request ambulance with epinephrine.

- Consider giving additional medications (following or with the epinephrine):
 - » Antihistamine
 - » Inhaler (bronchodilator) if asthma
- Lay the student flat and raise legs. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport student to ER even if symptoms resolve. Student should remain in ER for 4+ hours because symptoms may return.

MEDICATIONS/DOSES

Epinephrine Brand: _____

Epinephrine Dose: ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if asthmatic): _____

PARENT/GUARDIAN AUTHORIZATION SIGNATURE

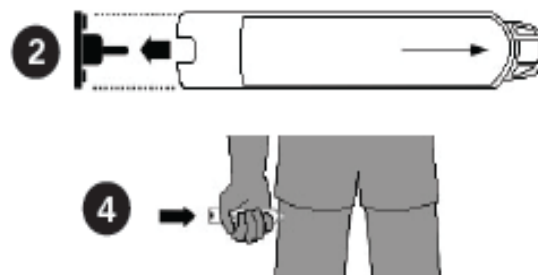
DATE

PHYSICIAN/HCP AUTHORIZATION SIGNATURE

DATE

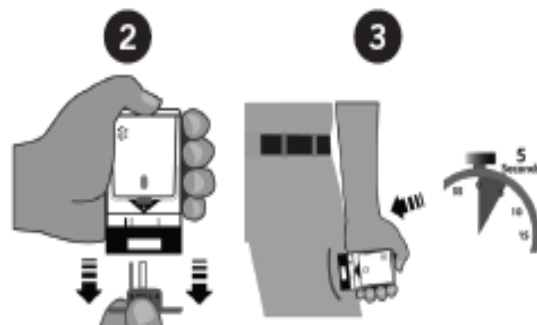
EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



ADRENAClick®/ADRENAClick® GENERIC DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.



OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat student before calling Emergency Contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____

PHONE: _____

NAME/RELATIONSHIP: _____

PHONE: _____

ALLERGY ACTION PLAN
PARENT/GUARDIAN REQUEST FOR ADMINISTRATION OF MEDICATION
FOR ALLERGIC REACTIONS

Student: _____ DOB: _____ School: _____

Schools must obtain specific written parental/guardian authorization before any medical treatment including medication administration can be provided. When signed by the parent/guardian this written informed consent gives trained school/CCC staff authorization to implement the medical order. When parents/guardians authorize a medical treatment for their child in school/SACC such authorization includes permission for appropriate communications between the school health professional and the medical prescriber related to the specific treatment ordered. Health treatment plans not signed and dated by the parent/guardian will not be implemented until all signatures have been obtained. Legally appropriate school health professional-medical prescriber communications based on the medical orders generally include the following:

- The prescription of treatment itself (e.g., questions regarding dosage, method of administration, potential drug interactions);
- Implementation of the treatment in school (e.g., questions regarding safety concerns, infection control, issues, or modifications in the treatment order related to the school setting or student's academic schedule); and
- Student outcomes from the treatment (e.g., questions regarding observed side effects, possibly untoward reactions, observation of behavior in the classroom).

Student may not attend school until the written parental/guardian authorization has been signed and returned to the school.

In accordance with the Virginia Code § 22.1-274, I agree to the following:

I will not hold the School Board, any of its employees, or CCC liable for any negative outcome resulting from the self-administration of said emergency medication by the student.

Parent's/Guardian's Printed Name

Date

Parent's/Guardian's Signature

Date

Designated School/CCC Staff Trained on the above named student's Allergy Action Plan

Printed Name	Signature	Trainer's Signature	Date of Training
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of School Nurse

Date

ALLERGY ACTION PLAN

(Optional) Permission to Carry and/or Self-administer *Epinephrine*

PERMISSION FOR STUDENT TO CARRY AND/OR SELF-ADMINISTER EPINEPHRINE

Student Name: _____ DOB: _____

I, as the healthcare provider, certify that this child has a medical history of severe allergic reaction and has been trained in the use of the prescribed medication and is judged to be capable of carrying and self-administering epinephrine. The nurse or designated school staff should be notified anytime the medication/injector is used. This child understands the hazards of sharing medication with others and as agreed to refrain from this practice. I understand that the school may withdraw permission to possess and self-administer the said emergency medication at any point during the school year if it is determined the student has abused the privilege of possession and self-administration or that the student is not safely and effectively self-administering the medication.

- ☐ Self-carry
☐ Self-administer

Student Signature Print Student Name Date

Healthcare Provider Signature Print Healthcare Provider Name Date

Parent/Guardian Signature Date

Principal/Designee Signature Date

**Prince William County Public Schools
Severe Allergy Individual Health Care Plan**

Student's Name _____

Grade _____

Teacher's Name _____

Lunch Time _____

Place
Student's
Picture
Here

Classroom

- Any food given to student must be approved by parent.
- Staff members will not read labels to decide if a food item is safe.
- Emergency food provided by parent/guardian to be kept in the classroom.
- Parent/guardian should be advised of any planned parties as early as possible.
- Classroom projects involving food should be reviewed by the parent and the teaching staff.
- Middle school or high school student will be making his/her own decision ☐ YES ☐ NO

Bus

- Transportation will be alerted to student's allergy.
- This student has a physician's order to carry epinephrine on bus ☐ YES ☐ NO
- Epinephrine can be found in ☐ backpack ☐ waist pack ☐ other (specify) _____
- Student will sit at front of bus ☐ YES ☐ NO

Field Trip Procedures

- Parent/Guardian should be notified early in the planning to address any risk of allergen exposure.
- Epinephrine should accompany student during any off campus activity.
- The elementary student should remain with the teacher during the entire field trip.
- Middle school/high school student should remain with the teacher during the entire field trip ☐ YES ☐ NO

Cafeteria

- Food Service Manager and cafeteria hostesses will be alerted to the student's allergy.
- Cafeteria tables where food allergic students eat will be cleaned to eliminate food allergens.
- Student will sit at a specified allergy table ☐ YES ☐ NO
- Student will sit at the classroom table at a specified location ☐ YES ☐ NO
- **NO** restrictions where student may sit in the cafeteria ☐ YES ☐ NO

Students must use their account cards (at elementary) or Bar Code # (at middle and high school) to identify their allergy to ensure their selections are doubled checked for safety.

Cafeteria menu is available online.

Parents/Guardians are encouraged to make food choices from the menu.

Complete list of menu ingredients can be accessed through the Food Services Web site.

☐ YES ☐ NO My child's severe allergy concerns require a meeting with school/SACC staff to discuss the classroom care plan. Additional accommodations will be discussed at this time.

Parent's/Guardian's Signature

Date

Registered Nurse's Signature

Date

School

Place
Student's
Picture
Here

Appendix G

Physician's Statement for Students with Special Dietary Needs

Physician's Statement for Students with Special Dietary Needs*		
Student's Name	Age	
Name of School	Grade Level	Classroom
Does the student have a disability? If Yes, describe the major life activities affected by the disability.	Yes	No
Does the student have special nutritional or feeding needs? If Yes , complete this form and have it signed by a licensed physician.	Yes	No
If the student is not disabled, does the student have special nutritional or feeding needs? If Yes , complete this form and have it signed by a recognized medical authority.	Yes	No
List any dietary restrictions or special diet.		
List any allergies or food intolerances to avoid.		
List foods to be substituted.		
List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "All." Cut up or chopped into bite size pieces: Finely ground: Pureed:		
List any special equipment or utensils that are needed.		
Indicate any other comments about the student's eating or feeding patterns.		
Healthcare Providers Signature	Date	

*This statement must be updated annually.

Appendix H

Resources

Organizations and Agencies

The organizations and agencies listed below are resources for additional information for parents and school personnel. Many of these groups have printed materials available in addition to the information on their Web sites. Information from many of these organizations was used in this document, Caring for Students with Food Allergies in Schools.

AAFA/New England

www.asthmaandallergies.org

220 Boylston St Chestnut Hill, MA 02467

617.965.7771 877.2.ASTHMA

Allergy Mom

allergymoms.com

503 Day Star Court Suite 1121, Cranberry Twp, PA 16066

American Academy of Allergy, Asthma, and Immunology (AAAAI)

www.aaaai.org

611 Wells St. Milwaukee, WI 53202

414.272.6071 800.822.2762

American Academy of Pediatrics

www.aap.org

141 Northwest Point Elk Grove Village, IL 60007

847.434.4000

American College of Asthma, Allergy and Immunology

allergy.mcg.edu

85 West Algonquin Rd Arlington Heights, IL 60005

847.427.1200

Asthma and Allergy Foundation of America

www.aafa.org

8201 Corporate Drive Suite 1000; Landover, MD 20785

Centers for Disease Control and Prevention

www.cdc.gov/healthyyouth/

1600 Clifton Rd.; Atlanta, GA 30333 800.CDC.INFO 800.232.4636 212.207.1974

Centers for Disease Control, National Center for Health Statistics

www.cdc.gov/nchs/

National Center for Health Statistics 3311 Toledo Rd., Hyattsville, MD 20782

800. 232.4636

Dey Laboratories-Manufacturer of EpiPen Auto-Injectors
www.deyinc.com 800.755.5560

Food Allergy and Anaphylaxis Alliance
www.foodallergyalliance.org/
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Massachusetts Department of Public Health, Bureau of Family and Community Health, School Health Unit
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Massachusetts Department of Education, Nutrition Programs and Services
www.doe.mass.edu/cnp
350 Main Street Malden, MA 02148
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MedicAlert
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2323 Colorado Ave. Turlock, CA 95382
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National Institutes of Allergy and Infectious Diseases, National Institutes of Health
www.niaid.nih.gov
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References

Articles and Reports

Daniels, S.R., Arnett, D.K., Edkel, R.H., Gidding, S.S., Hayman, L.L., Kumanyika, S., Williams, C.L. (2005, April). Overweight in children and adolescents: pathophysiology, consequences, prevention, and treatment. *Circulation*. 111:1999–2012.

Freedman, D.S., Zuguo, M., Srinivasan, S.R., Berenson, G.S., Dietz, W.H. (2007). Cardiovascular risk factors and excess adiposity among overweight children and adolescents: The bogalusa heart study. *Journal of Pediatrics*, 150(1), 12–17.

Keet, C.A. & Wood, R.A. (2007). Food allergy and anaphylaxis. *Immunology Allergy Clinic of North America*, 27, 193-212.

Ogden, C.L., Carroll, M.D., Curtin, L.R., Lamb, M.M., & Flegal, K.M. (2010) Prevalence of high body mass index in US children and adolescents, 2007–2008. *Journal of the American Medical Association*, 303(3), 242-249.

Prevalence of peanut and tree nut allergy in the United States determined by means of a random digit dial telephone survey: a 5-year follow-up study. (2003). *Journal of Allergy and Clinical Immunology*, 112, 1203-1207.

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. (2008, October). *Food Allergy Among U.S. Children: Trends in Prevalence and Hospitalizations*. Hyattsville, Maryland. National Center for Health Statistics Data Brief. Retrieved from www.cdc.gov/nchs/data/databriefs/db10.pdf

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. (2004, September). *Health, United States, 2004, with Chartbook on Trends in the Health of Americans*. Hyattsville, Maryland. National Center for Health Statistics. Retrieved from www.cdc.gov/nchs/data/hs/hus04trend.pdf#070

U.S. Department of Health and Human Services, National Institutes of Health. (2010). *Food allergy quick facts*. Hyattsville, Maryland. National Institute of Allergy and Infectious Diseases. Retrieved from www.niaid.nih.gov/topics/foodAllergy/understanding/Pages/quickFacts.aspx

U.S. Department of Health and Human Services, Office of the Surgeon General. (2007, January). *Overweight and Obesity: Health Consequences*. Rockville, Maryland. Public Health Service. Retrieved from www.surgeongeneral.gov/topics/obesity/calltoaction/fact_consequences.htm

U.S. Department of Health and Human Services, Office of the Surgeon General. (2001). *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity*. Rockville, Maryland. Public Health Service. Retrieved from www.surgeongeneral.gov/topics/obesity/

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. (2013, October). *Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs*.

Books

Barber, M.S., Scott, M.B., & Greenberg, E. (2001). *The Parent's Guide to Food Allergies*. New York, NY: Henry Holt and Company.

Collins, L.C. (2000) *Caring for Your Child with Severe Food Allergies: emotional support and practical advice from a parent who's been there*. New Jersey: John Wiley & Sons.

Cuss, L.M. (2004). *How To Manage Your Child's Life-Threatening food allergies*. Lake Forest, CA: Plumtree Press.

Faber, A. & Mazlish, E. (2005). *How to Talk So Teens Will Listen & Listen So Teens Will Talk*. New York, NY: Harper Collins.

Wood, R.A. (2007). *Food Allergies For Dummies*. New Jersey: John Wiley & Sons.

Books for Children

Recob, A. (2009). *The BugaBees: Friends with Food Allergies*. Minnesota: Beaver's Pond Press.

Hess, M.R. (2009). *The Day I Met The Nuts*. Virginia: Earth Day Publishing.

Munoz-Furlong, A. (2008) *Alexander storybook series*. Virginia: Food Allergy and Anaphylaxis Network.

Weiner, E. (1999) *Taking Food Allergies to school*. New York: JayJo Books, L.L.C.

Magazines

Living Without. www.livingwithout.com.

Allergic Living. www.allergicliving.com.