



GUIDELINES FOR STUDENTS WITH LIFE THREATENING ALLERGIES

Central Valley School District No. 356
4/07

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INTRODUCTION

Life-threatening allergies and the incidence of anaphylactic shock seem to be on the rise. This document provides an overview of how life-threatening allergies should be addressed by staff within the Central Valley schools. It lists a variety of resources and suggests how staff can work together with students and parents to create a safe and healthy environment in our school district. Each situation is unique and needs to be addressed with a team approach. Any comments, ideas, or feedback that you are able to provide your building principal would be greatly appreciated.

KEY POINTS

- **You are never alone.** It takes a team to ensure the best for our students. Help is usually a phone call away.
- **Educate, Educate, Educate.** This is an ongoing process that changes with the students' needs and as the staff change. Food bans do not work because it creates a false sense of security. Today, processed foods contain trace amounts of food items that are not always identified on the food label. The best plan is to educate our school community about the issues that face students with life-threatening allergies.
- **Special events/Non-routine days.** The greatest risk for a life-threatening allergic reaction exists when the normal routine is broken. Examples are classroom parties, field trips, a substitute teacher, and after school events. **Be Prepared.** Always have the student's allergy care plan available, and think to prevent possible exposures to the allergen.
- **Symptoms vary greatly.** Call 911 when anaphylactic symptoms occur or if ingestion is suspected. Use emergency medication (i.e., Epi-Pen) if needed and follow the allergy care plan.

ALLERGY OVERVIEW

- **Background.** Allergies are inappropriate or exaggerated reactions of the immune system to substances that, in the majority of people, cause no symptoms. Symptoms of the allergic diseases may be caused by exposure of the skin to a chemical, of the respiratory system to particles of dust or pollen (or other substances), or of the stomach and intestines to a particular food.
- **Milk, eggs, peanuts, tree nuts, fish, shellfish, soy and wheat** are the foods that cause the majority of allergic reactions.
- **Every child is different.** Some students will have gastro-intestinal (GI) symptoms long before any other symptoms develop; others have rash or hives and respiratory symptoms almost immediately. An estimated 40-45 million Americans (15-20% of the population) have some type of allergy and, in most people, these allergies first appear during infancy or childhood. Approximately 5% of children in the U. S. are affected by food allergies. Most are not life threatening. Many children with allergies will develop a **rash or hives just from touching a surface** that has a trace of their allergen.

- **Be safe, not sorry!** Take all complaints from children with allergies very, very seriously. It is important to respect the needs and rights of each student, especially those covered under Section 504.
- A child with a life-threatening food allergy should **NEVER** eat **unexamined food**.
- **Be prepared! Know your plan!**
- In the event a student has an allergic reaction at school, **call 911 and administer emergency medication** (i.e., antihistamine and EpiPen) as ordered by the student's health care provider. Key staff members should be trained to use emergency medications and know the location of those medications at school and on any special function. **If epinephrine (EpiPen) is used, the student should be taken to the hospital for evaluation even if the allergic reaction symptoms subside.** The school principal and the school nurse should be notified as soon as feasible. Emergency rescue should be called for **all** suspected allergic reactions. No one can predict how a reaction will progress. A mild reaction can blossom into a full blown anaphylactic reaction very quickly or over several hours. A reaction can also appear to subside or even appear to be under control and can blossom again into a more severe reaction.
- **Cross contamination:** It only takes a trace amount of the food protein to cause an allergic reaction. To prevent exposure to an allergen, **hand washing and washing of surfaces** (tables, chairs, mixing bowls, etc.) where an allergen (such as peanut butter) has been used is necessary. Soap and warm water are most effective for cleaning surfaces.

ANAPHYLAXIS (SEVERE ALLERGIC REACTION) OVERVIEW

What is anaphylaxis?

Anaphylaxis is an immediate, intense and often life-threatening allergic reaction. Also known as anaphylactic shock, anaphylaxis is an excessive reaction by the body to combat a foreign substance that has been ingested, injected, inhaled or absorbed through the skin.

When a foreign substance is detected by the body, the immune system responds by producing antibodies – proteins created by white blood cells to fight foreign substances. The antibodies attack the substance, but also cause cells to release potentially harmful chemicals.

Common allergic reaction such as difficulty breathing, itching, rashes and low blood pressure are the result of these chemicals. Anaphylaxis is a 'worst case,' severe, allergic reaction. The drastic changes in blood circulation and lung function are similar to those experienced in shock. As with shock, they are life-threatening and must be treated immediately.

Signs and symptoms

The symptoms of anaphylaxis can vary. Initial signs of an anaphylactic episode can be mild – a skin rash or a nondescript 'strange feeling.' These symptoms can rapidly progress to include difficulty breathing, swelling, dizziness or unconsciousness.

Serious symptoms:

- Skin: Widespread hives, flushing or swelling.
- Mouth: Swelling of the tongue.
- Throat: Itching, tightness, hoarseness. A hacking cough.
- Stomach: Vomiting, nausea, cramps, and/or diarrhea.
- Lungs: Repetitive coughing, wheezing, trouble breathing.
- Heart: Rapid heart rate, lightheadedness, dizziness, loss of consciousness.

Emergency treatment

Epinephrine is the most commonly used emergency treatment for anaphylaxis. The EpiPen™ is an example of an easy, user-friendly device for the injection of epinephrine.

Epinephrine quickly widens air passages to make breathing easier. It also constricts blood vessels and raises blood pressure. When administered as early as possible, it is very effective. Allergic reactions usually improve within seconds after the injection. Even so, epinephrine's effects are short-lived.

In all allergic reaction cases, emergency medical services (911) must be contacted. Besides transport to the hospital, they might also administer intravenous fluids, oxygen or other treatments. Occasionally, these patients stay overnight at the hospital.

OVERVIEW OF COMMON TRIGGERS FOR ANAPHYLAXIS

Food Allergies

Peanuts, tree nuts, shellfish, milk, eggs, soy and wheat are the typical foods that cause the majority of allergic reactions. A child's allergy to one food might also extend to related foods. For example, an allergy to peanuts may mean an allergy to all members of the legume family. This family contains foods such as soy, peas and certain beans.

Not all adverse reactions to foods are due to an allergy. Some reactions to cow's milk, for example, are related to a deficiency of an enzyme that breaks down sugar in the milk and are considered a digestive disorder.

The first signs or symptoms of an allergic reaction can vary from a few minutes to a few hours after ingestion. The frequency and severity of symptoms may vary widely. The most common symptoms of food allergy involve the skin and intestines.

Once the diagnosis of food allergy is confirmed, the most effective treatment is to avoid the food in any form. The child and parent must always check the ingredients of all food products. A medical alert bracelet will provide crucial information in the case of an emergency.

Insect Sting Allergies

Most people are not allergic to insect stings. An allergic reaction is not the same as the localized pain, redness and swelling always associated with a common sting. Swelling may extend beyond the sting site.

For example, a sting on the forearm may cause the entire arm to swell. Although alarming in appearance, if no signs of allergic reaction are noted, the condition is treated as a normal sting. If in doubt, consult with a physician. In those with true allergic reactions to insect stings, future reactions can be prevented by venom immunotherapy. This treatment involves multiple visits to a health care provider. Increasing doses of venom are administered gradually to stimulate the child's own immune system. Over time, the child becomes resistant to reactions.

Latex allergies

Allergic reactions to latex have become more common in recent years because of an increased use of latex in medical products. Latex allergies are usually caused by natural latex derived from the *Hevea brasiliensis* tree, rather than by synthetic latex. While latex is found in many consumer products such as shoes, underwear waistbands and rubber toys, these uses seem to cause problems only with those who are very allergic to latex. The most common items that might be found in schools that could cause a problem are latex gloves and latex balloons.

Latex sensitive people frequently demonstrate allergic sensitivity to avocado, banana, chestnut, kiwi, raw potato, tomato, stone fruits (peach, plum, cherry), hazelnut, melons, celery, carrot, apple, pear, papaya and almonds.

The best treatment for latex allergy is avoidance. Inform health care providers of latex allergies prior to any dental or medical visits. Wear a medical alert bracelet identifying a latex allergy.

Drug allergies

People who have had an anaphylactic reaction to a drug in the past should avoid this medication in the future. They must get a medical alert bracelet identifying this allergy. Besides identifying medications to avoid, a physician can help determine safe alternative medications.

Drug allergies are *generally not* considered 'life-threatening' in the school setting because medications are not prescribed or recommended by school staff. All medication administered at school must be authorized in writing by both the physician and parent.

AWARENESS, PREVENTION, AND EMERGENCY PREPAREDNESS

By working together, parents, students, medical professional, school district team members, and community partners can create a safe and nurturing environment for all of our students, including those with life-threatening allergies. The first two keys to this safe environment are awareness and prevention.

Awareness means that students, staff, and the community become more aware of the impact of life-threatening allergies and a better understanding of its impact and implication to students and family who

have to live with this condition. It also means that key school team members know who in their school community has a life-threatening allergy.

Prevention addresses the need to limit or avoid possible exposure of student with life-threatening allergies to their allergen. The school district has reviewed and will continue to update key procedures and forms that help protect these students. One of the key ways to help prevent allergy problems in school is for the parent to ensure that all the necessary health information and forms are updated each year. A law is now in place (RCW 28A.210) that requires each family to provide the school a completed Emergency Action Plan (care plan) along with required medication and a completed medication request form before their child with a life-threatening allergy can attend school.

Another key to prevention is for the family to **provide meals and snack item from home** if possible. Local allergists recommend this, and foods provided from home offer the safest option for student with life-threatening allergies.

Unfortunately, total avoidance is simply not possible because many of the offending substances are so widespread or hidden in our daily environments. That is why **Emergency Preparedness** is so important. Each child with life-threatening allergies will have a Care Plan (Emergency Action Plan) in place, and key school team members will be trained.

TEAM ROLES

Family's Responsibility

- Notify the school of the child's allergies
- Work with the school team to develop a plan that accommodates the child's needs throughout the school, including in the classroom, in the cafeteria, in after-care programs, during school-sponsored activities, and on the school bus.
- Provide written medical documentation, instructions, and medications as directed by a physician.
- Provide a small photo of the child to be used on an emergency care plan (approx. 1½" x 2").
- Replace medications after use or upon expiration.
- Ensure all necessary enrollment forms are filled out accurately and updated annually.
- Educate the child in the self-management of their allergy including:
 - Safe and unsafe food
 - Strategies for avoiding exposure to unsafe foods
 - Symptoms of allergic reactions
 - How and when to tell an adult they may be having an allergy related problem
 - How to read food labels (age appropriate)
- Review policies/procedures and the emergency care plan with the school staff, the child's physician, and the child (if age appropriate) after a reaction has occurred.
- Ensure student information and necessary forms are provided if the child transfers schools at any time during the school year.
- Notify school staff of any changes in the emergency care plan including emergency contact phone numbers.
- Share food allergy information, including a copy of the emergency care plan, and medication orders, with all after school programs/activities and transportation department.
- Provide safe snacks for classroom parties and other special events.

- Provide safe meals from home, if possible. This is the safest option for a child with life threatening allergies.
- Work with kitchen staff and district nutrition services to ensure safe school meal options are selected if the child will eat at school.

Student's Responsibility

- Should not share or trade food or eating utensils with others.
- Should not eat anything with unknown ingredients or know to contain any allergen.
- Should be proactive in the care and management of their food allergies and reactions based on their developmental level.
- Should notify and adult immediately if they eat something they believe may contain the food to which they are allergic.
- Should notify and adult if they are being picked on or threatened by other students as it relates to their allergy.

Principal's Procedures/Responsibility

The building principal is the key team coordinator that pulls together the building, district, and school community team members that can best serve the particular student and circumstance. Key responsibilities are:

- **Meet with parents and LISTEN** to their needs and concerns. They often have become an expert for their child's specific allergy.
- Establish a care team. (Could include: Parent, Principal, Teacher, Student, School Nurse, Aide(s), kitchen manager)
- Help parent understand possible 504 implications.
- Inform parent when child may attend school.
- Develop school accommodation plan: Lunchroom, classroom, lunch menu, special events, parties, field trips, and science kits.
- Ensure necessary paperwork is completed/updated prior to attendance each year: enrollment forms, emergency care plans, medication forms.
- Ensure training takes place annually and as needed: emergency medication (i.e., Epi-Pen), emergency care plan, and accommodation plan at school.
- Ensure medications are stored appropriately, are accessible, and staff knows where they are located.
- Ensure district procedures for special events are followed: field trip plans, parties, and other special events.
- Ensure that emergency care plans are in designated areas, key staff are trained, and staff practice the emergency care plan at least once as early in the school year as possible.
- Ensure new staff and substitutes are alerted.

Office Staff's Procedures/Responsibility

- Review enrollment form and identify students with life threatening allergies.
- Hand out an *Allergy Alert* form and medication authorization forms to the parent and explain that **these forms must be returned and approved by the school nurse prior to the child attending school.** This is in compliance with state law.

- Notify the principal, school nurses, and teacher immediately that a student with a life threatening allergy will be enrolling (e-mail or call).
- Immediately inform the school nurse that the completed paper work is available.

Nurse's Procedures/Responsibility

The nurse is the key resource for medical direction and staff/student training. The nurse **MUST** be called as soon as a student is identified with an allergy. Key responsibilities are:

- Work with principal and parents to develop an emergency care plan and an individual health care plan (if appropriate).
- Review and approve emergency care plan and medication forms as they are submitted
- Distribute emergency care plan and medication request form to appropriate staff.
- Train staff, students and parents for emergency plan and the use of the EpiPen.
- Track/review school plan, emergency plan, training and expiration dates on medications.
- Review emergency care plan annually and update as needed. Communicate with parents and medical professionals as needed.

Teacher: The teacher has the greatest impact on the student and classroom environment. Making the school a place where the student can be accepted is very important. Key responsibilities are:

- Understand parent and student needs
- **Call 911 first** when allergy related symptoms occur or ingestion is suspected.
- Know the emergency care plan and school/classroom accommodations.
- Inform substitutes of the plan(s) and ensure all paper work is current and available.
- Help educate students about allergies and peer pressure. (Video available.)
- Review/rethink lesson plans and field trips in regard to foods.
- Be prepared for special events (parties) and field trips. The greatest risk for a student to have an allergic reaction is when class activity is outside the normal routine.
- Emphasize hand washing and surface washing before and after eating or handling food.
- Train all students not to share food or eating utensils.
- Review craft and science projects in regards to specific food allergies.
- Know the location of all Emergency information and medications.
- Know how medications are accessed after normal school hours and on special trips.
- Know how to contact emergency services at school or on a field trip.
 - Do you dial "9" first?
 - Know how to contact emergency services throughout the full course of your field trip.
 - Is 911 available throughout the entire itinerary? If not, what is the number to dial for the local emergency response service?
 - Be aware that your cell phone may not be operational in all areas.
 - **Know your alternatives.**

Nutrition Services' Procedures/Responsibility:

Nutrition Services have access to educational resources and staff that are trained in nutrition, labeling, and food production. Their role is to clearly communicate with the principal and parent what allergens may exist on the schools' menu. Key responsibilities are:

- Know the ingredients of school food items.
- Annually review food labels.
- Label peanut and nut products that are produced and/or served by nutrition services.
- Participate with care team as needed.
- **Minimize cross contamination of allergenic food products.**
- Make menu accommodations as needed. Communicate these changes with the principal and nutrition services supervisor.
- Review the emergency care plans for each student with food allergies.
- Provide appropriate food substitutions.

SNACK DISTRIBUTION AT SCHOOL

Schools occasionally purchase snacks for distribution during group testing situations. The safest option for student with severe food allergies is to bring safe snacks from home and not eat any snacks provided by school.

Please review the handout *Reading Food Labels* for information to note when selecting food/snack items when students with severe food allergies are in the testing group.

Please note: It is **NOT** recommended that food purchased by schools be distributed to students with severe food allergies.

If you have questions, please contact your School Nurse. More information is available at the Food Allergy Network website at: www.foodallergy.org.

SCIENCE KITS – Allergen Labeling & Procedures

- Non-allergenic contents are used whenever possible.
- A master roster of all kits is kept, with kits that contain potential allergens highlighted and the potential allergen is noted.
- The shelf in the kit assembly area that contains one of these allergens is marked with a bright terra green sticker, noting the items need to be labeled in the science kit.
- Each science kit inventory sheet identifies the item that contains the allergen with the allergen **highlighted**.
- Kits with **latex, nuts, and/or peanuts** have a notation at the bottom of the inventory sheet and a note to “Add a bright terra green flyer to the top of each kit.”
- All kits with potential allergens have a bright terra green notice stuck on the lid for the teacher to “Check the kit inventory list for any allergens that might cause a problem for one of their students.”
- Each item that contains a potential allergen is assembled or prepared in a separate area away from the kit assembling area. Bulk items are placed in zip lock bags and labeled. Left over kit items are stored in a plastic tub in the appropriate kit area.
- Like kits are assembled at the same time, cross contamination/contact is minimized, and the area is cleaned prior to a different kit being assembled.
- Kit order forms have potential allergens noted.

RESOURCES

The Food Allergy and Anaphylaxis Network (FAAN): FAAN is a great resource for current research, informational newsletter, support groups, and information of food products. Their phone number is 800-929-4040, and the Web address is: <http://www.foodallergy.org>

Allergy, Asthma Information Association of Canada (AAIA):
http://www.aaia.ca/ENGLISH/Main_Pages/Links.htm

American Academy of Allergy, Asthma and Immunology (AAAAI): <http://www.aaaai.org/>

Asthma & Allergy Foundation of America: <http://www.aafa.org/>

Inland Food Allergy Support Team (IFAST): <http://home.comcast.net/~ifast/>

School Nurse Organization of Washington (SNOW):
<http://www.schoolnurseorganizationofwashington.org/links.php>

Classroom Resources:

The following classroom resources have been purchased from the Food Allergy Network (FAN) and are available for your use. They can be checked out from your school nurse and/or the Interventionist Library.:

- **The School Food Allergy Program Manual** (A detailed resource on how to manage allergies in the school environment).
- **It Only Takes One Bite:** A short video for adults/staff that provides an overview of allergies and how they can be managed.
- **Alexander, The Elephant Who Couldn't Eat Peanuts:** A short video targeting elementary students and the issues of peer pressure and allergies.
- **Friends Helping Friends: Make It Your Goal:** A video, discussion guide, poster and reproducible certificates for middle school age students.