

### Definitions

- Allergen: A substance that triggers an allergic reaction.
- Allergies: An exaggerated response to a substance or condition produced by the release of histamine or histamine-like substances in affected cells. It is characterized by an overreaction of the immune system to protein substances – either inhaled, ingested, touched or injected – that normally do not cause an overreaction in non-allergic people.
- Allergic Reaction: An immune system response to a substance that itself is not harmful but that the body interprets as harmful. When an allergen is eaten, the food allergic student produces histamine. Once the histamine is released in the body it causes chemical reactions which may trigger inflammatory reactions in the skin (itching, hives, rash), the respiratory system (cough, difficulty breathing, wheezing), the gastrointestinal tract (vomiting, diarrhea, stomach pain), and the cardiovascular system (lowered blood pressure, irregular heartbeat, shock). Each person with a food allergy reacts to the allergy differently. Each reaction by a food allergic student may differ in symptoms.
- Anaphylaxis: A life-threatening allergic reaction can involve one or more body systems. It may be characterized by symptoms such as lowered blood pressure, wheezing, vomiting or diarrhea, swelling and hives. Anaphylaxis may result in shock or death, and thus requires immediate medical attention.
- Nut-Controlled Space: A classroom in which consumption of obvious nuts (i.e. peanuts or almonds) and obvious nut products (i.e. peanut butter) is not permitted. Complete lack of nut-products (i.e. reading of all food labels) **cannot** be guaranteed in nut-controlled classrooms. The prohibition is for obvious nut products.

### Food Allergies

This protocol will be followed in the school setting, with the cooperation of the parents, when a student is identified as having a significant food allergy. A student, whose needs are considered to be more complex, will be provided services through a 504 Accommodation plan or an Individualized Education Plan.

### Parent Responsibilities:

When a child's food allergies have been identified by his parents and physician, the school district requires that the parents:

1. inform the school nurse of the child's allergies and provide written medical information that is updated prior to the beginning of the school year and as needed, with any changes that occur during the school year.
2. provide the school with written medical orders and instructions from their physician, preferably in the form of an emergency care plan which includes precise instruction of when and how to treat allergy symptoms and cases of ingestion or suspected ingestion of allergen(s)
3. For Students in secondary schools, parents will be encouraged to obtain a physician's order to self-carry emergency medication. Any student may self-carry emergency medication with a doctor's order, parental permission and school approval.
4. All physicians' orders should be signed by the parent.

5. provide the school with EpiPens and other medication, if appropriate, as prescribed by the physician;
6. seriously consider providing the child with a medical information bracelet or necklace to be worn at school that lists allergies;
7. may review the Emergency Care Plan created by the nurse, if no plan is provided by the physician;
8. provide safe foods for lunches, snacks, and special occasions; these may be kept in the classroom or nurses office;
9. be available to attend field trips if possible, when needed or asked.
10. confer with teachers regarding lessons or projects that use food;
11. teach their allergic child to recognize first symptoms, to communicate these to staff, to not share snacks, lunches, drinks and utensils, and to report any teasing;
12. consent to share photographs and medical information with necessary employees; and staff.
13. maintain up-to-date emergency contacts and phone numbers.

### Student Responsibilities:

The role of the student with life threatening allergies will change as they get older and more mature. The level of independence with their care and management is based on the student's developmental status.

The student will develop skills to:

- avoid allergen exposure
- learn to recognize symptoms of an allergic reaction and alert an adult if a reaction is suspected, symptoms occur, or ingestion is suspected;
- never eat anyone else's food;
- wash hands before and after eating;
- learn to read food labels and make safe choices in the cafeteria
- keep medications in locker or on their person if self-carrying medication

### Lunch:

The food-allergic child will eat only food brought from home. If the student, with approval of his/her parent intends to buy school lunch, the parent should contact the head of foodservice to determine if buying lunch is safe for their child. Prior to the child buying school lunch, the parent must make the determination as to the safety of a cafeteria lunch for their child.

### Cafeteria:

When parents and their physician inform the district/school of a child with food-allergies/high risk of anaphylaxis and request lunchroom accommodations, the school will institute lunchroom procedures to help protect the child. Most commonly, this will include children with "nut" allergies. If requested by the parent, the school will designate certain cafeteria areas as "allergen controlled". Allergen controlled areas will be supervised by cafeteria monitors. Prior to each lunch period, the allergen controlled areas will be cleaned with a separate cleaner and towels from what is used for all other areas.

### Food Service:

Food service personnel will be provided with a list of all students with food allergies prior to the beginning of each school year and updated as needed.

The School Lunch Director will continue to check ingredient labels for food products used in the School Lunch Program, including vending machine products. She will make this information available to the parent upon request. Staff will not be required to read labels.

At the intermediate and high school grade levels, some students remain with an allergy(s) so severe that they continue to require classrooms without obvious allergens including nuts/ nut products. The classrooms of those students will be kept free of obvious signs of nuts/ nut products, or other allergens as required. This would include all areas and classrooms in the building that are shared by all students. The cafeteria would remain an area where allergens including nuts and nuts products would be able to be consumed by all students. Allergen free tables/ areas will be available in the cafeteria as needed.

#### Elementary Classrooms, Snacks, and Parties:

Due to statistics showing that the majority of fatal and near fatal reactions for elementary students in the school setting are most often caused by peanuts or tree nuts, we have had an increasing number of elementary classrooms designated as “nut controlled” in recent years. Since students move throughout the school each day, our medical professionals have expressed concerns about some classrooms being “nut-controlled” and others not having this designation. Beginning in 2017-18, all District elementary school classrooms will be “nut controlled”. The consumption of obvious nuts (i.e. peanuts or almonds) and obvious nut products (i.e. peanut butter) will not be permitted in classrooms. These products are allowed in the cafeteria (as described above). Appropriate signage will be posted, and families will be informed via letters, email, district website and various other means. Teachers will speak about this at Back to School Night.

Additionally, when the parent and physician have informed the school of a child in elementary or middle school with a serious food allergy other than nuts, parents may request accommodations for an allergen controlled classroom. A letter will be sent home explaining the presence and the seriousness of the condition, and requesting cooperation in reducing the risk to the child by asking them not to send/ bring in snacks or party foods that contain obvious signs of the food allergens. The letter will be sent prior to the start of the school year or when the school is notified about a new allergy. Signs will be placed outside the room, by the door stating that the room is ‘allergen safe’ in some language, to be determined depending on the allergy. As a follow-up reminder, the teacher will speak about the allergy at Back to School night.

Food-allergic children will eat only foods brought in from their home. They should not be permitted to eat or touch food brought in by others for snacks or special events unless approved by the child’s parents. A parent of a food-allergic child may choose to send in their own food for occasions such as these. These treats can be kept at the nurse’s office or classroom. All parents should consider using the cafeteria to provide birthday treats since our cafeterias are allergen-controlled environments. Parents should contact the Food Service Director for specific details.

The teacher will educate children, in an age appropriate manner, about the seriousness of food allergies and the importance of enforcing the rule never to share or trade snacks or party food with a food-allergic classmate. Bullying of any kind is unacceptable and will not be tolerated.

#### Field Trips:

When a child identified with a “serious medical condition” (e.g. food allergies/anaphylaxis) has a field trip, his parent may be requested to accompany the child on the trips. Teachers will give these parents lead time on upcoming special events so that they have time to plan ahead to attend. If it is part of their doctor’s treatment protocol, parents must provide an EpiPen for field trips. If a parent will not attend, and the student does not self-carry their EpiPen, a designated person trained in its use will take the EpiPen and keep the child in their group. Staff who are responsible, will see the nurse to be briefed on

the identity of the child, the specific allergies, and the symptoms to be aware of. On every field trip there will be access to a telephone, cell phone, or radio communication in case of emergency.

If the children bring their own lunches on a field trip, the child with the food allergy will place their food in a backpack for transport. The teacher/chaperone will be asked to carry it if needed. If the class will be eating at a restaurant, the child with food allergies must bring his/her own food or signed permission from the parent to eat out, indicating specifically what the child may eat. Children will be reminded not to share or trade any food.

#### School Buses:

1. Each nurse will send the transportation department a list of students with severe allergies in the beginning of the year.
2. Drivers and Substitutes shall remind students of the no eating policy on all buses (except where special arrangements have been made). This policy must be enforced by drivers, teachers, principals, and coaches.
3. Drivers and Substitutes shall not give out snacks or treats to students.
4. A list of the possible signs and symptoms of a severe allergic reaction shall be given to all bus drivers, attendants, and substitutes for their review. In the event of a suspected severe allergic reaction, the driver will notify the dispatcher who will place a 911 call and suggest action to the driver.
5. Students with an Emergency Allergy Plan may be assigned a specific seat on any bus they ride.
6. Drivers are expected to administer emergency medications as required by Emergency Allergy Plan and will be properly trained by the nurses.
7. The district will make every effort to insure that buses used for extracurricular activities, are not used to regularly transport identified students.

#### In-Service Training:

Staff who interact with a child with food allergies – teachers, psychologists, cafeteria workers, monitors, and other appropriate staff – will be advised how to protect the child from exposure, about cross-contamination and labeling issues, how to recognize an allergic symptom, and how to respond to emergencies. The training may include foods which contain specific allergens, symptoms of anaphylaxis, and administration of EpiPen in the case of an emergency. The specific plan for in-service training will be as follows:

1. All staff will be given time to complete a yearly online training on managing severe medical conditions for students.
2. Each school nurse will visit a faculty meeting in each building early in the year to discuss specific medical concerns.
3. After the initial faculty meeting, the school nurse will keep staff updated of any changes to medical care plans for students in the building.

#### Substitute Teachers:

The regular teacher will keep information about children with food allergies with the teacher's substitute plans.

#### Letters:

When an elementary child with a severe food allergy anaphylaxis has been identified to the school by his parent and family physician, a general letter will be sent to the entire elementary school explaining

the presence and the seriousness of the condition and requesting cooperation in reducing risk to the child.

When a student is identified with a severe food allergy and is at high risk for anaphylaxis, a letter will also be sent to the parents of the child's class asking for assistance in making the classroom safer. Letters will be sent home prior to the start of the school year or when the school is notified. The allergic child will be identified in the letter only with written permission of the parents.

### Emergency Care Plan

When parents and their physician identify a food-allergic/anaphylactic child to the school, the parents will consult with the school nurse. The parent may participate in the completion of an Emergency Care Plan form each year if not provided by a physician that provides up-to-date medical information and the treatment protocol from the physician. Parents will immediately inform the district of any change in the status of this information when it occurs. Parents will supply medicines and EpiPens to schools as prescribed by their physician.

The Emergency Care Plan form should include information from the physician as to symptoms of the child's allergy, recognizing warning signs of reactions, administering medical and emergency treatment for the child, and any other pertinent information. It will be provided to emergency responders if necessary. The Plan will go with the child on all field trips.

The Emergency Care Plan may also include phone numbers: child's home, parents/guardian emergency contact information, emergency contact numbers (relatives, friends, neighbors) and the child's doctor. Every Emergency Care Plan will also include the name of the local Emergency Services and the direct phone number to dial for an anaphylactic emergency.

If exposure to an allergen occurs despite avoidance efforts, the school will follow the prescribing doctor's protocol to which the parents have given consent. Parents will be notified if any medicine has been administered. The school will tend to the child and administer the EpiPen if that is the treatment protocol. The Fire Department/Rescue Squad will be called specifying the need for a response to an allergic reaction/anaphylaxis.

Any child given an EpiPen injection will be transported immediately to a hospital even if symptoms resolve. An adult will be sent to accompany the child in the ambulance, and to stay with the child until a parent arrives. After the call to the local Emergency Services, the parents and/or emergency contacts will be notified.

### EpiPen Use for Identified and Non-Identified Students and Staff

EpiPens are auto-injectors designed for the administration of epinephrine in acute allergic emergencies (anaphylaxis). Anaphylaxis may occur in individuals with previously identified allergies or in individuals with no known history of allergic reaction. Anaphylaxis is known to be caused most commonly by insect stings, food allergies, medication and latex -- although other allergens may trigger it.

A school nurse may administer an EpiPen to a student who has the appropriate medical documentation and physician's order. Additionally, the district's school physician shall provide a non-patient specific standing order, which authorizes school nurses to administer an EpiPen injection as an emergency first

aid response to any individual experiencing anaphylaxis. In all cases, the anaphylaxis emergency response procedure is as follows:

- Any suspicion that someone is experiencing an allergic reaction must be reported to the school nurse immediately.
- If the individual is experiencing anaphylaxis, the school nurse/ trained staff administers the EpiPen and follows the Emergency Care Plan -
- Enlist the assistance of others to (1) call 911 for ambulance transport to a hospital emergency room, and (2) notify parents (if a student).

#### Athletic and Extracurricular Activities

The parent will notify coach supervisor that the student has an allergy. The Emergency Care Plan for all children with severe food allergies/risk of anaphylaxis who are involved in athletic and extracurricular activities can be provided to the coach or supervisor upon request. Coaches are alerted to students with severe allergies on the 'Certification to Participate in Sports' form provided to the coach on each participant at the beginning of each sports season. Supervisors of extracurricular activities should seek out information from the school nurse, the school data system, or parent regarding health alerts they may be unaware of. The coach or supervisor should seek training to properly administer an EpiPen if needed. Parents may be asked to provide an additional EpiPen for these activities.

#### Before and After School Child Care

These programs (including SAFE) are not under the auspices of the BHBL CSD . Parents are encouraged to speak with program officials directly.

#### Outside Organizations that use District Facilities

All organizations requesting use of space will be provided a copy of our Allergy AR.

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