There is no cure for food allergies. Strict avoidance is the only way to prevent life-threatening food allergy reactions (LTFA).

This manual has four objectives. After reviewing this material you will be able to:

1. Describe life-threatening food allergy reactions, including common causes.

2. List three steps you can take to increase the safety of the school environment by avoiding food allergens.

3. Know how to recognize and respond to differences between an allergic reaction and an anaphylactic reaction.

4. Develop policies and procedures to maintain a safe school environment for children with LTFA.

This manual is intended as a reference and information source only. The information in this manual is not a substitute for professional care, and must not be used for self-diagnosis or treatment. For help finding a doctor, the St. Louis Children’s Hospital Answer Line may be of assistance at 314.454.KIDS. BJC HealthCare assumes no liability for the information contained in this reference or for its use.
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I. Introduction
Food allergy is a growing safety and public health concern in the United States. Schools are faced with particular challenges due to the increasing number of students with one (or more) food allergies. According to the American Academy of Allergy, Asthma and Immunology report on food allergies and reactions, about 8% of children in the United States (an estimated 3 million children) are at risk for life-threatening reactions from food allergy. Currently, there is no cure for food allergy; strict avoidance of the food allergen(s) is the only means to prevent life-threatening food allergy (LTFA) reactions. Deaths in schools from food allergy can often be attributed to failing to recognize symptoms and failing to respond promptly or effectively to a reaction. Implementation of LTFA policy, procedures, guidelines and plans that focus on food allergy education, awareness, avoidance and emergency treatment of allergic reactions are critical to student safety.

*Every food allergy reaction has the possibility of developing into a life-threatening and potentially fatal anaphylactic reaction. This can occur within minutes of exposure to the allergen. (Sampson, HA, “Food Allergy”, from Biology Toward Therapy, Hospital Practice, 2000: May.)*

The goals of the St. Louis Children’s Hospital Food Allergy Management & Education (FAME) Program are: (1) to provide schools with the components of a comprehensive school-based food allergy program, and (2) to promote best practice through resources and materials furnished to area schools with the goal of keeping children with food allergies safe within a nurturing academic environment.

The development of this manual has been funded by a generous donor who has personal experience with a child entering school who has severe life-threatening food allergies which creates unique challenges within the school setting. This individual approached St. Louis Children’s Hospital (SLCH) Foundation with the specific request that a signature school-based food allergy program be developed.

The SLCH Child Health Advocacy and Outreach department has a long history of established relationships with many school nurses and administrators through community-based programs such as the Healthy Kids Express Asthma program. Since food allergies share such a high correlation with asthma, the SLCH Foundation decided that this project could benefit children in the community.
The initial step in the development of the “signature” program was a review of the literature recommendations for the components of an effective food allergy school program. This was followed by visits to area schools to complete a needs assessment and to determine what lessons were learned for program development. This process brought to light a clear demand among schools for this type of program.

The school visits uncovered inconsistencies from district to district—and from school to school within districts—regarding the management of LTFA in children. School administrators want to “do the right thing” for their students by providing a safe, nurturing learning environment. School nurses, students, parents, families and the broader school community expressed a need for both internal and external support in managing LTFA in their students.

As a final step, an Advisory Board was convened, composed of community leaders, experts, and concerned parents. This manual lays out the components of the “signature” program, which is the result of their hard work, dedication and passion for improving the lives of children with LTFA.

Note: Every effort has been made to correctly credit the original sources; if any have been left out please contact Healthy Kids Express, Asthma Management Program Coordinator at 314-286-0947 for corrections.
II. Acknowledgements
St. Louis Children’s Hospital owes a debt of gratitude to the board members that gave their time, talent, and knowledge to the development of St. Louis Children’s Hospital Food Allergy Program Components. Every member of the board is a child advocate and is passionate about providing a safe and nurturing educational environment.

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III. Overview of Food Allergies and Anaphylaxis
Overview of Food Allergies and Anaphylaxis

What is Food Allergy?
People with allergies have an immune system response that targets otherwise harmless elements of their diet or environment. During an allergic reaction to food, the immune system recognizes a specific food protein as a target. This initiates a chain of negative events, including the release of histamine and other chemicals. Histamine triggers inflammatory reactions in 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).

The signs and symptoms of a food allergy reaction are specific to each individual. Exposure to milk, for example, may cause hives in one person and anaphylaxis in another. When the symptoms are widespread and systemic (general body), the reaction is termed anaphylaxis.

What is Anaphylaxis?
Anaphylaxis (pronounced ana-fil-axis) means a sudden, severe allergic reaction that involves various areas of the body simultaneously or causes difficulty breathing and swelling of the throat. In extreme cases, it can cause death. This type of reaction is sometimes called a systemic, or general body, reaction or allergic shock.

Common signs and symptoms include:

| Skin: | Itchy feeling, hives, welts, swollen lips |
| GI Tract: | nausea, vomiting, cramps |
| Respiratory Tract: | Wheezing, trouble breathing and/or swallowing, throat tightening, change in speech or voice |
| Cardiovascular: | Drop in blood pressure, irregular heartbeat, loss of consciousness/fainting, confusion, weakness, flushed or pale, and shock |
| Neurological: | Anxiety, change in activity level, sense of impending doom |
| Other: | Itchy, red, watery eyes |
The most dangerous signs and symptoms include breathing difficulties and a drop in blood pressure or shock, which are potentially fatal.

No two reactions are alike—even in a single individual.

Some children have been observed to exhibit less specific behaviors, such as screaming or crying. Very young children may put their hands in their mouth or pull at their tongues. Some children will describe trigger foods as “spicy” or “burning” their mouth or lips. Others may feel that food is “stuck” in their throat or that their tongue or throat feel “thick”. Finally, some children may only describe a “funny” feeling, or may simply feel sick.

“The time and onset of symptoms, the sequence in which symptoms develop, and severity of symptoms frequently vary among individuals and may even vary in the same individual during repeated episodes or in response to different foods.” Dr. Hugh Sampson—Pediatrics Journal—Anaphylaxis & Emergency Treatment, 2003.

Anaphylaxis can occur immediately following allergen exposure or up to two hours later. In about one third of anaphylactic reactions, the initial symptoms are followed by a delayed wave of symptoms two to four hours later in what is called a biphasic reaction.

Epinephrine is commonly used to counteract the effects of the allergic response, and steroids can decrease the degree of immune reaction. In a biphasic reaction, the initial symptoms may respond to epinephrine; however, the delayed biphasic response may not respond at all to epinephrine and may not be prevented by steroids.

It is imperative that following the administration of epinephrine, the student be transported by emergency medical services to the nearest hospital emergency department for further treatment, and observation even if the symptoms have resolved.

Who is at Risk?

Anyone is at risk for anaphylaxis, even those without a previous allergic reaction. Individuals with known allergies to peanuts, tree nuts, seafood, fish, milk, eggs, insect bites, bee stings, natural rubber latex, and/or medications may be particularly susceptible to anaphylaxis. However, an individual can be allergic to, and develop anaphylaxis from, any food—including fruits, grains, and vegetables.
When Can it Happen?

An allergic reaction can happen within seconds after the trigger is consumed, or after a delay of a few hours. A reaction can occur not only from ingestion of the allergen, but also from skin contact (tactile) or from inhalation (inhaled airborne trigger) of the allergen. The sensitivity of each individual with a food allergy may fluctuate over time. Not every exposure will necessarily result in anaphylaxis, though the potential always exists. Recent evidence suggests that food preparation may also play a role. Raw egg appears to be more allergenic than cooked egg, and roasted peanuts may be more allergenic than boiled or fried.

How Does it Impact the School?

Every school/district should expect at some point to have students with one or more food allergies. Schools must be prepared to deal with food allergies and the potential for anaphylaxis.

Accidental ingestion of the offending allergen occurs most often at school. A recent study from the journal *Archives of Pediatrics and Adolescent Medicine* states that 1 in 5 children with food allergies will have a reaction while in school.

The student with an undiagnosed food allergy may experience his/her first food allergy reaction at school.

When a health care provider assesses that a child’s food allergy may result in anaphylaxis, the child’s condition may be deemed to meet the definition of “disability”, providing coverage under the Federal Americans with Disability Act (ADA), Section 504 of the Rehabilitation Act of 1973, and potentially under the Individuals with Disabilities Education Act (IDEA) if the allergy management affects the student’s ability to make educational progress.

The safest and healthiest learning environment for these children occurs when schools partner with parents, tap into their knowledge and experience, and develop a comprehensive management plan. 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.

When done well, this is one of the greatest lessons a child can learn: that he or she can be safe in a world outside of his or her own home. Schools can prove to be invaluable resources to children with food allergies and their families by helping children feel accepted within the school community.
IV. School Food Allergy Exposure Prevention
Purpose

The goal of Food Allergy Exposure Prevention (FAEP) is to provide a safe environment for children who have life-threatening food allergies while minimizing the impact on the educational and nutritional experience of other students.

Intake

For each child with a food allergy enrolled in school, the nurse or designee will take the following steps:

A. The school nurse or designee will be notified regarding students with food allergy, preferably before enrollment. New students will be queried as part of the health history questionnaire regarding the presence of food allergies. Current students who become diagnosed with food allergy while enrolled will immediately notify the nurse of their allergy and an action plan will be developed.

B. The school nurse or designee will contact parents of allergic students to request (i) a detailed Food Allergy Action Plan (FAAP) (see appendix D) from each student’s clinician and (ii) other required documentation, including (if not part of the Action Plan):
   • licensed health care provider orders with instructions for foods to avoid
   • licensed health care provider orders for medication self-administration if age appropriate
   • symptoms to anticipate
   • medication orders
   • emergency procedures to follow if an exposure and/or reaction occurs
   • a recent photo of the student
   • USDA Form Medical Statement for Students Requiring Special Meals

C. The school nurse or designee will contact parents of students with allergies to set up allergy intake meetings with school staff and each parent. The intake meeting may be performed by phone, if necessary. The meeting should be completed prior to the start of each school year, in order to provide parents and school staff adequate time to make necessary arrangements.
During the Allergy Intake Meeting, parents will meet with appropriate school staff (including, where applicable, an administrator, a school nurse, teachers, transportation director, and/or food service manager) to:
- complete required paperwork
- discuss action plan/necessary accommodations
- provide medication

D. During (or after) each Intake Meeting, the school nurse or designee will complete, as appropriate, a Food Allergy Action Plan (FAAP) and/or an Individualized Health Plan (IHP), and will contact the 504 coordinator if indicated.

**Medication Handling and Storage**

A. The school nurse or designee will distribute parent-provided medications (including antihistamines and epinephrine) to those individuals specified in the FAAP.

B. The school nurse or designee will maintain a schedule for tracking medication status and expiration dates.

C. School-provided Epinephrine will be placed in an easily accessible location in each nurse’s office and each cafeteria, and will be maintained by the school nurse.

D. The school nurse or designee will delegate the administration of emergency medications to properly trained school staff members supervising the child with a food allergy.

**Documentation**

An essential part of exposure prevention is documenting all the steps that were taken during the intake process to ensure a safer school environment. The saying goes “if it is not written down, it did not happen.”

A. The school should maintain on file for each child the following:
- School Food Allergy Action Plan
- Licensed health care provider orders and instructions
- Nursing encounters and all allergic events

B. The school should also maintain records on:
- Medication expiration dates and location
- School faculty and staff training including attendee names, dates and topics
- System for retaining actual food labels for at least 24 hours after food is served
Faculty and Staff Responsibilities

A. All school staff with significant contact with the child will receive a copy of the student’s individualized Food Allergy Action Plan and are to familiarize themselves with action plan components.

B. All school staff with significant contact with the child will receive training from the school at least annually, to include:
   - food allergy and anaphylaxis information
   - food label reading
   - proper hand washing
   - avoidance of cross-contamination
   - effective environmental cleaning (e.g., table and desk washing)
   - provision of allergen-free tables
   - clear marking of foods with potential allergens
   - medication location, storage and use
   - emergency procedures
   - peer support and psychosocial needs
   - proper reporting and documentation

   Schools are encouraged to arrange a food allergy/anaphylaxis expert presentation to staff periodically.

C. All school staff with significant contact with the child will take part in Anaphylaxis Drills at least annually.

D. All school staff will be made aware of the potential for students who have LTFA becoming targets for harassment, intimidation, and bullying.

E. The school maintenance/custodial department will identify all potential non-food allergens, including these items: cleaning supplies, paints, work materials, or other substances in the school and remove. Only non-allergenic items will be used. Cleaning protocols should include but not be limited to frequency of cleaning and type of cleaning solutions.

F. Substitute teachers will receive instruction regarding each student’s Food Allergy Action Plan from the school nurse or other designated staff. Substitute teachers will receive training on food allergies and use of epinephrine at least annually.

G. If a reaction occurs at school, the school nurse or designee will review policies/procedures with all school staff and the child’s parents (and the child, when appropriate).
Additional School Responsibilities

A. School Culture: Schools will provide education in the school community as appropriate. This may include:
   • letters to parents (see Appendix G)
   • food allergy workshops during professional development
   • parent presentations/discussion

B. Schools will educate students regarding:
   • hand washing before and after eating
   • the importance of not trading/sharing food or utensils
   • food allergy prevalence, symptoms and reaction prevention
   • importance of taking more responsibility for their food allergies as they grow older and are developmentally ready to accept responsibility
Food Service Requirements

A. Prior to meals, food service staff will wash tables and chairs for use by students with LTFA according to USDA recommendations (using separate cleaning supplies).

B. Food service personnel will procure labels of all foods served in the cafeteria and compile a manual and/or computerized database of all foods and ingredients.

C. Food service personnel will review all labels upon delivery for potential allergens, with special attention to (i) new products, (ii) products from new suppliers and (iii) will annually do a complete review of labels.

D. When feasible, food service personnel will select distributors and products based on their ability to provide foods that (i) are thoroughly labeled and (ii) limit content of potential allergens.

E. The Dietitian or Food Service Supervisor will instruct all food service staff in food label reading, cross-contamination avoidance, safe food handling, and food item labeling requirements at least yearly.

F. Food service personnel will notify school nurse or designee of any changes in menu. The school nurse or designee will then refer to each student’s IHP and will notify the parents of affected children of menu changes, if necessary.

G. Food service personnel will notify administration of any changes in distributors. Administration will then notify parents of affected children of the change in distributors.

H. Have a process in place for identifying students with LTFA

I. Food service personnel will make any pre-determined substitutions or modifications for meals served to students with food allergies as necessary. Training on Accommodating Children with Special Dietary Needs-Guideline from USDA www.fns.usda.gov/cnd/guidance/special_dietary_needs.pdf
A. **Field Trips/School-Sponsored Activities/Athletics/After-Care Programs:** Accommodations will be discussed with the activity leader, parents, and school nurse. Potential food contact should be considered, and an appropriate meal/snack for each child arranged as necessary. The school nurse should be notified of all field trips in advance and determine location of nearest Emergency Medical Services (EMS). Field trips should be chosen so that students will not be excluded due to risk of allergen exposure. The school nurse will review each student’s FAAP with the activity supervisor and will provide training in storage/administration of epinephrine. The activity supervisor will ensure that each student’s FAAP and all emergency medications accompany each student during activities. School-Sponsored after-school activities should be consistent with the school’s policy and procedure regarding food allergy management.

B. **Food in the Curriculum:** School staff will consider the use of alternatives to potential food allergens in educational tools, crafts, and incentives. Attention should also be given to items to which students may have contact sensitivity, even without consumption (e.g., pet supplies). All food, food elements, and pet supplies incorporated as curricular material will have clear ingredient labels available for review by parents of affected children prior to use. The grading or evaluation of students shall not depend on their ability to manipulate or consume items to which they have an allergy. Non-food items should be considered for use as incentives or rewards. Children will be provided time for proper hand washing before and after eating and/or using food products.

C. **School-Sponsored Snacks and Events:** The school will collaborate with the parents of affected students to select food treats and snacks that all students can safely consume. Any food distributed will include clear ingredient labels and will be available for review by parents of affected students prior to distribution. Children will be provided time for proper hand washing before and after eating and/or using food products.

D. **Parent-Sponsored Classroom Events:** Room parents should collaborate with the classroom teacher to ensure that all children are equally accommodated in all classroom celebrations. Parents of food allergic students should be informed in advance of any school events where food will be served. Any food distributed will include clear ingredient labels and
will be available for review by parents of affected students prior to distribution. Children will be provided time for proper hand washing before and after eating and/or using food products.

E. **School Transportation:** Food, snacks, or treats may not be distributed, handled, or eaten on buses. Other considerations for the transportation of a child with LTFA are to have a communication system in place (e.g., cell phones, walkie-talkies or radios), student placement on the bus and the availability/location of an epinephrine administration device and other medication.
Special Considerations for Teens

Teens with food allergies have unique needs because of the turbulent nature of the teenage years and the characteristics of a typical day of a middle or high school student. As a result, additional factors need to be considered at the secondary school level to provide the safest environment for teens with LTFA. Consider the factors below when developing the food allergy plan for teens with LTFA:

- Students move to different classrooms, frequently in larger buildings and campuses, presenting needs for updated avoidance strategies, epinephrine availability, and designated assistance.
- Students may have open lunch periods and accompany friends to local eateries.
- Students may have access to vending machines.
- Certain classes give rise to new avoidance issues, e.g., chemistry/biology labs, home economics/culinary class, etc.
- The number of off-site school-sponsored functions increases, e.g., travel, sometimes to other states and foreign countries; athletic games and competitions, sometimes in other towns; dances; etc.
- Risk-taking behaviors frequently accompany the increased independence of adolescent years.
- Although teenage students will more than likely be permitted to carry and self-administer emergency medications, those students should not be expected to have complete responsibility for the administration of epinephrine. A severe allergic reaction can completely incapacitate a student and reduce the ability to self-administer emergency medication. The school nurse or designee should be available during school and school-sponsored functions to administer epinephrine in an emergency.
School Food Allergy Exposure Prevention Checklist

- Food Allergy Documented
- School Nurse-Parent-Teacher-Staff Meeting
- IHP, Food Allergy Action Plan, and/or 504 Complete
- Licensed Health Care Provider Orders and Instructions Obtained
- Epinephrine Stored, Distributed, Expiration Dates Documented
- School-Provided Epinephrine in Cafeteria and Nurse’s Office
- School Faculty and Staff Training Complete and Action Plan Received
- School Food Service Requirements are Met
- School Staff Role Specific Training Completed
- Potential Special Situations Considered and Included in Action Plan
- School Culture Addressed
V. Managing Life-Threatening Allergic Reaction in the School Setting

- LTFA Clinical Assessment Tool
Managing Life-Threatening Allergic Reactions In the School Setting

General Guidelines
A. Every school with a child at risk for anaphylaxis will have a full time registered professional nurse on staff, responsible for the development of the individual health care plan (IHP), or Food Allergy Action Plan and emergency plans.

B. The FAAP or IHP must be completed on an annual basis at a minimum (different food allergies for one child may require different plans for that child). The plan is to be completed in conjunction with the licensed health care provider, parents/guardian and a team consisting of all staff members that have contact with the child. A specific classroom plan will also be included in the plan.

C. The school should alert the local Emergency Medical Service (EMS) providers that a student with a LTFA is enrolled (See appendix L) and request that they carry rescue medication during all emergency responses to the school.

D. An emergency Shelter-In-Place plan should be developed at the beginning of each school year, or when a child with a LTFA enrolls in the school.

E. Emergency care information should be maintained in the sub-folder for the teacher as well as the nurse’s sub-folder (See appendix E).

F. Staff working directly with a student with known life-threatening allergies should be in-serviced on that individual student’s information at least yearly. This includes, but is not limited to, special class teachers (such as art, music, and PE). This in-service should be documented.

G. On an annual basis, staff should be trained in recognizing signs of an allergic reaction and administering emergency medication. This training should be documented.
H. Drills should be practiced at least yearly.

I. Every school should include in its emergency response plan a written plan outlining emergency procedures for managing life-threatening allergic reactions, including students with undiagnosed LTFA.

J. Emergency response plans should be written for the following occasions:
   - Travel to and from school
   - During the school day
   - Before and after-school programs
   - Field trips

K. Emergency medications should be stored in a reasonably accessible location:
   - Medication should be kept in a secure but unlocked area
   - Staff should be aware of the storage locations, and of any back-up supply
   - Students may be allowed to carry their own emergency medication when appropriate (§167.627.RSMO 2006)
Undiagnosed LTFA

- The school should have a policy and protocol for the management of anaphylaxis in individuals with unknown allergies.
- Schools should be equipped with a reserve supply of epinephrine to accommodate the increasing prevalence of severe reactions in students with unknown allergic conditions.

NOTE: It is important to be aware of what the local emergency medical services can provide, as some ambulance services may not be permitted to administer epinephrine. It is recommended to call the local EMS to inform them of the number of children attending school with LTFA’s and to recommend that they carry a supply of epinephrine. (See appendix L for the website/contact information for Missouri ground EMS.)

Outline for Responding to LTFA Reaction

This plan shall identify personnel who will:
- Remain with the student
- Assess the emergency at hand
- Activate the emergency response team (building specific, system-wide)
- Refer to the student’s food allergy action plan
- Notify school nurse
- Notify the emergency medical services (EMS)
- Administer the epinephrine and properly dispose of the used epinephrine
- Notify the parent/guardians
- Notify school administration
- Notify student’s primary care provider and/or allergy specialist
- Attend to student’s classmates
- Manage crowd control
- Meet emergency medical responders at school entrance
- Direct emergency medical responders to site
- Accompany student to emergency care facility
- Assist student’s re-entry into school

**In the event that a student has a reaction, the following actions will be taken:**

**Immediate event**
- Obtain as much accurate information as possible about the allergic reaction.
- Identify those who were involved in the medical intervention and those who witnessed the event.
- If an allergic reaction is thought to be from a food provided by the school food service, request assistance of the Food Service Director to ascertain what potential food item was served/consumed. Review food labels from Food Service Director and staff.

**Later after event**
- Agree on a plan to disseminate factual information and review knowledge about food allergies to schoolmates who witnessed or were involved in the allergic reaction, after both the parents and the student consent.
- Explanations shall be age-appropriate.
- Review the FAAP described in the IHP. If a student does not have an IHP, consider initiating one.
- Amend the student’s FAAP and/or the school’s emergency response plan to address any changes that need to be made.
- The student and parent(s) shall meet with the nurse/staff who were involved in the allergic reaction and be reassured about the student’s safety, what happened and what changes will be made to prevent another reaction.
- Collaboration with the student’s medical provider would be indicated to address any medication changes.
• LTFA Clinical Assessment Tools
ANAPHYLAXIS/ALLERGIC REACTION

- Assess ABCs
- Assess vital signs
- Obtain history
- Conduct initial assessment

- Focused Physical Examination
- Dyspnea/respiratory distress
- Weak pulse
- Hypotension
- Poor breath sounds
- Persistent cough
- C/O tightness in throat or chest
- Cyanosis at the mouth and lips
- Edema of the face and extremities
- Tingling/Itching of face, ears, nose
- Nasal congestion
- Hives involving large body area
- Apprehension, diaphoresis, weakness
- Sneezing
- C/O feeling flushed/warm

TRIAGE

EMERGENT
- Loss of consciousness
- Severe respiratory distress
- Signs of shock/hypotension
- History of allergy/anaphylaxis

- Activate EMS
- Administer epinephrine IM immediately if appropriate
- Repeat epinephrine in 10 min if no response
- Initiate CPR if necessary
- In cases of severe dyspnea and wheezing, administer bronchodilator as per physician order
- Consult IHP or FAAP
- Notify parent/guardian
- Follow up

URGENT
- Mild systemic S/S, eg, hives, abdominal cramps, nausea
- Unresponsive to prescribed medication

- Determine need for EMS
- Consult IHP or FAAP
- Monitor closely
- Administer epinephrine/antihistamine per physician order
- Notify parent/guardian
- Follow up

NONURGENT
- Localized reaction
- Responsive to medications

- Consult IHP or FAAP
- Apply cold pack to site
- Determine need to contact parent/guardian for referral to primary care physician
- Return student to class
- Follow up

Adapted from The School Nurse Task Force of the Illinois Emergency Medical Services for Children
### Tools for Assessing Students

#### Normal Vital Signs by Age

<table>
<thead>
<tr>
<th>Age</th>
<th>RR/Min</th>
<th>HR/Min</th>
<th>BP</th>
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<tbody>
<tr>
<td>Birth</td>
<td>30–60</td>
<td>100–160</td>
<td>50–70</td>
</tr>
<tr>
<td>1 wk</td>
<td>30–60</td>
<td>100–160</td>
<td>70–95</td>
</tr>
<tr>
<td>6 mo</td>
<td>25–40</td>
<td>90–120</td>
<td>80–100</td>
</tr>
<tr>
<td>1 yr</td>
<td>25–35</td>
<td>90–120</td>
<td>80–100</td>
</tr>
<tr>
<td>3 yr</td>
<td>20–30</td>
<td>80–120</td>
<td>80–110</td>
</tr>
<tr>
<td>6 yr</td>
<td>18–25</td>
<td>70–110</td>
<td>80–110</td>
</tr>
<tr>
<td>10 yr</td>
<td>15–20</td>
<td>60–90</td>
<td>90–120</td>
</tr>
<tr>
<td>15 yr</td>
<td>15–18</td>
<td>60–90</td>
<td>100–130</td>
</tr>
</tbody>
</table>

RR indicates respiratory rate; HR, heart rate; BP, blood pressure, systolic (mm Hg)

#### Indicators of Hypoperfusion

<table>
<thead>
<tr>
<th>Sign</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tachycardia</td>
<td>early sign</td>
</tr>
<tr>
<td>Increased breathing rate</td>
<td></td>
</tr>
<tr>
<td>Decreasing consciousness</td>
<td></td>
</tr>
<tr>
<td>Central pallor or cyanosis</td>
<td></td>
</tr>
<tr>
<td>with cool skin</td>
<td></td>
</tr>
<tr>
<td>Weak or absent peripheral pulsates</td>
<td></td>
</tr>
<tr>
<td>Delayed capillary refill time</td>
<td></td>
</tr>
<tr>
<td>Bradycardia</td>
<td>late sign</td>
</tr>
<tr>
<td>Hypotension</td>
<td>late sign</td>
</tr>
</tbody>
</table>

#### AVPU Scale

<table>
<thead>
<tr>
<th>Meaning</th>
<th>Associated Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alert (A)</td>
<td>Student is awake and able to speak or interact spontaneously</td>
</tr>
<tr>
<td>Verbal (V)</td>
<td>Verbal stimulus elicits some response, eg. eye opening when called loudly or reduced agitation in response to a command</td>
</tr>
<tr>
<td>Painful (P)</td>
<td>Student responds to a painful stimulus by moaning, crying, or withdrawing</td>
</tr>
<tr>
<td>Unresponsive (U)</td>
<td>Student shows no response to verbal or painful stimuli</td>
</tr>
</tbody>
</table>

#### Glasgow Coma Scale

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Older Than 5 Years (Standard)</th>
<th>2 Through 5 Years (Modified)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye opening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Spontaneous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 To verbal command</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 To pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 No response</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Best verbal response</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Oriented, converses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Disoriented or confused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Inappropriate words</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Incomprehensible words</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 No response</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Best motor response</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Obeys commands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Localizes pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Flexion; withdraws from pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Abnormal flexion (decorticate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Abnormal extension (decerebrate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 No response, flaccid</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 Spontaneous</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 To speech</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 To pain</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 No response</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5 Appropriate words or phrases</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 Inappropriate words</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 Cries or screams</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 Grunts or moans</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 No response</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6 Spontaneous</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5 Withdraws from touch</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 Withdraws from pain</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 Abnormal flexion (decorticate)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 Abnormal extension (decerebrate)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 No response, flaccid</td>
<td></td>
</tr>
</tbody>
</table>
VI. Managing Students with Food Allergy
During a Shelter-In-Place Emergency
Managing Students With Food Allergy During a Shelter-In-Place Emergency

School districts and schools across the country, along with the federal government, are developing emergency plans in the event of an occurrence that would shelter children and staff in place rather than evacuating them in the event of a crisis. Some schools may refer to this as a “lockdown” or “shelter-in-place” where no one is permitted to leave the premises for a period of time (1 to 3 days, perhaps). Such emergencies may result from a disaster involving hazardous materials outside of the school building(s), a threat of terrorism, or an act of God (earthquake, tornado, hurricane).

Clearly, the safety of all children during a lockdown is paramount; this document, however, pertains to an increasing medical concern among our nation’s children: life-threatening food allergies. Emergency plans must take into account the special needs of children with medical conditions, including food allergy. Of particular concern is the risk posed to children with food allergies when the emergency food supply could be harmful to them (for example, peanut butter sandwiches for children with peanut allergy). The Food Allergy & Anaphylaxis Network (FAAN) offers the following suggestions to those planning for emergency situations to ensure the safety of all food-allergic children during the event of a lockdown situation. Several of these suggestions would be applicable to students with other medical conditions that require access to specific foods and medications.

Food

- Schools should work with the parents of children with food allergy (and parents of children with other medical conditions) to ensure an adequate supply of safe, non-perishable foods for that child, and an ample supply of medications needed in case of an allergic or other physiological reaction.

- Schools should educate the staff about food allergies and make the necessary arrangements to ensure that each student has an adequate supply of safe food, as well as action plans to address any reactions.
• Parents of students with food allergies should provide a 3-day supply of safe food from home, in case the food at school is not safe or supplies of certain safe food run low during the emergency.

• Every effort should be made to have all children wash their hands with soap and water or use an antibacterial hand-cleaning product before and after each meal/snack.

**Medications**

• An individual student action plan that includes all medications provided to the school by the student’s parent(s)/guardian(s) should include written instructions, signed by a physician, indicating how and when the medicine is to be administered during a reaction.

• Where allowed by state laws, rules and regulations and not in violation of union contracts, an emergency bag filled with the student’s individual action care plan, medications, and written instructions should be created for students with special medical needs. The bag should be assembled in collaboration with the parent, student, private health care provider, school personnel and the school nurse. This bag would need to travel with the child at school and to school-related activities.

• Proper disposal methods of an exposed needle, such as an EpiPen® auto-injector, should follow current OSHA standards.

• Many children with food allergy also have asthma. Battery-powered nebulizers may be needed to treat asthma.

• The school’s emergency plans for addressing medical emergencies need to consider where medication is to be kept, how medical treatment can quickly be given, and by whom, in case a food-allergy induced reaction or other medical emergency occurs. Schools should hold scheduled documented drills to ensure the safe care of students experiencing a medical emergency.

For more information regarding planning for an emergency, including natural disasters, violent incidents and terrorist acts in the school setting, see the U.S. Department of Education guide, *Practical Information on Crisis Planning: A Guide for Schools and Communities.*
VII. Recommendations on Managing LTFA and Anaphylaxis in Schools Endorsed by National Organizations

• School Guidelines for the Management of Students with Food Allergies
• Position Statement from AAAAI
Food allergies can be life threatening. The risk of accidental exposure to foods can be reduced in the school setting if schools work with students, parents, and physicians to minimize risks and provide a safe educational environment for food-allergic students.

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, as well as a Food Allergy Action Plan.
- Provide written medical documentation, instructions, and medications as directed by a physician, using the Food Allergy Action Plan as a guide. Include a photo of the child on written form.
- Provide properly labeled medications and replace medications after use or upon expiration.
- Educate the child in the self-management of their food allergy including:
  - safe and unsafe foods
  - 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 with the school staff, the child’s physician, and the child (if age appropriate) after a reaction has occurred.
- Provide emergency contact information.

School’s Responsibility

- Be knowledgeable about and follow applicable federal laws including ADA, IDEA, Section 504, and FERPA and any state laws or district policies that apply.
- Review the health records submitted by parents and physicians.
- Include food-allergic students in school activities. Students should not be excluded from school activities solely based on their food allergy.
- Identify a core team of, but not limited to, school nurse, teacher, principal, school food service and nutrition manager/director, and counselor (if available) to work with parents and the student (age appropriate) to establish a prevention plan. Changes to the prevention plan to promote food allergy management should be made with core team participation.
• Assure that all staff who interact with the student on a regular basis understands food allergy, can recognize symptoms, knows what to do in an emergency, and works with other school staff to eliminate the use of food allergens in the allergic student’s meals, educational tools, arts and crafts projects, or incentives.
• Practice the Food Allergy Action Plans before an allergic reaction occurs to assure the efficiency/effectiveness of the plans.
• Coordinate with the school nurse to be sure medications are appropriately stored, and be sure that an emergency kit is available that contains a physician’s standing order for epinephrine. In states where regulations permit, medications are kept in a easily accessible secure location central to designated school personnel, not in locked cupboards or drawers. Students should be allowed to carry their own epinephrine, if age appropriate after approval from the student’s physician/clinic, parent and school nurse, and allowed by state or local regulations.
• Designate school personnel who are properly trained to administer medications in accordance with the State Nursing and Good Samaritan Laws governing the administration of emergency medications.
• Be prepared to handle a reaction and ensure that there is a staff member available who is properly trained to administer medications during the school day regardless of time or location.
• Review policies/prevention plan with the core team members, parents/guardians, student (age appropriate), and physician after a reaction has occurred.
• Work with the district transportation administrator to assure that school bus driver training includes symptom awareness and what to do if a reaction occurs.
• Recommend that all buses have communication devices in case of an emergency.
• Enforce a “no eating” policy on school buses with exceptions made only to accommodate special needs under federal or similar laws, or school district policy. Discuss appropriate management of food allergy with family.
• Discuss field trips with the family of the food-allergic child to decide appropriate strategies for managing the food allergy.
• Follow federal/state/district laws and regulations regarding sharing medical information about the student.
• Take threats or harassment against an allergic child seriously.

Student’s Responsibility

• Should not trade food with others.
• Should not eat anything with unknown ingredients or known 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 an adult immediately if they eat something they believe may contain the food to which they are allergic.

More detailed suggestions for implementing these objectives and creating a specific plan for each individual student in order to address his or her particular needs are available in The Food Allergy & Anaphylaxis Network’s (FAAN) School Food Allergy Program. The School Food Allergy Program has been endorsed and/or supported by the Anaphylaxis Committee of the American Academy of Allergy Asthma and Immunology, the National Association of School Nurses, and the Executive Committee of the Section on Allergy and Immunology of the American Academy of Pediatrics. FAAN can be reached at: 800/929-4040.

The following organizations participated in the development of this document:
American School Food Service Association
National Association of Elementary School Principals
National Association of School Nurses
National School Boards Association
The Food Allergy & Anaphylaxis Network
Anaphylaxis in schools and other child-care settings

AAAAI Board of Directors

The statement below is not to be construed as dictating an exclusive course of action, nor is it intended to replace the medical judgment of healthcare professionals. The unique circumstances of individual patients and environments are to be taken into account in any diagnosis and treatment plan. The above statement reflects clinical and scientific advances as of the date of publication and is subject to change.

The public’s awareness regarding the potential consequences of anaphylaxis has been heightened by increasing reports of deaths in the US, Canada, and Europe that are associated with this event. Anaphylaxis refers to a collection of symptoms (Appendix 1) affecting multiple systems in the body. 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.

It is estimated that 1% to 2% of the general population is at risk for anaphylaxis from food allergies and insect stings, with a lower reported prevalence for drugs and latex. Asthmatic subjects are at particular risk.1 Approximately 50 anaphylactic deaths caused by insect stings and 100 food-related anaphylactic deaths are recognized each year in the US.2,3

The most important aspect of the management of patients with life-threatening allergies is avoidance. In the event of contact with the offending allergen, epinephrine (adrenaline), administered by means of subcutaneous or intramuscular injection, is the treatment of choice for anaphylaxis.3,4 Other medications, such as antihistamines, inhaled asthma medications, or steroids, that subsequently may be given by physicians in treating anaphylaxis should not be regarded as first-line medications. It is imperative that epinephrine be recognized as the drug of choice and that all efforts be directed toward its immediate use.5,6 Data clearly show that fatalities more often occur away from home and are associated with either not using epinephrine or a delay in the use of epinephrine treatment.1,5,6
Anaphylaxis is an unusual but preventable and treatable event. The American Academy of Allergy, Asthma and Immunology endorses this modified consensus statement, which was originally drafted by the Canadian Society for Allergy and Clinical Immunology together with its provincial affiliates and allergy organizations.

This consensus statement has been developed to help simplify the management of anaphylaxis for the public. This is a working document that may be modified as future research dictates.

**Identifying the Problem**

The diagnosis of allergy with a risk of anaphylactic reactions is made on the basis of the patient’s history and confirmed with appropriate skin and/or blood tests done by appropriately trained allergy specialists. Treatment protocols should be physician prescribed for use in the school setting.

School personnel should develop a system of identifying children with life-threatening allergies to prevent anaphylactic reactions, and they should also be prepared to deal with those that occur despite precautions.

All school personnel should be aware of those students who have been prescribed epinephrine. Aids could include identification sheets with the child’s name, photograph, specific allergy (e.g., peanut or bee sting), warning signs of reactions, and emergency treatment. This information should be readily available and reviewed by all personnel. However, for confidentiality reasons, it should not be accessible to other students or parents. Furthermore, school personnel should work in partnership with the parents to develop strategies for avoiding a reaction while allowing the student to participate fully in all activities.

Staff members involved with the child’s care should be instructed about the potentially severe nature and proper treatment of the allergic problem. This information should be reviewed with the student’s parents before each school year or special activities (e.g., school trips). Any questions and possible treatment strategies should then be discussed with the parent, the child’s physician, or both.

If prescribed, every student should have the epinephrine auto-injector device clearly labeled with his or her name and classroom number. School personnel should be instructed about the location of the medication. Expiration dates should be checked regularly. In addition, it is often useful if children allergic to foods wear some form of identification (e.g., MedicAlert bracelet or necklace, or badges in nursery school).
Avoidance Strategies
Avoidance of a specific allergen is the cornerstone of management in preventing anaphylaxis.

Food avoidance
The foods that commonly produce allergic problems are peanuts and tree nuts, shellfish and fish, milk, egg, soy and wheat. Reactions to peanuts, nuts, fish, and shellfish tend to continue to be a life-long problem and are usually more severe than allergic responses to the other foods. Most individuals with allergic reactions to milk, soy, egg, and wheat will have lost their sensitivity by the time they are in the elementary and high school systems.7 However, there are still some who will continue to run the risk of having an anaphylactic reaction to these foods.

It is difficult to achieve complete avoidance of all allergenic foods because there can be hidden or accidentally introduced sources. However, it is definitely possible to reduce children’s exposure to allergenic foods within the school setting.

First, all school staff who may be giving allergic students any food or supervising activities involving food should know the technical and scientific words for common foods. Ingredient statements should be carefully read before giving the child any food. Second, strict “no food or eating-utensil trading” rules should be implemented throughout the school to avoid peer pressure. Third, surfaces (e.g., tables and toys) should be washed clean of contaminating foods. Fourth, the food used in lesson plans for math or science, crafts, and cooking classes may need to be substituted depending on the allergies of the students. Finally, hand washing after food handling should be encouraged in day care and preschool settings, as well as in lower schools.

The potential risk of life-threatening allergic reactions to food particles that become airborne during cooking is much lower than with food ingestion, but airborne food allergens and clinical reactions to these allergens have been documented. Thus preparing or cooking the food in the presence of the allergic student are potential causes of allergic reactions (generally with respiratory symptoms) and should be avoided.

If a student is going to eat from the cafeteria menu, the child’s parents should inform the cafeteria staff in writing about foods to be avoided and suggest “safe” substitutions. In accordance with the policy set by the USDA Child Nutrition Section in charge of school lunches, school food service staff are required, if parents request, to prepare special meals of equivalent quality for children who cannot eat the regular meal. These substitutions should be made available at no extra cost to the family.
Food service personnel should also be instructed about measures necessary to prevent cross-contact during the handling, preparation, and serving of food per USDA Child Nutrition Section guidance entitled, “Accommodating Children with Special Dietary Needs in the School Nutrition Programs: Guidance for School Food Service Staff.” It should be stressed that minute amounts of certain foods, such as peanuts, can be life-threatening when ingested. Several children have had skin rashes and stomach upsets from simply coming in contact with residual peanut butter or milk on tables wiped clean of visible material.

Foods brought in for special events should be purchased in stores and contain complete ingredient declarations.

Education and supervision are paramount in managing food allergies. Guidelines for children should include the following: (1) no trading or sharing of foods, food utensils, and food containers, and (2) hand washing should be encouraged before and after eating.

**Insect avoidance**

Avoidance is more difficult to achieve for this type of allergy, but the following precautions by the schools may be helpful: (1) insect nests should be removed from on or near school property; (2) garbage should be properly stored in well-covered containers; and (3) eating areas should be restricted to inside school buildings for students and staff at risk.

**Other allergies**

Anaphylaxis caused by drug and latex allergies or associated with exercise is rare in the school setting. These should be dealt with on an individual basis.

**Treatment Strategies**

Accidental food ingestion can occur despite avoidance measures. Treatment should be immediately available for these emergency situations.

Treatment protocols need to be prescribed by a physician. The school staff should have written instructions from the child's physician and signed by the parents, providing easy-to-follow steps for recognizing a reaction and administering medication. Several federal laws protect the rights of disabled children, which include those with life-threatening food allergies. Parents should be advised never to sign a liability waiver absolving the school of responsibility for administering epinephrine. Epinephrine is the first drug that should be used in the emergency management of a child having a potentially life-threatening allergic reaction. Epinephrine injection is available in a number of self-administration delivery devices (Appendix 2). There are no contraindications to the use of epinephrine for a life-threatening allergic reaction.
In patients who have had anaphylactic reactions, it is recommended that epinephrine be given at the start of any reaction occurring in conjunction with exposure to a known or suspected allergen. In situations where there has been a history of a severe cardiovascular collapse to an allergen, the physician may advocate that epinephrine be administered immediately after an insect sting or ingestion of the offending food and before any reaction has begun. Reports have shown that adequate warning signs are not always present before serious reactions develop.9

All individuals receiving emergency epinephrine should immediately be transported to a hospital even if symptoms appear to have resolved. In the majority of cases, epinephrine will be effective after one injection. However, further treatments may be required, and therefore observation in a hospital setting is necessary for at least 4 hours after initial symptoms subside because delayed and prolonged reactions may occur even after proper initial treatment.1,10

Additional epinephrine should be available during transport and may be administered every 15 to 20 minutes as required, preferably following medical advice.8 This should only be given in situations where the allergic response is not under adequate control (i.e., the patient’s breathing becomes more labored or the patient has a decreasing level of consciousness). The need for multiple injections indicates the need for other emergency drugs. Therefore, it is important when planning trips or camping outdoors that everyone consider how they would manage a medical emergency.

Epinephrine should be kept in locations that are easily accessible and not in locked cupboards or drawers. All staff members should know these locations. Children old enough to self-administer epinephrine should carry their own kits. For younger children, the epinephrine device should be kept in the classroom and passed from teacher to teacher as the child moves through the school (e.g., from classroom to music to PE to lunch).

All students, regardless of whether they are capable of epinephrine self-administration, will still require the help of others because the severity of the reaction may hamper their attempts to inject themselves. Adult supervision is mandatory.

All individuals entrusted with the care of children need to have familiarity with basic first-aid and resuscitative techniques. This should include additional formal training on how to use epinephrine devices. Training programs may be through health departments or physicians’ groups to ensure that all individuals in schools and other areas of child care (e.g., school bus drivers, coaches, camp counselors, and lifeguards) are qualified in these techniques. A school-wide food allergy awareness program for the staff, including an allergy emergency drill, should be developed to ensure that everyone will know what to do if a reaction occurs. Educational material is available from The Food Allergy Network in Fairfax, VA entitled The
School Food Allergy Program, and includes an emergency health care form to be signed by the physician, parents, and school staff (Appendix 3). The Anaphylaxis Network in Canada also has educational material available for schools.

References

Appendix I
Common symptoms and signs of allergic reactions may be a combination of any of the following:
- Hives
- Itching (of any part of the body)
- Swelling (of any body parts)
- Red, watery eyes
- Runny nose
- Vomiting
- Diarrhea
- Stomach cramps
- Change of voice
- Coughing
- Wheezing
- Throat tightness or closing
- Difficulty swallowing
- Difficulty breathing
- Sense of doom
- Dizziness
- Fainting or loss of consciousness
- Change of color

Appendix II
Epinephrine kits are available by prescription only either as a spring-loaded self-injectable device (EpiPen®, EpiPen Jr.; Dey Laboratories, Napa Valley, CA) or as a preloaded syringe (Ana-Kit; Bayer Laboratories, Spokane, WA). The syringe has a locking notched plunger, which is rotated to enable each of the 2 doses (0.3 mg each) contained in the barrel for self-injection. The spring-loaded auto-injector device has 1 dose but may be preferred because of its simplicity of use.

EpiPen is available in 2 forms, EpiPen Jr. and Epi-Pen. The EpiPen Jr. is used for children weighing 10 to 20 kg (22 to 45 lb). The EpiPen is used for those weighing greater than 20 kg (45 lb). All those responsible for using epinephrine kits should be familiar with these kits and the instructions for their use. Training devices and brochures outlining most aspects of handling and administering epinephrine are available from the manufacturers.

Appendix III
Emergency Health Care Plan
VIII. Applicable Laws
Federal And State Laws

Federal Laws

Certain federal laws have been enacted that govern schools’ responsibilities for meeting the needs of students with severe food allergies and other forms of anaphylaxis. Schools have an obligation to reasonably accommodate a student upon notification and confirmation of potentially life-threatening food allergies and to keep a record indicating that the school conscientiously carried out this obligation.

Federal Laws and Regulations Section 504 of the Rehabilitation Act of 1973 (Section 504)

Under this law, public school districts have a duty to provide a Free Appropriate Public Education (FAPE) for students with disabilities. A student with a life-threatening food allergy qualifies as a disabled student under Section 504. This section of the federal law protects disabled public school students from discrimination. See Frequently Asked Questions (FAQs) and further information from the Office for Civil Rights at http://www.ed.gov/about/offices/list/ocr/504faq.html.

Section 504 provides that:
“No otherwise qualified individual with handicaps in the United States . . . shall, solely by reason of her or his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under, any program or activity receiving Federal financial assistance . . .” http://www.ed.gov/about/offices/list/ocr/docs/hq5269.html

Section 504 defines an individual with a disability as anyone who experiences a “mental, psychological or physiologic disorder that interferes with an individual’s civil right to one or more major life activities.” The list of “major life activities” from the ADA Amendment Act includes two non-exhaustive lists including: caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working, and major bodily functions such as; functions of the immune system (i.e., life-threatening food allergy is a disorder of the immune system), normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions and working.
Under Section 504 of the Rehabilitation Act of 1973, students with life-threatening food allergies must be provided with the environmental and educational access accommodations and emergency school health services they need to safely attend school. It is possible that a Section 504 accommodation plan would not be required for a student with a food allergy or intolerance not considered a life-threatening condition.

If the student is determined to be eligible for services under Section 504, then the district’s Section 504 procedures should be followed. The IHP and/or the Emergency Care Policy (ECP) may serve as part of the child’s Section 504 accommodation plan. District procedures must be followed if the student is determined to be eligible for special education services under IDEA.

Student Access, Section 504 Manual
www.dese.mo.gov/divspeced/Compliance/Guidance/STUDENT_ACCESS.pdf

If parents believe that their child’s civil rights have been violated under Section 504, they should contact their federal regional civil rights office.

REGION VII Iowa, Kansas, Missouri, Nebraska
Regional Civil Rights Director
Office for Civil Rights, Region VII
U.S. Department of Education
10220 North Executive Hills Boulevard, 8th Floor
P. O. Box 901381
Kansas City, MO 64190-1381
(816) 891-8026
TTY(816) 374-7607

The Individuals with Disabilities Act of 1976 (IDEA)

IDEA is a federal law that governs how states and public agencies provide early intervention, special education, and related services. IDEA district procedures must be followed if the student is determined to be eligible for special education services under IDEA.
The IDEA requires all States to develop and implement a practical method of determining which children with disabilities are receiving special education and related services and which children are not. (20 U.S.C. 1412(a)(3)).

**Child Find Mandate**

The Individuals with Disabilities Education Act (IDEA) includes the Child Find mandate. Child Find requires all school districts to identify, locate and evaluate all children with disabilities, regardless of the severity of their disabilities. This obligation to identify all children who may need special education services exists even if the school is not providing special education services to the child.

**Who is Covered by Child Find?**

Schools are required to locate, identify and evaluate all children with disabilities from BIRTH THROUGH AGE 21. The Child Find mandate applies to all children who reside within a state, including children who attend private schools and public schools, highly mobile children, migrant children, homeless children, and children who are wards of the state. (20 U.S.C. 1412(a)(3))

**The Americans with Disabilities Act (ADA) of 1990**

The ADA law also prohibits the discrimination of individuals with a disability. Students with life-threatening food allergies have received protection under Title III of the ADA.

**ADA Amendment Act of 2008 (effective January 1, 2009)**

On September 25, 2008, President Bush signed the Americans with Disabilities Act Amendments Act of 2008 (“ADA Amendments Act” or “Act”). The Act emphasizes that the definition of disability should be construed in favor of broad coverage of individuals to the maximum extent permitted by the terms of the ADA and generally shall not require extensive analysis.
The Food Allergen Labeling and Consumer Protection Act (FALCPA),
PUBLIC LAW 108–282—AUG. 2, 2004 took effect January 1, 2006, mandates that the labels of foods containing major food allergens (milk, eggs, fish, crustacean shellfish, peanuts, tree nuts, wheat, and soy) declare the allergen in plain language, either in the ingredient list or via:

- the word “Contains” followed by the name of the major food allergen – for example, “Contains milk, wheat” – or

- a parenthetical statement in the list of ingredients – for example, “albumin (egg)”

Such ingredients must be listed if they are present in any amount, even in colors, flavors, or spice blends. Additionally, manufacturers must list the specific nut (e.g., almond, walnut, cashew) or seafood (e.g., tuna, salmon, shrimp, lobster) that is used.

Also be aware that processing aids are used by the food industry, but are different from other ingredients like sugar or flour. Soy lecithin, for example, is used as a processing aid (as a nonstick spray to keep baked goods from sticking to baking pans, or as a carrier for certain flavor, spice, or vitamin ingredients).

FALCPA requires food companies to label ingredients like soy lecithin, regardless of its level in the food you purchase. You, therefore, may notice “soy lecithin” or “Contains soy” on products that did not previously list soy. You may also see other ingredients derived from major allergens being treated as processing aids that had not been labeled pre-FALCPA. This change to the food label may reduce the choice of food products available to you. However, it is potentially dangerous if you start assuming any label change is related to insignificant levels having to be labeled by FALCPA rather than a true reformulation of the food product. So rather than ignore “Contains …” statements, speak to your health care provider.

Although this act has made label reading easier for millions of Americans living with food allergies, please read all labels on all packages carefully.
Substitutions or modifications in school meals

Generally, participants with food allergies or intolerances, or obese participants are not “handicapped persons,” as defined in 7 CFR 15b.3(i), and school food authorities, institutions and sponsors are not required to make substitutions for them. However, when in the physician’s assessment food allergies may result in severe, life-threatening reactions (anaphylactic reactions) or the obesity is severe enough to substantially limit a major life activity, the participant then meets the definition of “handicapped person,” and the food service personnel must make the substitutions prescribed by the physician. See Appendix M.
http://dese.mo.gov/divadm/food/specialdietary.html
www.dese.mo.gov/divadm/food/medicalstatement.PDF

USDA - Mountain Plains Regional Office - FNS Civil Rights Regional Directors
Evelyn McGregor, Regional Civil Rights Director
1244 Speer Blvd., Suite 903
Denver, CO 80204-3581
303-844-0307
303-844-2160 (fax)
Email: Evelyn.McGregor@fns.usda.gov
Colorado, Iowa, Kansas, Missouri, Montana, Nebraska, North Dakota, South Dakota, Utah, Wyoming

The Family Education Rights and Privacy Act of 1974 (FERPA)

Under FERPA, student information is protected by restricting access to individual student records. The law addresses student confidentiality including the notification of student and parental rights regarding access to student records. In schools, specific student information and records may be shared with school personnel only under certain circumstances. See http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html.

Occupational Safety and Health Administration (OSHA), a regulatory agency within the U.S. Department of Labor, requires schools in Missouri to meet safety standards set forth by this agency. These standards include the need for procedures to address possible exposure to blood-born pathogens. Under OSHA regulations, schools are required to maintain a clean and healthy school environment. Schools must adhere to Universal Precautions designed to reduce the risk of transmission of blood-borne pathogens, which include the use of barriers such as surgical gloves and other protective measures, such as needle disposal, when dealing with blood and other body fluids or tissues.
**Missouri State Laws**

**Good Samaritan Law**

Sections 537.037, RSMo, (1988) of the Missouri Statutes is commonly referred to as the “Good Samaritan Law.”

This legislation applies to physicians, surgeons, registered professional nurses, licensed practical nurses, and licensed mobile emergency medical technicians in situations when aid is given in an emergency or accident and occurs outside of a health care setting.

When any of the above health care providers render, in good faith, emergency care or assistance at the scene of an emergency or accident, no liability may be imposed for any civil damages arising from acts or omissions in rendering such emergency care. There is no protection, however, for gross negligence or willful or wanton acts or omissions. Thus, it should be noted that this legislation is only applicable if the care is rendered without compensation.

This law further protects the rendering of emergency care or assistance to any minor involved in any accident, injured in competitive sports, or affected by any other emergency at the scene of an accident without first obtaining the consent of a parent or guardian. Again, there is no protection from civil liability for gross negligence or willful or wanton acts or omissions.

**Missouri Safe Schools Act, 1996**

Missouri Statutes Website: http://www.moga.mo.gov/statutessearch

**HARASSMENT AND STALKING ADDED TO SAFE SCHOOLS ACT (Amends § 160.261)**

The crimes of harassment under § 565.090 and stalking under § 565.225 have been added to the list of crimes boards of education must include in the district’s written policy of discipline as crimes administrators are required to report as soon as reasonably practical to the appropriate law enforcement agency, providing the crime has occurred on school property or at a school-sponsored activity.

**REQUIREMENT TO ADOPT AN ANTI-BULLYING POLICY (§ 160.775 RSMo 2006)**

School districts must adopt an anti-bullying policy no later than September 1, 2007. The act defines “bullying” as “intimidation or harassment that causes a reasonable student to fear for his or her physical safety or property.” Bullying can consist of a physical act, oral or written communication, and can include “threats of retaliation” to students for reporting such acts. The policy shall not contain specific lists of protected classes of students. The policy shall require district employees to report any bullying instance of which the employee has firsthand knowledge and shall address employee training in its requirements.
Missouri Revised Statutes, Chapter 162 - School Districts Section 162.680

Disabled children to be educated with others whenever possible.

1. No child may be denied services provided by sections 162.670 to 162.999 because of such child’s disabling condition.

2. To the maximum extent appropriate, disabled and severely disabled children shall be educated along with children who do not have disabilities and shall attend regular classes, except that in the case of a disability resulting in violent behavior which causes a substantial likelihood of injury to the student or others, the school district shall initiate procedures consistent with state and federal law to remove the child to a more appropriate placement. Special classes, separate schooling, or other removal of children with disabilities from the regular educational environment shall occur only when the nature or severity of the disability of a child is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

Missouri Revised Statutes, Chapter 167

House Bill No. Scs Hb922 - 95Th General Assembly

To amend chapter 167, RSMo, by adding thereto one new section relating to allergy prevention and response in schools.

Section A. Chapter 167, RSMo, is amended by adding thereto one new section, to be known as section 167.208, to read as follows:

167.208. 1. By July 1, 2011, each school district shall adopt a policy on allergy prevention and response, with priority given to addressing potentially deadly food-borne allergies. Such policy shall contain, but shall not be limited to, the following elements:

1. Distinguishing between building-wide, classroom, and individual approaches to allergy prevention and management;

2. Providing an age-appropriate response to building-level and classroom-level allergy education and prevention;

3. Describing the role of both certificated and noncertificated school staff in determining how to manage an allergy problem, whether it is through a plan prepared for a student under Section 504 of the Rehabilitation Act of 1973 for a student with an allergy that has been determined to be a disability, an individualized health plan for a student who has allergies that are not disabling, or other allergy management plans;

4. Describing the role of other students and parents in cooperating to prevent and mitigate allergies;

5. Addressing confidentiality issues involved with sharing medical information, including specifying when parental permission is required to make medical information available; and

Coordinating with the school health advisory council, local health authorities, and other
appropriate entities to ensure efficient promulgation of accurate information and to ensure that existing school safety and environmental policies do not conflict.

Such policies may contain information from or links to school allergy prevention information furnished by the food allergy and anaphylaxis network or equivalent organization with a medical advisory board that has allergy specialists.

2. The department of elementary and secondary education shall, in cooperation with any appropriate professional association, develop a model policy or policies by July 1, 2010.

Missouri Revised Statutes, Chapter 167 - Pupils and Special Services
Section 167.113

Compliance with federal laws relating to pupil rights required.

167.113. The state shall comply with all the provisions of the federal law relating to the protection of pupil rights, as contained in Section 1232h(b) of Title 20 United States Code.

Missouri Revised Statutes, Chapter 167 - Pupils and Special Services
Section 167.621

Authorization of parent or guardian, prerequisite—administration of medicine, first aid, immunity.

167.621.

1. Persons providing health services under sections 167.600 to 167.621 shall obtain authorization from a parent or guardian of the child before providing services as provided by section 431.061.

2. No employee of any school district may be required to administer medication or medical services for which the employee is not qualified according to standard medical practices. No unqualified employee who refuses to administer medication or medical services shall be subject to any disciplinary action for such refusal. Nothing herein shall be construed to prevent any employee from providing routine first aid, provided that any employee shall be held harmless and immune from any liability if such employee is following a proper procedure adopted by the local school board.

3. Any qualified employee shall be held harmless and immune from any civil liability for administering medication or medical services in good faith and according to standard medical practices.
Missouri Revised Statutes, Chapter 167 - Pupils and Special Services Section 167.627

Possession and self-administration of medication in school--requirements.

167.627.

1. For purposes of this section, the following terms shall mean:

   (1) “Medication”, any medicine prescribed or ordered by a physician for the treatment of asthma or anaphylaxis, including without limitation inhaled bronchodilators and auto-injectible epinephrine;

   (2) “Self-administration”, a pupil’s discretionary use of medication prescribed by a physician or under a written treatment plan from a physician.

2. Each board of education and its employees and agents in this state shall grant any pupil in the school authorization for the possession and self-administration of medication to treat such pupil’s asthma or anaphylaxis if:

   (1) A licensed physician prescribed or ordered such medication for use by the pupil and instructed such pupil in the correct and responsible use of such medication;

   (2) The pupil has demonstrated to the pupil’s licensed physician or the licensed physician’s designee, and the school nurse, if available, the skill level necessary to use the medication and any device necessary to administer such medication prescribed or ordered;

   (3) The pupil’s physician has approved and signed a written treatment plan for managing asthma or anaphylaxis episodes of the pupil and for medication for use by the pupil. Such plan shall include a statement that the pupil is capable of self-administering the medication under the treatment plan;

   (4) The pupil’s parent or guardian has completed and submitted to the school any written documentation required by the school, including the treatment plan required under subdivision (3) of this subsection and the liability statement required under subdivision (5) of this subsection; and

   (5) The pupil’s parent or guardian has signed a statement acknowledging that the school district and its employees or agents shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil or the administration of such medication by school staff. Such statement shall not be construed to release the school district and its employees or agents from liability for negligence.

3. An authorization granted under subsection 2 of this section shall:

   (1) Permit such pupil to possess and self-administer such pupil’s medication while in school, at a school-sponsored activity, and in transit to or from school or school-sponsored activity; and

   (2) Be effective only for the same school and school year for which it is granted. Such authorization shall be renewed by the pupil’s parent or guardian each subsequent school year in accordance with this section.
4. Any current duplicate prescription medication, if provided by a pupil’s parent or guardian or by the school, shall be kept at a pupil’s school in a location at which the pupil or school staff has immediate access in the event of an asthma or anaphylaxis emergency.

5. The information described in subdivisions (3) and (4) of subsection 2 of this section shall be kept on file at the pupil’s school in a location easily accessible in the event of an asthma or anaphylaxis emergency.

**Missouri Revised Statutes, Chapter 167 - Pupils and Special Services Section 167.630**

Epinephrine prefilled auto syringes, school nurse authorized to maintain adequate supply – administration authorized, when.

1. Each school board may authorize a school nurse licensed under chapter 335, RSMo, who is employed by the school district and for whom the board is responsible for to maintain an adequate supply of prefilled auto syringes of epinephrine with fifteen-hundredths milligram or three-tenths milligram delivery at the school. The nurse shall recommend to the school board the number of prefilled epinephrine auto syringes that the school should maintain.

2. To obtain prefilled epinephrine auto syringes for a school district, a prescription written by a licensed physician, a physician’s assistant, or nurse practitioner is required. For such prescriptions, the school district shall be designated as the patient, the nurse’s name shall be required, and the prescription shall be filled at a licensed pharmacy.

3. A school nurse shall have the discretion to use an epinephrine auto syringe on any student the school nurse believes is having a life-threatening anaphylactic reaction based on the training in recognizing an acute episode of an anaphylactic reaction. The provisions of section 167.624 concerning immunity from civil liability for trained employees administering lifesaving methods shall apply to trained employees administering a prefilled auto syringe under this section.
IX. Resources
Food Allergy Resources

Organizations

American Academy of Asthma, Allergy and Immunology (AAAAI)
611 Wells Street.
Milwaukee, WI 53202
Phone: (414) 272-6071
Toll Free: (800) 822-2762
Fax (414) 272-6070
http://www.aaaai.org
http://www.aaaai.org/patients/gallery/foodallergy.asp

American Academy of Pediatrics
141 Northwest Point
Elk Grove Village, IL 60007
Phone: (847) 434-4000
Fax: (847) 434-8000
http://www.aap.org

Council on School Health
http://www.aap.org/sections/schoolhealth/

American Dietetic Association
http://www.eatright.org/Public/content.aspx?id=5539

Asthma and Allergy Foundation of America/St. Louis Chapter (AAFA/St. Louis)
1500 South Big Bend Boulevard
St. Louis, MO 63117
Phone: (314) 645-2422
Fax: (314) 645-2022
E-mail: aafa@aafastl.org
http://www.aafastl.org

Education & Advocacy Solutions, LLC – Rhonda Riggott Stevens
http://www.foodallergyadvocate.com
Food Allergy and Anaphylaxis Network (FAAN) offers a variety of pamphlets, books, school and daycare programs, and videos.
11781 Lee Jackson Hwy, Suite 160
Fairfax, VA 22030-2208
Phone: (800) 929-4040
Fax: (703) 691-2713
E-mail: faan@foodallergy.org
http://www.foodallergy.org
http://www.foodallergy.org/anaphylaxis/index/html

Food Allergy Initiative
http://www.faiusa.org/
http://www.foodallergyinitiative.org/section_home.cfm?section_id=7

Food and Nutrition Information Center (FNIC)
Resource List on Food Allergies for Consumers, February 2008
National Agricultural Library USDA
10301 Baltimore Avenue, Room 105
Beltsville, MD 20705-2351
(Extensive resource list on Brochures & Fact Sheets, books, cookbooks, web resources, resources for children as well as contact information for organizations)

National Association of School Nurses
http://www.nasn.org/

Missouri School Boards Association
2100 I-70 Drive Southwest
Columbia, MO 65203
Phone: (800) 221-6722
Fax: (573) 445-9981
mailto:info@msbanet.org” info@msbanet.org
http://www.msbanet.org/

TRAIN – The Reading Allergy Information Network. Food Allergy Task Force and Guidelines.
http://www.readingallergy.org/Home
Books

“Caring for Your Child with Severe Food Allergies,” Lisa Cipriano Collins.

“No Nuts for Me,” Aaron Zevy.
Tumbleweed Press, 1995

“Special Diet Solutions” and “Special Diet Celebrations,” Carol Fenster, Ph.D.


“The Peanut Allergy Answer Book,” by Michael C. Young, M.D.

More Information

Accommodating Children with Special Dietary Needs (USDA)

Allergic Living Magazine
http://www.allergicliving.com

Center for Chronic Disease Prevention and Health Promotion:
DASH Healthy Youth Food Allergies
http://www.cdc.gov/HealthyYouth/foodallergies/

St. Louis Children’s Hospital – Answer Line
(314) 454-KIDS (454-5437)

St. Louis Children’s Hospital – Family Resource Center
(314) 454-2350
State Guidelines for Schools

Arizona State guidelines for school management of food allergies

Connecticut State guidelines for school management of food allergies

Illinois State Guidelines for Managing Life – Threatening Food Allergies in Illinois Schools
http://www.isbe.state.il.us/nutrition/pdf/food_allergy_guidelines.pdf

Maryland State guidelines for school management of food allergies

Massachusetts State guidelines for school management of food allergies
http://www.doe.mass.edu/cnp/allergy.pdf

Mississippi State guidelines for school management of food allergies

Missouri State Guidelines for Allergy Prevention and Response
http://dhss.mo.gov/living/families/schoolhealth/pdf/mo_allergy_manual.pdf

New Jersey State guidelines for school management of food allergies
http://www.state.nj.us/education/students/safety/health/services/allergies.pdf

New York State guidelines for school management of food allergies

Tennessee State guidelines for school management of food allergies

Vermont State guidelines for school management of food allergies

Washington State guidelines for school management of food allergies
West Virginia State guidelines for school management of food allergies

Missouri Department of Elementary & Secondary Education
www.dese.mo.gov/divadm/food/specialdietary.html
www.dese.mo.gov/divadm/food/medicalstatement.PDF
www.dese.mo.gov/divadm/food/specialdietary.html

Auto-Injector Devices
Dey Laboratories – manufacturer of Epi-Pen® auto-injectors
Phone: (800) 755-5560
Fax: (800) 869-9005
http://www.dey.com/
http://www.epipen.com/howtouse.aspx

Twinject® and Twinject Jr.®
Shionogi Pharma, Inc.
Atlanta, Georgia
Phone: (888) TWINJCT (894-6528)
http://www.twinject.com
http://twinject.com/patients/twinject_training.html

Support Groups
St. Louis Gateway FEAST (Food Allergy, Eczema and Asthma Support Team)
“A FEAST of information and support at your fingertips!” Maintains a lending library.
E-mail: FEAST@aafastl.org
Join our Yahoo Group: http://health.groups.yahoo.com/group/GatewayFEAST/
Kids With Food Allergies (on-line support group) www.kidswithfoodallergies.org

St. Louis Food Allergy Support Group
www.StLouisFoodAllergy@att.net

Kansas City Northland Food Allergy Support Group
www.kcPeanutAllergy.blogspot.com
X. References
References


Ann Arbor Public Schools: Managing Life Threatening Food Allergies In Elementary School Children; Guidelines & Practices 1-50.


Jackson, P. (2002). Peanut Allergy: An Increasing Health Risk for Children; Pediatric. 28 (5).


Magliaro, D. R. College of St. Elizabeth, Morristown, NJ. *Food & Food Allergies: Elementary school teachers’ practices & attitudes*


*Roper JD. Clinical challenges in recognizing, diagnosing, and treating anaphylaxis. School Nurse News. 2007 May; 24(3); 28-30, 32.*


XI. Glossary of Terms
Acute: Symptoms which can occur suddenly with a short and severe course.

Adrenaline: Synonym for epinephrine.

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 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 sudden, severe allergic reaction that involves various areas of the body simultaneously or causes difficulty breathing and swelling of the throat and tongue. In extreme cases, it can cause death. This type of reaction is sometimes called a systemic, or general body, reaction or allergic shock.

Anaphylaxis Drill: Practice in procedures that would be carried out if there were an anaphylactic emergency. The drill may include but is not limited to: who helps the student; who retrieves the EpiPen® or Twinject® or administers it; who calls 9-1-1, and who directs the paramedics to the child.

Antihistamines: A class of medications used to block the action of histamines in the body and modify the symptoms of an allergic reaction.

Asthma: A chronic, inflammatory disorder of the airways characterized by wheezing, breathing difficulties, coughing, chest tightness. The primary manifestations of asthma are bronchospasm leading to bronchoconstriction, increased bronchial mucus, and inflammation of bronchial tissue leading to edema. These changes make breathing difficult and can cause a feeling of not getting enough air into the lungs or shortness of breath.
**Biphasic Reaction (within 2 to 4 hours):** The reoccurrence of an allergic reaction. Children who have an anaphylactic reaction may experience a reoccurrence in the hours following the beginning of the reaction and require further medical treatment. The secondary reaction is called “biphasic,” meaning “phase II.”

**Chronic:** Symptoms that occur frequently or are long-lasting.

**Consumer Hotline (for food staff):** Major food distributors’ toll-free numbers (usually found on packaging). Can be used to check for information on ingredients in a food or the food’s processing procedures (such as cross-contamination).

**Cross-Contamination:** Occurs when the proteins from various foods mix, rendering a “safe” food “unsafe”. This can occur in the cooking process by using contaminated utensils, pans, frying oils, grills, etc.

**Delegate/Designee:** The person receiving designation to administer epinephrine.

**EpiPen® and EpiPen Jr.®:**

EpiPen - By prescription only. It is a device that, once activated, will automatically inject one measured dose of epinephrine when jabbed into the thigh. It looks like a black Magic Marker™. The EpiPen is contained in an orange cylindrical container as the medicine is light-sensitive. Always call for emergency personnel when epinephrine is given.

EpiPen Jr. - It operates the same as the EpiPen. It has the same medicine as in the EpiPen, but at a lower dose for lighter-weight children. Like the EpiPen, it delivers one dose only. The newer EpiPen Jr. has green packaging, which distinguishes it from the yellow EpiPen. Always call for emergency personnel when epinephrine is given.

*EpiPen® and EpiPen Jr.® are registered trade names of DEY®*

**Epinephrine:** The medicine contained in the EpiPen®, EpiPen Jr.®, and Twinject®. The drug of choice for anaphylaxis. It is the first medicine that should be used in the emergency management of a child having a potentially life-threatening allergic reaction. It is synonymous with adrenaline. There are no contraindications to the use of epinephrine for a life-threatening allergic reaction. Always call for emergency personnel when epinephrine is given.

**FAAN:** Acronym for the Food Allergy and Anaphylaxis Network that has education material on food allergies.
**504 Plan:** The Rehabilitation Act of 1973 contains Section 504 Regulations, 34 C.F.R. Part 104. This section states that a recipient of Federal financial assistance cannot discriminate, exclude from participation in, or deny the benefits of any program or activity on the basis of an individual’s handicap. As it relates to the educational setting, this is a regular education issue, not a special education issue. Procedural safeguards are handled through due process or the Office of Civil Rights and discrimination court case. A person is defined as handicapped if they have a mental or physical impairment that significantly limits the following major life activities: caring for one’s self, walking, seeing, hearing, speaking, breathing, learning, working or performing manual tasks.

**Food Allergy Action Plan (FAAP):** A written emergency care plan for students who have a life-threatening food allergy. A FAAP provides specific directions about what to do in a medical emergency such as an accidental exposure to the allergen. The FAAP is a part of the IHP (Individual Health Plan).

**Food Allergies:** An immune system response to a certain food. Upon ingestion, the body creates antibodies to that food. When the antibodies react with the food, histamine and other chemicals are released from cells. The release of those chemicals may cause hives, difficulty breathing, or other symptoms of an allergic reaction. (See Allergic Reaction)

**Food Intolerance:** When the body has difficulty digesting food and the immune system is not affected. Signs and symptoms may occur within minutes or hours after eating the food, and may include headaches, abdominal pain, and a rash. Unlike the case of food allergies where only a tiny amount of the food is needed to trigger a reaction, with food intolerance the person may be able to eat small quantities of the food without any problems (e.g., lactose intolerance with milk).

**Histamine:** Histamine is a naturally occurring substance that is released by the immune system after being exposed to an allergen. When you inhale an allergen, mast cells located in the nose and sinus membranes release histamine. Histamine then attaches to receptors on nearby blood vessels, causing them to enlarge (dilate). Histamine also binds to other receptors located in nasal tissues, causing redness, swelling, itching and changes in the secretions.

**Hives:** Itchy, swollen, red bumps or welts on the skin that appear suddenly. They may be a result of the body’s adverse reaction to certain allergens. They can appear anywhere on the body including the face, lips, tongue, throat or ears. Hives vary in size and can last for minutes or days. Hives are also known as urticaria.
Individualized Healthcare Plan (IHP): The IHP is a nursing document based on nursing diagnosis, nursing interventions and expected student outcomes. This document is written in nursing language and outlines the plan of care that the registered school nurse writes in response to a medical diagnosis by the student’s private healthcare provider.

MedicAlert™ Bracelet/Necklace: A necklace or bracelet worn by an allergic student that states the allergens and gives a telephone number for additional information.

Prick Skin Test: A skin test in which an extract of the food is placed on the skin of the lower arm. The provider will then scratch this portion of the skin with a needle and look for swelling or redness, which would be a sign of a local allergic reaction. Skin tests are simple and relatively safe when performed in a physician’s office.

RAST (Radioallergosorbent Test): Measures the presence of food-specific IgE in the blood.

Twinject: Auto-injector that delivers epinephrine rapidly and easily. If symptoms reappear before emergency help arrives, Twinject provides a built-in second dose of medication. Epinephrine, the active ingredient in Twinject, is the recommended treatment for severe anaphylaxis. It is administered by way of injection through the skin into the thigh, and begins working immediately. Epinephrine helps you breathe by relaxing constricted airways in the lungs. It also reverses dropping blood pressure by constricting small blood vessels. Always call for emergency personnel when epinephrine is given.

Twinject Jr.: It operates the same as the Twinject. It has the same medicine as in the Twinject, but at a lower dose for lighter-weight children. Twinject provides a built-in second dose of medication. The newer Twinject Jr. has green packaging, which distinguishes it from the blue Twinject. Always call for emergency personnel when epinephrine is given.

*Twinject® is a registered trademark of Sciele Pharma.
XII. Appendices
Appendices – This section of the manual offers various sample forms to assist schools in managing students with life-threatening food allergies. These are sample forms and school districts are encouraged to modify according to district and student specifics as needed.

- **Appendix A**: Teacher’s Checklist for Managing Food Allergies
- **Appendix B**: How to Read Labels
- **Appendix C**: Food Allergy Facts and Statistics
- **Appendix D**: Sample Food Allergy Action Plan
- **Appendix E**: Sample Substitute Personnel Plan
- **Appendix F**: Sample Field Trip Risk Assessment Form
- **Appendix G**: Sample School Letters
  (Please note you must gain written parental consent to share information with other parents.)
  - From Principal
  - To All Parents/Volunteers
  - Classroom Letter
- **Appendix H**: Instructions to Complete an Individual Health Plan (IHP)
  - Sample Individual Health Plan (IHP) Form
- **Appendix I**: Sample 504 Accommodation Plan
- **Appendix J**: Sample Food Allergy Pre/Post Test
- **Appendix K**: Sample EpiPen/EpiPen Jr. Competency Skills Checklist
- **Appendix L**: State of Missouri EMS Website
- **Appendix M**: USDA Form – Medical Statement for Meal Substitution and DESE Meal Substitutions for Medical or Other Special Dietary Reasons
Teacher’s Checklist for Managing Food Allergies

- Be familiar with your school’s emergency procedures.
- Know how to recognize the symptoms of an allergic reaction and what to do if a reaction occurs.
- Be sure to notify substitute teachers and aides about students’ food allergies.
- Avoid using food in your lesson plans, such as math lessons and art projects.
- Don’t use food as an incentive or reward.
- Minimize the use of food in class parties or celebrations.
- Develop a plan for communicating with parents about issues that might affect their child’s food allergies.
- Consider food allergies when planning for field trips, and be sure to include the school nurse and parents early in the planning process.
- Before bringing an animal as a pet into the classroom, consider possible allergies to the animal, its food, and its other habitat needs.
- Evaluate for possible allergens in art materials or other items for special projects.

Adapted from:
The Food Allergy & Anaphylaxis Network, (800) 929-4040, www.foodallergy.org
How to Read a Label for a Milk-Free Diet
All FDA-regulated manufactured food products that contain milk as an ingredient are required by U.S. law to list the word “milk” on the product label.

Avoid foods that contain milk or any of these ingredients:
butter, butter fat, butter oil, butter acid, butter ester(s)  
buttermilk  
casein  
casein hydrolysate  
caseinates (in all forms)  
cheese  
cottage cheese  
cream  
curds  
custard  
diacetyl  
ghee  
half-and-half  
lactalbumin, lactalbumin phosphate  
lactoferrin  
lactose  
lactulose  
milk (in all forms, including condensed, derivative, dry, evaporated, goat’s milk and milk from other animals, low-fat, melted, milkfat, nonfat, powder, protein, skimmed, solids, whole)  

Milk is sometimes found in the following:
artificial butter flavor  
baked goods  
caramel candies  
chocolate  
lactic acid starter culture and other bacterial cultures  
luncheon meat, hot dogs, sausages  
margarine  
nisin  
nondairy products  
nougat  

How to Read a Label for a Soy-Free Diet
All FDA-regulated manufactured food products that contain soy as an ingredient are required by U.S. law to list the word “soy” on the product label.

Avoid foods that contain soy or any of these ingredients:
edamame  
miso  
natto  
shoyu  
soy (soy albinan, soy cheese, soy fiber, soy flour, soy grits, soy ice cream, soy milk, soy nuts, soy sprouts, soy yogurt)  
soya  
soybean (curd, granules)  
soy protein (concentrate, hydrolyzed, isolate)  
soy sauce  
tamari  
tempah  
textured vegetable protein (TVP)  
tofu  

Soy is sometimes found in the following:
Asian cuisine  
vegetable broth  
vegetable gum  
vegetable starch  
luncheon meat, hot dogs, sausages  

Keep the following in mind:
• The FDA exempts highly refined soybean oil from being labeled as an allergen. Studies show most allergic individuals can safely eat soy oil that has been highly refined (not cold pressed, expeller pressed, or extruded soybean oil).
• Most individuals allergic to soy can safely eat soy lecithin.
• Follow your doctor’s advice regarding these ingredients.

How to Read a Label for a Peanut-Free Diet
All FDA-regulated manufactured food products that contain peanut as an ingredient are required by U.S. law to list the word “peanut” on the product label.

Avoid foods that contain peanuts or any of these ingredients:
artificial nuts  
beer nuts  
cold pressed, expeller pressed, or extruded peanut oil  
goobers  
ground nuts  
mixed nuts  

Peanut is sometimes found in the following:
African, Asian (especially Chinese, Indian, Indonesian, Thai, and Vietnamese), and Mexican dishes  
baked goods (e.g., pastries, cookies)  
candy (including chocolate candy)  
chili  

Keep the following in mind:
• Mandelonas are peanuts soaked in almond flavoring.
• The FDA exempts highly refined peanut oil from being labeled as an allergen. Studies show that most allergic individuals can safely eat peanut oil that has been highly refined (not cold pressed, expeller pressed, or extruded peanut oil). Follow your doctor’s advice.
• A study showed that unlike other legumes, there is a strong possibility of cross-reaction between peanuts and lupine.
• Arachis oil is peanut oil.
• Many experts advise patients allergic to peanuts to avoid tree nuts as well.
• Sunflower seeds are often produced on equipment shared with peanuts.
### How to Read a Label for a Shellfish-Free Diet

All FDA-regulated manufactured food products that contain a crustacean shellfish as an ingredient are required by U.S. law to list the specific crustacean shellfish on the product label.

**Avoid foods that contain shellfish or any of these ingredients:**
- crab
- crawfish (crayfish, ecrevisse)
- lobster (langouste, langoustine, scampo, coral, tomalley)
- prawn
- shrimp (crevette)

Mollusks are not considered major allergens under food labeling laws and may not be fully disclosed on a product label.

Your doctor may advise you to avoid mollusks or these ingredients:
- abalone
- clams (cherrystone, littleneck, pismo, quahog)
- cockle (periwinkle, sea urchin)
- mussels
- octopus
- oysters
- snails (escargot)
- squid (calamari)

### How to Read a Label for a Wheat-Free Diet

All FDA-regulated manufactured food products that contain wheat as an ingredient are required by U.S. law to list the word “wheat” on the product label. The law defines any species in the genus *Triticum* as wheat.

**Avoid foods that contain wheat or any of these ingredients:**
- bread crumbs
- bulgur
- cereal extract
- club wheat
- couscous
- cracker meal
- durum
- einkorn
- emmer
- farina
- flour (all purpose, bread, cake, durum, enriched, graham, high gluten, high protein, instant, pastry, self-rising, soft wheat, steel ground, stone ground, whole wheat)

Wheat is sometimes found in the following:
- soy sauce
- starch (gelatinized starch, modified starch, modified food starch, vegetable starch)

### How to Read a Label for an Egg-Free Diet

All FDA-regulated manufactured food products that contain egg as an ingredient are required by U.S. law to list the word “egg” on the product label.

**Avoid foods that contain eggs or any of these ingredients:**
- albumin (also spelled albumen)
- egg (dried, powdered, solids, white, yolk)
- eggnog
- globulin
- lysozyme
- mayonnaise
- meringue (meringue powder)
- ovalbumin
- ovovitellin
- surimi

Egg is sometimes found in the following:
- baked goods
- egg substitutes
- lecithin
- marzipan
- marshmallows
- nougat
- pasta

### How to Read a Label for a Tree Nut-Free Diet

All FDA-regulated manufactured food products that contain a tree nut as an ingredient are required by U.S. law to list the specific tree nut on the product label.

**Avoid foods that contain nuts or any of these ingredients:**
- almonds
- artificial nuts
- beechnut
- Brazil nuts
- butternut
- cashews
- chestnuts
- chinquapin
- coconut
- filberts/hazelnuts
- gianduja (a chocolate-nut mixture)
- ginkgo nut
- hickory nuts
- litchi/lychee/lychee nut
- macadamia nuts
- marzipan/almond paste
- Nangai nuts
- natural nut extract (e.g., almond, walnut)
- nut butters (e.g., cashew butter)
- nut meal
- nut paste (e.g., almond paste)
- nut pieces
- nutmeat
- pecans
- pesto
- pili nut
- pine nuts (also referred to as Indian, pignoli, pigioletta, pinol, pignon, piñon, and pinyon nuts)
- pistachios
- praline
- shea nut
- walnuts

Tree nuts are sometimes found in the following:
- black walnut hull extract (flavoring)
- natural nut extract
- nut distillates/alcoholic extracts
- nut oils (e.g., walnut oil, almond oil)
- walnut hull extract (flavoring)

Keep the following in mind:
- Mortadella may contain pistachios.
- There is no evidence that coconut oil and shea nut oil/butter are allergic.
- Many experts advise patients allergic to tree nuts to avoid peanuts as well.
- Talk to your doctor if you find other nuts not listed here.
Food Allergy Facts and Statistics

- Food allergy is a growing public health concern in the U.S.
- Though reasons for this are poorly understood, the prevalence of food allergies and associated anaphylaxis appears to be on the rise.
  - Peanut allergy doubled in children over a five-year period (1997-2002).
  - Research suggests that food-related anaphylaxis might be underdiagnosed.
  - An increasing number of school students have diagnosed life-threatening allergies.
  - A 2007 study has shown that milk allergy may persist longer in life than previously thought. Of 800 children with milk allergy, only 19% had outgrown their allergy by age 4, and only 79% had outgrown it by age 16.
- More than 12 million Americans have food allergies. That's one in 25, or 4% of the population.
- The incidence of food allergy is highest in young children – one in 17 among those under age 3.
- About 3 million children in the U.S. have food allergies.
- The CDC reported that food allergies result in over 300,000 ambulatory-care visits a year among children.
- Eight foods account for 90% of all food-allergic reactions in the U.S.: milk, eggs, peanuts, tree nuts (e.g., walnuts, almonds, cashews, pistachios, pecans), wheat, soy, fish, and shellfish.
- There is no cure for food allergies. Strict avoidance of food allergens and early recognition and management of allergic reactions to food are important measures to prevent serious health consequences.
- Even trace amounts of a food allergen can cause a reaction.
- Most people who’ve had an allergic reaction to something they ate thought that it was safe.
- Food allergies are life-altering for everyone involved and require constant vigilance.
- Early administration of epinephrine (adrenaline) is crucial to successfully treating anaphylactic reactions. Epinephrine is available by prescription in a self-injectable device (EpiPen® or Twinject®).
Food Allergy Action Plan

Name: ___________________________  D.O.B.: ___ / ___

Allergy to: __________________________________________

Weight: ______ lbs.  Asthma:  □ Yes (higher risk for a severe reaction)  □ No

Extremely reactive to the following foods:______________________________________

THEREFORE:

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

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

Any SEVERE SYMPTOMS after suspected or known ingestion:

One or more of the following:

LUNG:  Short of breath, wheeze, repetitive cough

HEART:  Pale, blue, faint, weak pulse, dizzy, confused

THROAT:  Tight, hoarse, trouble breathing/swallowing

MOUTH:  Obstructive swelling (tongue and/or lips)

SKIN:  Many hives over body

Or combination of symptoms from different body areas:

SKIN:  Hives, itchy rashes, swelling (e.g., eyes, lips)

GUT:  Vomiting, crampy pain

MILD SYMPTOMS ONLY:

MOUTH:  Itchy mouth

SKIN:  A few hives around mouth/face, mild itch

GUT:  Mild nausea/discomfort

Medications/Doses

Epinephrine (brand and dose): _____________________________

Antihistamine (brand and dose): _____________________________

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

Monitoring

Stay with student; alert healthcare professionals and parent. Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See back/attached for auto-injection technique.

1. INJECT EPINEPHRINE IMMEDIATELY

2. Call 911

3. Begin monitoring (see box below)

4. Give additional medications:*  Antihistamine  Inhaler (bronchodilator) if asthma

*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.

1. GIVE ANTIHISTAMINE

2. Stay with student; alert healthcare professionals and parent

3. If symptoms progress (see above), USE EPINEPHRINE

4. Begin monitoring (see box below)

MILD SYMPTOMS ONLY:

MOUTH:  Itchy mouth

SKIN:  A few hives around mouth/face, mild itch

GUT:  Mild nausea/discomfort

Any SEVERE SYMPTOMS after suspected or known ingestion:

LUNG:  Short of breath, wheeze, repetitive cough

HEART:  Pale, blue, faint, weak pulse, dizzy, confused

THROAT:  Tight, hoarse, trouble breathing/swallowing

MOUTH:  Obstructive swelling (tongue and/or lips)

SKIN:  Many hives over body

Or combination of symptoms from different body areas:

SKIN:  Hives, itchy rashes, swelling (e.g., eyes, lips)

GUT:  Vomiting, crampy pain

Parent/Guardian Signature ___________________________  Date __________

Physician/Healthcare Provider Signature ___________________________  Date __________

FORM PROVIDED COURTESY OF FAAN (www.foodallergy.org) 7/2010
**Twinject® 0.3 mg and Twinject® 0.15 mg Directions**

- First, remove the Twinject Auto-Injector from the plastic carrying case.
- Pull off the blue safety release cap.
- Hold orange tip near outer thigh (always apply to thigh).
- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the Twinject Auto-Injector and massage the area for 10 more seconds.
- Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.
- SECOND DOSE ADMINISTRATION:
  - If symptoms don’t improve after 10 minutes, administer second dose:
  - Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.
  - Slide yellow collar off plunger.
  - Put needle into thigh through skin, push plunger down all the way, and remove.

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**Adrenaclick™ 0.3 mg and Adrenaclick™ 0.15 mg Directions**

- First, remove the Adrenaclick Auto-Injector from the plastic carrying case.
- Pull off the grey safety release cap.
- Place red rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.
- A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student’s physician, and a copy of this Food Allergy Action Plan.
- A kit must accompany the student if he/she is off school grounds (i.e., field trip).

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**Contacts**

Call 911 (Rescue squad: (___)____-______ ) Doctor: __________________________ Phone: (___)____-______

Parent/Guardian: __________________________________________________________ Phone: (___)____-______

Other Emergency Contacts

Name/Relationship: __________________________________________ Phone: (___)____-______
Name/Relationship: __________________________________________ Phone: (___)____-______

Form provided courtesy of FAAN (www.foodallergy.org) 7/2010
As you begin today, please be aware a student in this classroom has Life-Threatening Food Allergies (LTFA) which can result in anaphylaxis. Anaphylaxis is a rare life threatening allergy to certain substances such as foods, bee stings, chemicals and medications. It occurs rapidly and can close off the breathing passages. It can be fatal if instant treatment is not provided. Adequate plans to handle severe allergic reaction can save the life of a child.

Please familiarize yourself attached plan, FAAP, and the school’s emergency response procedures. Your anticipated cooperation is vital to maintaining our students’ safety.

Personal Data:
Student: ___________________________  Effective Date: ___________________________
DOB: _____________________________  Teacher: _____________________________
Parent/Guardian: ___________________  Doctor: _____________________________

Allergy History:
Has a severe allergy to: ______________________________________________________

Symptoms include, but not limited to:

• Feeling of throat closing  • Apprehension
• Sweating  • Weakness
• Itching/Hives  • Wheezing
• Shallow respirations  • Loss of consciousness
• Tingling sensation in mouth face or throat

Words the child may use if they are experiencing a reaction:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Describe specifics for the child:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
GOAL: To respond quickly and appropriately to any possible reaction and provide intervention(s) to decrease the effects of the reaction.

If anaphylaxis does occur, the Teacher/Staff member with the child shall:

- Administer emergency medication (Inject Epinephrine Immediately) if so trained and call 911
- Activate the Emergency Response Team
- Remain with the student and remain calm
- Notify the school nurse
- Seek assistance to tend to classmates; other students may need to vacate the area under school direction

This Substitute PLAN shall identify all Personnel who will:

- Remain with the student and who will attend to student’s classmates?

- Activate the emergency response team (building specific and/or system-wide)?

- Notify the local emergency medical services to specify to that a life-threatening allergic reaction is occurring?

- Notify school administration?

- Notify the parent(s)/guardian(s); student’s primary care provider and/or allergy specialist?

- Meet emergency medical responders at school entrance and direct to the respective student?

- Accompany student to the emergency care facility?

- Manage crowd control, if applicable?

- Who will complete the necessary follow up paperwork and follow up with the family?

- If you have questions, please contact the following school staff members trained in emergency prevention/response procedures:

  Name: ___________________________ Title: _______________ Phone/ext: ___________________

  Name: ___________________________ Title: _______________ Phone/ext: ___________________

  Name: ___________________________ Title: _______________ Phone/ext: ___________________
Questions for Coordinator of the Field Trip Destination

Child’s Name: ____________________________________________________________

Child’s Teacher/Grade: ____________________________________________________

Child’s Allergy(ies): _______________________________________________________

________________________________________________________________________

Circle all that Apply: Contact  Ingestion  Airborne/Cooking vapors

Conversation with Parents/Guardians (if applicable):

❏ Yes  ❏ No  ❏ N/A  Date? __________________________

• Will you attend the field trip? ❏ Yes or ❏ No

• If yes, do you want to be responsible for a whole group of children?

________________________________________________________________________

Teacher in Charge: __________________________________________________________

Nurse Attending: ❏ Yes or ❏ No ______________________________________________

Field Trip Date: _________________________ Field Trip Time: _______________________

Field Trip Destination: ______________________________________________________

Contact Person Name: _______________________________________________________

Telephone: __________________________________________________________________

Questions

1. Will any food or beverages be distributed before, during or after the field trip? _______

   Any food displayed or demonstrations? ________________________________

   Any hands on activities involving food (eg. feeding animals)? ______________

2. How will snack/lunches be stored on the bus ride to the field trip destination? If necessary, what steps will be taken to keep the child’s lunch/snack separate from the others?

   _______________________________________________________________________

3. Where will the children eat snack and/or lunch? ______________________________
4. Where will students wash their hands or use wipes before/after snack/lunch?
___________________________________________________________________________________________________________________________________________

5. Are the tables where the children eat able to be adequately washed with soap and water (and by whom?) or do they need plastic tablecloths? ____________________________________________________________________________

6. Which trained adult will be in charge of the child’s snack / lunch who has food allergy and monitor to ensure that the offending allergen is not given to the child? ____________________________________________________________________________

7. Who will privately discuss with all attending adults, teachers and parent chaperones, that under no circumstances is the child to be allowed to eat or touch or given any food or drink by any other adults/children? The child must only eat/drink food that has been provided by the parent and distributed to the child by the teacher/nurse in charge.
___________________________________________________________________________________________________________________________________________

8. Will it be discussed that the EpiPen Jr. must be with the child on all fieldtrips, both long and short? ____________________________________________________________________________

9. Will medications, authorizations and emergency care plans be routinely sent with classroom teachers for all medically involved students when leaving the school grounds for any reason? ____________________________________________________________________________

10. Prior to the field trip, will all teachers and adults responsible for the children review the Emergency Response Protocol? ____________________________________________________________________________

11. Will the nurse map out an emergency route to the nearest hospital from the field trip destination and give it to the classroom teacher and/or the bus driver prior to the day of the field trip? ____________________________________________________________________________

12. Who will be responsible for carrying and administering the medications (eg. Epi Pen, inhaler) in an emergency situation? ____________________________________________________________________________

13. Will the nurse/teacher carrying the medicine pack carry a charged cell phone? If not, how will they contact 911? ____________________________________________________________________________

14. What steps will be taken if 911 (no cell phone connection) cannot be reached in the event of an emergency after the child has received the EpiPen?
___________________________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________________________
You may compose your own letter or adapt the one below; however, please keep in mind the following:

1. Use the language of “no nuts allowed”, “no milk allowed”, etc. Do not use language such as “nut-free classroom”, or “milk-free lunch table”, etc. We cannot guarantee that an area will be free of an allergen, but we can say that the allergen will not be allowed and do our best to enforce that.

2. Do not use the name of the student with the allergy unless the parent/guardian has given written permission on the “Parent/Guardian Responsibility Checklist”.

3. Specifically/explicitly identify in the classroom letter the food(s) which will cause an allergic response and is (are) not permitted in the classroom. If the child moves freely throughout the school building, then a letter to all school families should be considered.

4. If peanuts are not allowed in your classroom, no nuts of any kind will be allowed in your classroom. If tree nuts are not allowed in your classroom, no nuts of any kind will be allowed in your classroom. When Assistance Plan Strategies are made for a student’s allergy to peanuts, tree nuts, or any specific nut(s), the plan will be made to include all nuts.

5. You may allow the parent/guardian of a student with allergies to send a letter to the class if they request to do so; however, a letter also needs to be sent from the school (principal, teacher, nurse).

6. See your principal or school nurse with any questions. (See next page for sample letter)

7. Optional Add-In Sentences:

   - Even trace amounts of exposure to the allergen food(s) may cause the student to develop a life-threatening allergic reaction that requires emergency medical treatment.
   - Please read ingredient labels carefully. Any exposure to (nuts) through contact or ingestion can cause a severe reaction.
   - (If your school offers an “allergy free table or zone”)–In the cafeteria there will be a designated table or section of a table where no allergen foods are allowed.
Dear Parents,

You’ve all read the headlines and seen the news stories: food allergies are a growing concern in schools across America. Millions of children - children who are perfectly healthy and normal in every other way–must watch every single bite they eat, or risk suffering a severe or even life-threatening reaction. In fact, food allergies claim over 200 lives and are responsible for over 30,000 emergency room visits each year. A major health issue such as this one needs to be taken very seriously, and it has always been the policy of this school to make the safety and well-being of our students our top priority.

A student in your child’s class has a serious peanut allergy—the food allergy that claims more lives each year than any other. A child with a serious peanut allergy can suffer a reaction merely by touching a peanut-containing food. Therefore, we are putting the following safety guidelines into effect:

• Please do not send any peanuts, peanut butter or foods containing peanuts or peanut butter to be eaten as snacks in the classroom. It is fine to send these products for lunch, which is eaten in the cafeteria.

• We will not be doing any classroom projects that involve peanut butter (like bird feeders) or peanut shells (art projects). Please do not send any of these projects into the classroom with your child.

• Birthday parties are a special time for children, but can be a difficult time for the food-allergic child. If you would like to send in baked goods, please be careful about the ingredients. Please list the ingredients on the outside of the package, and when preparing “treats” please pay close attention to cross-contamination in your kitchen. To prevent cross-contamination, it is necessary that cooking utensils and preparation surfaces be carefully washed after each food is touched. It would be especially helpful if you could let your child’s teacher know a few days ahead of when you’d like to celebrate your child’s birthday, so that the food-allergic child can provide his/her own safe treat.

• We will try to keep the food at holiday parties to a minimum. As with birthday parties, we must be extremely careful about the ingredients in all of the food items. Please do not enclose candy or other treats with holiday cards.

• We will keep a box of wipes in the classroom, and may request that all children who ate peanut butter or peanut products for lunch use a wipe to clean their hands when they return from the cafeteria. Similarly, if your child ate peanut butter for breakfast, we would greatly appreciate your making sure that his/her hands are washed with soap and water before leaving for school. Water alone does not do the trick!
This is a learning process for all of us, but we trust that you understand how deeply important it is to respect and adhere to these guidelines. If throughout the course of the year you have any questions or concerns about food-allergy-related issues, please do not hesitate to contact either one of us.

Wishing you and your family a safe and healthy school year.

Sincerely,

__________________________________________  ______________________________________
[School Principal]                          [Classroom Teacher]

Provided by the Food Allergy Initiative, a national non-profit organization dedicated to finding a cure to life-threatening food allergies. For more information, please visit www.FoodAllergyInitiative.org or email Info@FoodAllergyInitiative.org.
Dear Parents/Volunteers of (insert school name):

This letter is to inform you that several students at our school (insert school name) have life threatening food allergies (LTFA). Food allergies can be potentially fatal, and there is no cure. The only way to avoid a reaction is strict avoidance of the offending food. These food allergies consist of: ____________________________________________________________________________________

___________________________________________________________________________________________________________________________________________________

If exposed to the above food items through touching or accidental ingestion, a severe life threatening reaction may occur. Even trace amounts and touching contaminated surfaces can lead an emergency situation. We are asking your assistance in providing a safe learning environment for all students. To help reduce the risk of exposure please:

a) Please instruct your child **NOT TO SHARE FOOD or DRINKS** with their classmates on the bus, in the classroom, lunchroom, or on the playground

b) Encourage your child to practice good hand washing techniques with soap and water before and after eating/touching all foods

c) Please do not send in food items without checking with the principal and/or classroom teacher first–this includes “special occasions”

If your child has a life-threatening allergy please immediately notify the school principal, nurse and/or teacher to implement the necessary safety procedures. Thank you in advance for your cooperation. We look forward to a great school year!

Sincerely,

___________________________________________________________________________________________________________________________________________________

(School Administrator and/or Nurse)
Dear Parent/Guardian,

Occasionally a health concern arises in the school setting that requires enlisting the support of Parents/Guardians and classmates to help make the classroom a safe and healthy place for all. This letter is to inform you that a student in your child’s classroom has a life threatening food allergy (LTFA) to the following foods ___________________________________________________________________________________.

Strict avoidance of these food products is the only way to prevent a life-threatening allergic reaction.

We are asking your assistance in providing a safe learning environment for all students. To reduce the risk of exposure, please DO NOT send any products for your child to eat in the classroom containing ___________________________________________________________________________________. Since lunch is eaten in the cafeteria/lunchroom, your child may bring products for lunch. If your child chooses to sit at a table with their classmate who has a severe (LTFA) s/he will be asked to move to another table (or practice EXTREME CAUTION.) Even touching a small amount of a product or accidental ingestion containing these allergens could result in a life-threatening situation, even death.

Following lunch, the children will wash their hands with soap and water prior to going to recess and/or returning to class. Please remind your child not to share any food, eating utensils, or food containers with other students. If your child has eaten any of the above allergen containing foods prior to school, please be sure they thoroughly wash their hands with soap and water prior to entering the school.

(We know that many parents like to celebrate birthdays and other occasions with special treats. We encourage parents to celebrate with non-food items such as stickers, pencils, themed erasers, or other trinkets, rather than food. Any food sent in to share with students should be pre-packaged and contain an ingredient label. Please give these items to your child’s teacher for distribution. We must be extremely careful!)

We appreciate your support and believe all families understand a parent/guardian’s concern about safety. Please, join us in ensuring that our environment is conducive to this goal. To ensure that every family has received this information, complete and return the form below. If you have any questions regarding food allergies, please contact any one of us.

Signature of Principal: ___________________________________________________________________________________

Signature of Nurse: ___________________________________________________________________________________
Signature of Teacher: _____________________________________________________________

Please sign and Return

I/We have read and understand the procedures to not allow the above listed food allergens in the classroom. I agree to do my part in keeping food allergens out of the classroom.

Child’s Name: ________________________________________________________________

Parent/Guardian Signature: ___________________________________________________

Date: ________________________________________________________________________
Instructions to Complete an Individual Health Care Plan (IHP)

Section I: Identifying Information – complete the questions on the lines provided
   a. Student’s information
   b. Parent’s information
   c. Physician’s information
   d. Hospital information
   e. School Nurse information

Section II. Medical Overview – complete the questions on the lines provided
   a. Medical Condition – include ALL types of allergies
   b. Medications – include ALL medications
   c. Side Effects – include ANY side effects from medications
   d. Necessary Health Care Procedures at School
   e. Healthcare Plan for Period – include start and end date

Section III. Other Information – add in any optional information you feel has not been covered in the IHP

Section IV. Background Information/Assessment – provide detailed information on the lines, if necessary check the box and attach additional sheets.
   a. Medical History – description of the student’s past allergic reactions, include triggers, signs/symptoms, and the child’s verbal description
   b. Social/Emotional Concerns – description of the child’s emotional response to the condition and the need for support
   c. Academic Achievement - description of achievement or barriers to Grade Level Expectations (GLE’s)

Over
Section V. **Interventions** - provide detailed information on the lines, if necessary check the box and attach additional sheets.

a. Medications – if already listed on the emergency plan and/or FAAP do not relist here
b. Diet – Meal Substitutions; USDA Medical statement necessary; daily sack lunch, etc.
c. Transportation – bus, car, walker
d. Equipment – consider necessary cleaning supplies, snacks, medications/first aid kit
e. Classroom School Modifications – consider seating assignment, cleaning supplies etc.
f. Safety Measures – attach Food Allergy Action Plan (FAAP), 504 Plan
g. Substitute Plan
h. Expected problems
i. Training – consider annually/biannual; do the parents want to participate

Section VI. Individual Health Plan Review - Next Review Date

Section VII. Documentation of Participation - Please ensure that ALL respective involved parties have read and signed the IHP.

Section VIII. Parent Authorization For Special Health Services
I. Identifying Information

Student Name ____________________________ School __________________

Birthdate ____________________________ Teacher ____________________________

Age ____________________________ Grade ____________________________

PARENTS

Mother’s Name ____________________________
Mother’s Address ____________________________
Mother’s Home telephone ____________________________
Work ____________________________ Cell ____________________________

Father’s Name ____________________________
Father’s Address ____________________________
Father’s Home telephone ____________________________
Work ____________________________ Cell ____________________________

PHYSICIAN

Physician ____________________________ Telephone ____________________________
Physician Address ____________________________

HOSPITAL

Hospital Emergency Room ____________________________
Telephone ____________________________
Hospital Address ____________________________
Ambulance Service ____________________________ Telephone ____________________________

SCHOOL

School Nurse ____________________________ Telephone ____________________________

II. Medical Overview

Medical Condition ____________________________

Any known allergies ____________________________

Medications ____________________________

Possible side effects ____________________________
III. Other Important Information

___________________________________________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________________________________________

IV. Background Information/Nursing Assessment

Brief Medical History

___________________________________________________________________________________________________________________________________________________

☑ Check if additional information is attached.

Social/Emotional Concerns
Food is an important component of socializing. The school will try to normalize these situations as much as possible without compromising essential safety precautions. (Child) is concerned about looking and being different than his/her peers.

___________________________________________________________________________________________________________________________________________________

☑ Check if additional information is attached.

Academic Achievement
Asthma medication side effects include jittery behavior and allergy medications cause drowsiness. These side effects can impact (child’s) classroom performance.

___________________________________________________________________________________________________________________________________________________

☑ Check if additional information is attached.
V. Interventions

Medications
See Emergency Plan, Asthma Action Plan and Medication Authorization Forms. Please note: If (child indicates s/he has ingested a nut or is experiencing tingling in his/her mouth, the Epi-pen should be administered immediately.

☐ Check if additional information is attached.

Diet
(child) will observe a diet of strict avoidance with respect to the ingestion of or exposure to nuts, nut oil, and/or nut derivatives. See Cafeteria procedures.

☐ Check if additional information is attached.

Transportation
Transportation staff will be informed of (child’s) IHP, Emergency Plan, and 504 and trained in the recognition of allergy symptoms and the administration of Epi-Pens.

☐ Check if additional information is attached.

Classroom School Modifications
Universal cleaning supplies will be available for use by students and teachers in (child)’s classroom(s).

☐ Check if additional information is attached.
Equipment - List Necessary Equipment/Supplies

<table>
<thead>
<tr>
<th>Provided by Parent</th>
<th>Provided by District</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cleaning supplies for tables in cafeteria and classrooms.</td>
<td>X</td>
</tr>
<tr>
<td>2. Substitute Snacks</td>
<td>X</td>
</tr>
<tr>
<td>3. Epi-Pens</td>
<td>X</td>
</tr>
<tr>
<td>4. Benadryl/Claritin</td>
<td>X</td>
</tr>
<tr>
<td>5. First Aid Kit with wipes</td>
<td>X</td>
</tr>
<tr>
<td>6. Cell Phone for child</td>
<td>X</td>
</tr>
<tr>
<td>7. Peak-flow meter and albuterol inhaler with aerochamber</td>
<td>X</td>
</tr>
<tr>
<td>8. Trauma Kit</td>
<td>X</td>
</tr>
</tbody>
</table>

Safety Measures
See attached Emergency Plan, Asthma Action Plan, Cafeteria Procedures, and 504 Plan. A written plan will be developed prior to special activities including field trips and other activities that occur outside the school building.

Substitute Backup Staff (when primary staff not available)
IHP and Emergency Plan will be in the substitute folder. Substitute teachers will be trained in the recognition of allergy symptoms, administration of Epi-pens, universal precautions, social-emotional considerations and understanding, and the format of Individual Health Plan. Substitute nurses will be informed of (child)'s IHP, Emergency Plan, Asthma Plan, and Cafeteria Plan prior to substituting at ________________________________ School. Information will be included in the nurse's substitute folder.

Possible Problems to be Expected
Maintaining a high level of vigilance by staff.
**Training**
All staff at ____________________________ School will participate in annual training prior to the start of school that addresses recognizing allergy symptoms, administering Epi-Pens, following universal precautions, understanding their responsibilities in implementing the IHP, and understanding related social-emotional issues. All staff training will be documented.

New Staff will be trained prior to working with students during the school day.

**VI. Individual Health Plan Review**
Next review date of Health Care Plan: **As needed, when requested by any team member.**

**VII. Documentation Of Participation**
We the undersigned staff of the ____________________________ School District, have read and understand the Individual Health Plan and agree with its contents and attachments. The parents will be notified by a staff member to be identified by the school nurse or school counselor, if there is a change or cancellation of a procedure.

<table>
<thead>
<tr>
<th>Role</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Principal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School Nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School Counselor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>District Food Services Director</td>
<td></td>
<td></td>
</tr>
<tr>
<td>District Representative</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Documentation of teacher, teacher assistant and office staff reviewing and understanding the contents of the IHP and its’ attachments will be documented by the school district.
VIII. Parent Authorization For Special Health Services

We (I) the undersigned who are the parents/guardians of (child) (dob xx-xx-xx) have participated in the development of this Individualized Health Plan. We request and approve the attached Individualized Health Plan and the attachments.

We (I) understand that (a) qualified designated person(s) will perform the health care service. It is our understanding that in performing this service, the designated person(s) will be using a standardized procedure.

We (I) will notify the school immediately if the health status of (child) changes, we change physicians, or there is a change or cancellation in procedure.

We (I) agree to provide the following, if any: (list)

Parent Signature _________________________________ Date _________

Parent Signature _________________________________ Date _________
504 Individualized Accommodation Plan

DATE: ____________________________
STUDENT: ________________________________
SCHOOL: ________________________________
GRADE: ____________________________

DISABILITY: Anaphylactic reaction to peanuts and nuts; asthma

SCHOOL PERSONNEL WHO DEVELOPED THIS SECTION 504 ACCOMMODATION PLAN

NAME
Parent
District Representative
Food Services Director
School Principal
School Nurse
School Counselor
Asst. Prin.

TITLE
Parent
District Representative
Food Services Director
School Principal
School Nurse
School Counselor
Asst. Prin.

ADDITIONAL INFORMATION

See attachments for the Individual Health Plan, Emergency Plan (Appendix A), Cafeteria Procedures (Appendix B), School Activities Planning Worksheet (Appendix C), Student and Teacher Individual Health Plan Responsibilities (Appendix D), Asthma Action Plan (Appendix E), Bus Emergency Plan (Appendix F)

ALL efforts will be made to create a successful, secure and caring school environment. All modifications and adjustments will be made to allow this student to become more independent and self-reliant as well as successful and confident in academic endeavors.

IF PARENT PARTICIPATED IN THE DEVELOPMENT OF THIS ACCOMMODATION PLAN:
I participated in the development of this Accommodation Plan and have been given a copy of my rights in the identification, evaluation and placement of students under Section 504 (Parent’s Rights Under 504).
Parent Signature: ________________________________ Date: __________________

IF PARENT DID NOT PARTICIPATE IN THE DEVELOPMENT OF THIS ACCOMMODATION PLAN:
I have received a copy of this Accommodation Plan and have been given a copy of my rights in the identification, evaluation and placement of students under Section 504 (Parent’s Rights Under 504).
Parent Signature: ________________________________ Date: __________________
### 504 Individualized Accommodation Plan

<table>
<thead>
<tr>
<th>ACCOMMODATIONS</th>
<th>NAME OF PERSON RESPONSIBLE for implementing and evaluating this accommodation</th>
<th>SUCCESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff training for any School District program in which child with LTFA participates is conducted and documented annually and as needed. This training shall include: IHP review with classroom teachers/coaches, procedures, and responsibilities, recognizing allergy symptoms, EpiPen administration, and disability understanding. This training will include all staff (core, elective and support)</td>
<td>School Nurse District Representative</td>
<td></td>
</tr>
<tr>
<td>EpiPens accessible to all staff in which child with LTFA is enrolled.</td>
<td>School Nurse Administrator</td>
<td></td>
</tr>
<tr>
<td>Provisions for child to participate in the food services programs.</td>
<td>Director of Food Services</td>
<td></td>
</tr>
<tr>
<td>Document contact and anaphylactic reactions on an Incident Report.</td>
<td>School Nurse</td>
<td></td>
</tr>
<tr>
<td>Review and share The Emergency Plan (see attached Appendix A) with appropriate faculty and staff</td>
<td>Counselor/Administrator/Nurse</td>
<td></td>
</tr>
<tr>
<td>Review and share The Cafeteria Plan (see attached Appendix B) with appropriate faculty and staff</td>
<td>Counselor/Administrator/Nurse</td>
<td></td>
</tr>
</tbody>
</table>
### ACCOMMODATIONS

<table>
<thead>
<tr>
<th>Accommodation</th>
<th>Name of Person Responsible</th>
<th>Yes</th>
<th>Progressing</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review and share The School Activities Planning Worksheet (see attached Appendix C) with appropriate staff on unusual school day/experience (for example, field trip days)</td>
<td>Counselor/Nurse/Child</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review and share Student Individual Health Plan (see attached Appendix D) with appropriate staff</td>
<td>Counselor/Nurse/Administrator</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review and share Asthma Action Plan Sheet (see attached Appendix E) with appropriate staff</td>
<td>School Nurse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review and share Bus Emergency Plan (see attached Appendix F) with appropriate staff</td>
<td>District representative/School Nurse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepare and maintain list of safe foods and ingredients</td>
<td>Mother</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Share list of safe foods and ingredients with staff</td>
<td>Administrator/School Nurse</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Recommendations for next school year:
## Food Allergy Pre/Post Test

### True or false: circle the correct answer for the following questions:

1. A food allergy and food intolerance refer to the same thing.  
   - True  
   - False

2. The most effective form of treatment of a food allergy is complete avoidance of the offending food.  
   - True  
   - False

3. After administering epinephrine to a child, it is safe for them to resume normal activities.  
   - True  
   - False

4. Currently there are no laws that protect children who have food allergies.  
   - True  
   - False

5. The most common allergenic foods include milk, eggs, peanuts, wheat, soy, fish, shellfish and tree nuts, however, virtually any food can cause an allergic reaction.  
   - True  
   - False

6. Early symptoms of a food allergy may mimic symptoms seen in food poisoning such as nausea, abdominal pain, vomiting and diarrhea.  
   - True  
   - False

7. Allergic reactions only occur if the individual ingests the offending food.  
   - True  
   - False

8. Only children with severe food allergies should have a Food Allergy Action Plan. If the child also has asthma, then their asthma action plan will do just fine.  
   - True  
   - False

9. It is not necessary to train school staff members how to handle a food allergy emergency if there is a school nurse present at the school.  
   - True  
   - False

10. If anaphylactic shock isn’t treated immediately, it can be fatal.  
    - True  
    - False

(correct answers in blue)

---

Thank You
**EpiPen/EpiPen Jr. Competency Skills Checklist**

**Name ___________________________ School ___________________________**

Place (1) in the box, if the skill is attained.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Identify five signs and symptoms of anaphylaxis</td>
</tr>
<tr>
<td>2.</td>
<td>Have someone call 911 (If no one available, administer Epi then call)</td>
</tr>
<tr>
<td>3.</td>
<td>Remove EpiPen from package and protective carry tube by flipping the yellow or green cap</td>
</tr>
<tr>
<td>4.</td>
<td>Make a fist around the EpiPen Auto Injector</td>
</tr>
<tr>
<td>5.</td>
<td>Remove blue safety cap with your other hand / careful not to touch orange tip</td>
</tr>
<tr>
<td>6.</td>
<td>Hold the EpiPen with the orange tip pointing toward the middle part of the outer thigh area at a 90 degree angle</td>
</tr>
<tr>
<td>7.</td>
<td>Swing and press the orange tip HARD into the outer thigh until you hear a “click”. Keep pressing the EpiPen firmly against the thigh for 10-15 seconds / Counting out loud</td>
</tr>
<tr>
<td>8.</td>
<td>Remove EpiPen straight out of injection site</td>
</tr>
<tr>
<td>9.</td>
<td>Massage injection site for 5 - 10 seconds / Monitor status until help arrives / Have next dose ready if needed</td>
</tr>
<tr>
<td>10.</td>
<td>Patient has received the correct dose of the medication if the orange needle tip is extended and the window is obscured. If not, repeat steps 4-9</td>
</tr>
</tbody>
</table>

Score for number of skills correctly performed: 10

**Signs and symptoms of anaphylaxis**
- Hives
- Swelling of the throat, lips, tongue, or around the eyes
- Hard time breathing or swallowing
- Generalized itching or redness of the skin
- Fast heartbeat
- Sudden decrease in blood pressure
- Sudden feeling of weakness
- Stomach cramps, throwing up or diarrhea
- Collapse or loss of consciousness

**Storage:**
- Room temperature in the plastic tube it comes in
- DO NOT refrigerate
- Do not place/leave in vehicle in hot weather

**Efficacy:**
- Check expiration date
- View color through window of unit: Should be clear. If brown, need new one

When do effects wear off: **10-20 minutes. Call 911** immediately after using the EpiPen.

When do you use EpiPen Versus EpiPen Jr: **EpiPen if >66 lbs / Jr if 33-66 lbs**

Staff Signature __________________________________________ Date _______________________
It is recommended that the local EMS provider be contacted at the beginning of each school year to determine if they carry rescue medication and to inform them of the number of children with life threatening allergies enrolled in your school.

It is important to be aware of what the local emergency medical services can provide, as some ambulance services may not be permitted to carry and/or administer epinephrine. If the EMS serving your school does not carry a supply of epinephrine recommend that they update their Policy and Procedures to allow them to do so.

To determine which EMS ground ambulance serves your school and to obtain contact information for them go to this link which will take you to a listing of Missouri EMS [http://www.dhss.mo.gov/ems/GroundAmbulanceDirectory.pdf](http://www.dhss.mo.gov/ems/GroundAmbulanceDirectory.pdf)
Medical Statement for Student Requiring Special Meals

<table>
<thead>
<tr>
<th>Name of Student:</th>
<th>School District:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Date:</td>
<td>School Attended:</td>
</tr>
<tr>
<td>Parent Name:</td>
<td>Telephone:</td>
</tr>
</tbody>
</table>

For Physician’s Use
Identify and describe disability, or medical condition, including allergies that requires the student to have a special diet. Describe the major life activities affected by the student’s disability (see back of form).

Diet Prescription (check all that apply):
- [ ] Diabetic (include calorie level or attach meal plan)
- [ ] Modified Texture and/or Liquids
- [ ] Reduced Calorie
- [ ] Food Allergy (describe):
- [ ] Increased Calorie
- [ ] Other (describe):

Food Omitted and Substitutions:
Use space to list specific food(s) to be omitted and food(s) that may be substituted. You may attach an additional sheet if necessary.

<table>
<thead>
<tr>
<th>OMITTED FOODS</th>
<th>SUBSTITUTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Indicate Texture:
- [ ] Regular
- [ ] Chopped
- [ ] Ground
- [ ] Pureed

Indicate thickness of liquids:
- [ ] Regular
- [ ] Nectar
- [ ] Honey
- [ ] Pudding

Special Feeding Equipment

Additional comments:

I certify that the above named student needs special school meals as described above, due to the student’s disability or chronic medical condition.

Physician’s Signature | Telephone Number | Date
----------------------|------------------|-----
Signature of Preparer or Other Contact | Telephone Number | Date

I hereby give my permission for the school staff to follow the above stated nutrition plan.

Parent/Guardian | Date
----------------|-----

Revised 6/99
“Handicapped person” means any person who has a physical or mental impairment which substantially limits one or more major life activities, has record of such an impairment, or is regarded as having such an impairment.

“Physical or mental impairment” means (1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems:

Neurological, musculoskeletal, special sense organs, respiratory, including speech organs, cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic skin, and endocrine or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term “physical or mental impairment” includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction, and alcoholism.

“Major life activities” means functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.
Meal Substitutions for Medical or Other Special Dietary Reasons

Child Nutrition Program regulations require participating school food authorities, institutions and sponsors to offer to all participants breakfasts, lunches, suppers, supplements and milk which meet the meal patterns identified in the Program regulations. The U.S. Department of Agriculture’s regulations further require substitutions to the standard meal patterns for participants who are considered handicapped under 7 CFR part 15b and whose handicap restricts their diet; and permit substitutions for other participants who are not handicapped but are unable to consume regular Program meals because of medical or other special dietary needs.

The provisions requiring substitutions for handicapped participants respond to the requirements of Section 504 of the Rehabilitation Act of 1973 and to the U.S. Department of Agriculture’s implementing regulations, 7 CFR Part 15b, which provide that no otherwise qualified handicapped individuals shall, solely on the basis of handicap, be excluded from participation in, be denied benefit of, or subjected to discrimination under any program or activity receiving Federal financial assistance. This instruction outlines the policy for food substitutions and other modifications in the meal patterns necessary to meet the dietary requirements of Program participants with handicaps and with other special dietary needs. School food authorities, institutions and sponsors are required to offer Program meals to participants with handicaps whenever Program meals are offered to the general populations served by the Programs.

School food authorities, institutions and sponsors should be aware that the Individuals with Disabilities Education Act (IDEA) imposes requirements on States which may affect them, including the service of meals even when such service is not required by the Child Nutrition Programs.

For example, the individualized education program developed for a child under the IDEA may require a meal to be served outside of the regular meal schedule for Program meals or may require a breakfast to be served in a school food authority which does not participate in the School Breakfast Program. While the school food authority, institution or sponsor may not claim these meals as Program meals, it may use the same food service facilities or food service management company to provide these meals as it uses to provide Program meals, and program funds may be used to pay for the costs associated with the IDEA-required meals. Inquiries regarding the IDEA’s requirements should be directed to the U.S. Department of Education, the Agency responsible for the IDEA’s administration and enforcement.
School food authorities, institutions and sponsors may also have responsibilities under the Americans with Disabilities Act (ADA). Inquiries regarding a school food authority’s, institution’s, or sponsor’s responsibilities under the ADA should be directed to the U.S. Department of Education, the agency responsible for the enforcement of the ADA’s requirements in elementary and secondary education systems.

Handicapped Participants

“Handicapped person” is defined as any person who has “a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.” “Major life activities” are defined as “functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.” School food authorities, institutions and sponsors participating in the Child Nutrition Programs are required to make substitutions or modifications to the meal patterns for those participants with handicaps who are unable to consume the meals offered to nonhandicapped participants. (See definitions at the end of this document)

Determinations of whether or not a participant has a handicap which restricts his or her diet are to be made on an individual basis by a licensed physician. (Licensed physicians include Doctors of Osteopathy in many states.) The physician’s medical statement of the participant’s handicap must be based on the regulatory criteria for “handicapped person” and contain a finding that the handicap restricts the participant’s diet. In those cases in which the school food authority, institution or sponsor has consulted with the physician issuing the statement and is still unclear whether the medical statement meets the regulatory criteria, the school food authority, institution or sponsor may consult the State agency.

A participant whose handicap restricts his or her diet shall be provided substitutions in foods only when supported by a statement signed by a licensed physician. The medical statement shall identify:

- The participant’s handicap and an explanation of why the handicap restricts the participant’s diet;
- The major life activity affected by the handicap; and
- The food or foods to be omitted from the participant’s diet, and the food or choice of foods that must be substituted. If the handicap would require caloric modifications or the substitution of a liquid nutritive formula, for example, this information must be included in the statement. If the handicapped participant requires only textural modification(s) to the regular Program meal, as opposed to a meal pattern modification, the medical statement is recommended, but not required. In such cases, the purpose of the statement is to assist the school food authority, institution or sponsor in providing the appropriate textural modification(s). Unless otherwise specified by the physician, the meals modified to texture will consist only of food items and quantities specified in the regular menus.
The school food authority, institution or sponsor may need to provide parents or guardians
with the definitions on page four so that their physicians may correctly assess whether an
individual’s handicap meet the regulatory criteria. School food authorities, institutions and
sponsors should use the services of a Registered Dietitian to assist in implementing the medical
statement, as appropriate.

Generally, participants with food allergies or intolerances, or obese participants are
not “handicapped persons,” as defined in 7 CFR 15b.3(i), and school food authorities,
institutions and sponsors are not required to make substitutions for them. However, when
in the physician’s assessment food allergies may result in severe, life-threatening reactions
(anaphylactic reactions) or the obesity is severe enough to substantially limit a major life
activity, the participant then meets the definition of “handicapped person,” and the food
service personnel must make the substitutions prescribed by the physician.

Participants With Other Special Dietary Needs

School food authorities, institutions or sponsors may, at their discretion, make substitutions for
individual participants who are not “handicapped persons,” as defined in 7 CFR 15b.3(i), but
who are unable to consume a food item because of medical or other special dietary needs.
Such substitutions may only be made on a case-by-case basis when supported by a statement
signed by a recognized medical authority.

In these cases, recognized medical authorities may include physicians, physician assistants,
nurse practitioners or other professional specified by the state agency.

(Note: In Missouri there are no other professionals specified by the state agency.)

For those non-handicapped participants, the supporting statement shall include:

• An identification of the medical or other special dietary need which restricts the
  participant’s diet; and
• The food or foods to be omitted from the participant’s diet, and the food or choice of foods
  that may be substituted.

School food authorities, institutions and sponsors are not required to make substitutions for
participants whose conditions do not meet the definition of “handicapped person” set forth
in 7 CFR 15b.3(i). For example, individuals who are overweight or have elevated blood
cholesterol generally do not meet the definition of handicapped person, and thus school food
authorities, institutions and sponsors are not required to make meal substitutions for them.
In fact, in most cases, the special dietary needs of non-handicapped participants may be
managed within the normal Program meal service when a well-planned variety of nutritious
foods is available to children, and/or “offer versus serve” is available and implemented.
Reimbursement And Availability Of Substitutions

Reimbursement for meals served with an authorized substitute food to handicapped participants or to participants with other special dietary needs shall be claimed at the same reimbursement rate as meals which meet the meal pattern. Furthermore, there shall not be a supplementary charge for the substituted food item(s) to either a handicapped participant or to a participant with other special dietary needs. Regulations specify that, in providing food services, recipients of Federal financial assistance “may not discriminate on the basis of handicap” and “shall serve special meals, at no extra charge, to students whose handicap restricts their diet.” While any additional costs for substituted foods are considered allowable Program costs, no additional Child Nutrition Program reimbursement is available. Sources of supplemental funding may include special education funds (if the substituted food is specified in the child’s individualized education program); the general account of the school food authority, institution or sponsor; or, for school food authorities, the nonprofit school food service account.

Accessibility

Regulations also provide: “Where existing food service facilities are not completely accessible and usable, recipients may provide aides or use other equally effective methods to serve food to handicapped persons.” The school food authority, institution or sponsor is responsible for the accessibility of food service sites and for ensuring the provision of aides, where needed. As with additional costs for substituted foods, any additional costs for adaptive feeding equipment or for aides are considered allowable costs. However, no additional Child Nutrition Program reimbursement is available. Sources of supplemental funding may include special education funds (if specified in the child’s individualized education program); the general account of the school food authority, institution or sponsor; or, for school food authorities, the nonprofit school food service account. Regulations further provide that recipients provide all food services in the most integrated setting appropriate to the needs of the handicapped persons and that handicapped persons participate with non-handicapped persons to the maximum extent appropriate to the needs of the handicapped person in question.

Cooperation

When implementing the guidelines of this Instruction, food service personnel should work closely with the parent(s) or responsible family member(s) and with all other school, child care, medical and community personnel who are responsible for the health, well-being and education of participants with handicaps or with other special dietary needs to ensure that reasonable accommodations are made to allow such individuals’ participation in the meal service. This cooperation is particularly important when accommodating children or elderly adults whose handicapping conditions require significant modifications or personal assistance.
15b.3 Definitions

“Handicapped person” means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

“Physical or mental impairment” means (1) any psychological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respirator, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term “physical or mental impairment” includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; diabetes; mental retardation; emotional illness; and drug addiction and alcoholism.

“Major life activities’ means function such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. “Has a record of such an impairment” means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.

“Is regarded has having an impairment” means (1) has a physical or mental impairment that does not substantially limit major life activities but that is treated by a recipient as constituting such a limitation; (2) has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others towards such impairments, or (3) has none of the impairments defined in paragraph (j) of this section but is treated by a recipient as having such an impairment.

Qualified handicapped person (used synonymously with otherwise qualified handicapped individual) means:

- With respect to employment, a handicapped person who, with reasonable accommodation, can perform the essential functions of the job in question, but the term does not include any individual who is an alcoholic or drug abuser whose current use of alcohol or drugs prevents such individual from performing the duties of the job in question or whose employment, by reason of such current alcohol or drug abuse, would constitute a direct threat to property or the safety of others;
With respect to public preschool, elementary, secondary, or adult educational services, a handicapped person, (i) of an age during which non-handicapped persons are provided such services, (ii) of an age during which it is mandatory under State law to provide such services to handicapped persons, or (iii) to whom a State is required to provide a free appropriate public education under section 612 of the Education of the Handicapped Act; and (iv) with respect to postsecondary and vocational education services, a handicapped person who meets all academic and technical standards requisite to admission or participation in the recipient’s education program or activity;

With respect to postsecondary and vocational education services, a handicapped person who meets all academic and technical standards requisite to admission or participation in the recipient’s education program or activity;

With respect to other services, a handicapped person who meets the essential eligibility requirements for the receipt of such services.

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