

Guidelines for the Management of Children with Peanut or Tree Nut Allergies in the School Setting

Policy Statement:

The Risk of Accidental Exposure to allergy inducing foods can be reduced in the school setting if schools work with students, staff, parents, school nurses, and physicians to minimize risks and provide a safe educational environment for food allergic students.

Although schools cannot guarantee an allergy free environment, we can utilize strategies to greatly minimize the risks associated with peanut and nut allergies. These strategies will focus on prevention, education and emergency response. School- wide bans will not be utilized as it may not render the environment absolutely safe and may give a false sense of security.

The ultimate goal is that children eventually learn to keep themselves safe by making good choices and advocating for themselves.

School Nurse's Responsibility in Management and Emergency Planning

1. The child with a severe food allergy may be identified in a variety of ways. It may be noted at Kindergarten registration, on the HAR form, or by notification from the parent. The nurse will make every effort to carefully review the medical records of all new students entering their school or the district. Nurses with students with severe allergies moving to a new school within the district shall notify the new school nurse of the child and of the presence of an IHCP and/or EHCP.
2. The nurse should meet with the parent to obtain a medical history. This should include a list of foods the child is allergic to and how he reacts after ingesting these foods. It should be ascertained whether the child can be near the offending food. Included in this history should be an account of past reactions and how they were managed.
3. An Individualized Health Care Plan and Emergency Plan should be established for all children with a known allergy to peanut or tree nuts. The plan should be individualized to meet the specific needs of the student with input from the family, classroom teacher, school nurse and specialty teachers. The plan should include the following information;

- Name, identifying information, photo
- Specific allergy
- Signs and symptoms of an accidental exposure
- Medication to be administered in the event of an exposure
- Location and storage of epi-pen auto injector
- Who will administer (including self administration options)
- Follow up plan (calling 911)
- Emergency contacts
- Risk management during lunch and recess

4. The child's parents should be asked for permission to share important food allergy information with school staff. With permission, a picture of the child will be submitted by the parents and attached to the emergency health plan. The emergency health Plan should be distributed to all staff with daily interaction with the child including the classroom teacher, special area teachers, and lunchroom personnel. Consideration of extra curriculum activities and field trips should be part of the plan. Review should occur at least annually with the school team, including the parents and guardians, and the student if appropriate. A review should occur more frequently if there are changes in the student's self monitoring and self care abilities.

5. Before the child can start school the parent will be asked to have the child's doctor provide the school with written information regarding the child's allergies and what restrictions will be provided. Medication administration forms will need to be completed by the physician and signed by the parent. The medication must be properly labeled and delivered to the school by the parent prior to the child starting school.

6. School nurses shall be responsible for the storage of emergency medication in the health office. In the health office the epi-pen should be easily accessible to school staff during the school day. The safety of the student and the safety of other students shall be taken into account when deciding the location of emergency medication. In addition to an accessible location in the health office, the emergency medication may be kept on the child in the event that self administration is authorized; or in the hands of a teacher. As part of the IHCP it may be decided that the epi-pen accompanies the child to recess or other activities.

7. Additional personnel including but not limited to the school principal, classroom teacher, occupational therapist, physical therapist or paraprofessional directly in contact with the student may be trained by the school nurse in signs and symptoms of an allergic reaction and the use of the Epi pen. If a paraprofessional is delegated the task it must be for the purpose of administration to a select student. In addition, the school nurse shall provide annual instruction in recognition, prevention and treatment of food allergies for school personnel as required as part of a written plan. This training must also include the medication, the desired effects, when and how to administer the medication, the potential side effects and the emergency response plan. Teachers of elementary food allergic children shall receive student-specific instruction. All training must be documented on the medication training log and done at least yearly. The school nurse maintains responsibility for supervision of the delegated task.

8. In the event that the student's own epi- pen is not available, epinephrine will be available immediately at each school to be administered according to the emergency medication protocol prescribed by the School Medical Advisor. Emergency medications shall be kept readily accessible in a secure location.

9. The school nurse should implement a periodic anaphylaxis drill similar to a fire drill as part of a periodic refresher course.

10. The nurse is responsible to assure that substitute school nurses are fully oriented to students with life threatening food allergies and their care plans. Substitute nurse plans should be kept updated and in the appropriate place in the medication book.

11. In the event that an allergic child takes the school bus the school nurse must make school bus drivers aware of specific children with life threatening allergies.

Family's Responsibility in Management and Emergency Planning

1. To notify the school of the child's allergy and update at least annually
2. To work with the school nurse and school team to develop a plan that accommodates the child's needs throughout the school including the classroom, cafeteria, after-school activities, and the school bus.
3. To provide written medical documentation, instructions and medication as directed by a physician. This may include proper authorizations for medications and emergency response protocols.
4. To provide written permission for the nurse to communicate with the health care provider.
5. To provide a photo of the child on the written form.
6. To replace medication after use or upon expiration.
7. To provide to the school a way to reach you (cell phone, beeper, etc.)
8. To attempt to go on the child's field trips if possible and requested.
9. To 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 adults they may have an allergy related problem: how to read food labels (age –appropriate). Education efforts should promote self advocacy and competence in self care.

School's responsibility in management and Emergency Planning

1. To be knowledgeable about and follow applicable state and federal laws including ADA, IDEA, Section 504, and FERPA as well as district policies that apply.
2. To include food allergic students in school activities.
3. To designate school personnel who are properly trained to administer medications in accordance with laws governing the administration of emergency medication. If there is no nurse available have a plan in place where there are at least 3 staff members that are

trained in the recognition of early symptoms of anaphylaxis and in medication administration.

4. To determine methods of effective communication between essential personnel in the event of a medical emergency. This may include walkie talkies, intercom systems or other methods to decrease the response time of the school nurse or emergency response team in the event of an emergency. Communication systems should also be established during off-site activities such as field trips.
5. To discuss field trips with the family to decide appropriate strategies for managing the food allergy. The classroom teacher should give the child's parents ample notice and request that they come along. If this is not possible the teacher will keep the student with her and review foods to be avoided and precautions to be taken.
6. To obtain a standing order from the school medical advisor for the nurses to administer epinephrine to students who are not known to have a life-threatening food allergy, do not have their own medication order and have their first anaphylactic reaction in school. These orders are to be reviewed and signed by the school medical advisor on an annual basis.
7. To designate a multi- disciplinary School Health Council comprised of school and community team members to continually develop implement, monitor, and review and revise the plan to manage life-threatening food allergies effectively. The policy will be reviewed at least yearly as well as will all incidents of allergy ingestion and treatment in the school setting.
8. To provide opportunities for professional development for nurses to update clinical knowledge and skills related to severe food allergy in school settings.

Student Responsibility in management and emergency planning

1. To be proactive in the care and management of their food allergies and reactions based on their developmental level by learning to recognize symptoms of an allergic reaction.
2. To not trade or share food with others.
3. To not eat anything with unknown ingredients or known to contain any allergen.
4. To notify an adult immediately if they eat something they believe may contain the food to which they are allergic.
5. The child may be allowed to carry his own Epi-pen on his person at all times. He/she must agree to keep the emergency medications on their person or immediately under their control and supervision at all times. In addition, students must be responsible for keeping control of their medications so that other students cannot have access to them and inadvertently harm themselves.

Classroom/teacher guidelines:

Classroom teachers should participate in the development of the student's IHCP and ECP

Student's who are suspected of having a reaction should never be allowed to walk to the school nurse alone

Classroom teachers should leave information for sub teachers in an organized, prominent and accessible format for substitute teachers.

Classroom teachers should consider coordinating with the parent and the school nurse a lesson plan about food allergies and anaphylaxis in age appropriate terms for the class.

To be aware of how the student with food allergies is being treated; use this opportunity to teach community caring; and enforce school rules/policies about bullying.

Parents of other children in the classroom should receive written information that there is a child in the classroom with an allergy. Safe snack lists and foods to be avoided should be distributed to the parents.

Food used for class projects should be limited. The teacher should be responsible for ensuring that the foods are safe for all students. Ingredients for all items should be checked for allergens.

Children should be encouraged to wash their hands prior to entering the classroom and after lunch.

If age appropriate anaphylaxis should be discussed with the class.

To encourage students not to share foods or utensils.

To plan for celebrations as well as classroom reward and incentives, which should include alternatives to food. This is also part of the school Wellness Policy.

To collaborate with the nurse prior to planning a field trip to plan ahead for risk avoidance at the destination and during transportation to and from the destination. Ensure that the child with a food allergy is assigned to staff who are trained in early recognition and use of an epi-pen and that the auto injector is with the student or with the trained adult.

Lunch Room Guidelines:

Parents may be given advance copies of the cafeteria's lunch menu in the event that the child wishes to purchase lunch. Parents may be provided with food labels so they can identify approve which foods their child may select.

A “peanut free” table can be designated in the cafeteria for the child and friends who wish to be peanut free. If possible that table should be used exclusively as a peanut free table throughout the day.

The table should be cleansed with a wash cloth that is used exclusively for that table or with disposable paper towels and cleaning products known to effectively remove food proteins.

If a licensed physician determines that a food allergy is severe enough to result in a life-threatening reaction, the food service program must make the substitutions prescribed by the physician.

With parent permission, post the student’s ECP and picture in the lunchroom.

Review and follow food handling guidelines to avoid cross contamination with potential food allergens.

School Bus Guidelines

School Bus Drivers will receive safety and first aid training to recognize a child in distress from an ingested allergen or other medical emergency.

In the event of emergency drivers will immediately pull over and radio in to the dispatcher who will call 911

No food or beverages are to be consumed on school buses

Instructions for Medical Response in the event of suspected ingestion of an allergen

Anaphylaxis can be defined as a potentially life threatening medical condition occurring in allergic individuals after exposure to an allergen. Anaphylaxis refers to a collection of symptoms affecting multiple symptoms in the body. These symptoms may include:

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| Skin | Swelling of any body part
Hives, rash on any part of body
Itching of any body part
Itchy lips |
| Respiratory | Runny nose
Cough, wheezing, difficulty breathing, shortness of breath
Throat tightness or closing
Difficulty swallowing
Change in voice |

Gastrointestinal	Itchy tongue, mouth and/or throat Vomiting Stomach cramps Abdominal pain Nausea Diarrhea
Cardiovascular	Heartbeat irregularities Flushed, pale skin Cyanosis of the lips and mouth Decrease in blood pressure Fainting or loss of consciousness Dizziness, change in mental status
Other	Sense of impending doom Anxiety Itchy, red watery eyes

Several factors may increase the risk of a severe or fatal anaphylactic reaction: asthma or a history of asthma; a previous history of anaphylaxis; peanut, tree, nut and/or shell fish allergies; presentation with gastrointestinal or respiratory symptoms.

Early recognition of the symptoms of anaphylaxis, immediate administration of epinephrine auto-injector and prompt transfer of the child by the emergency medical system is essential due to the severity and rapid onset of food induced anaphylaxis.

Sometimes, if symptoms do not subside, a second epinephrine auto injector is necessary. Parents should be notified as soon as is possible but not before administration of the epinephrine.

When in doubt, it is better to give the epinephrine auto –injector and call the EMS system for an ambulance. Fatalities are more likely to occur when epinephrine administration is withheld.

State Legislation

PA 05-104 An Act Concerning Food Allergies and the Prevention of Life Threatening Incidents in School. This public act requires the State Department of Education to develop guidelines for the management of students with life-threatening food allergies and have these guidelines available by January 1, 2006. In addition, not later than July 1, 2006, each local and regional board of education shall implement a plan based on these guidelines for the management of students with life-threatening food allergies enrolled in the schools under its jurisdiction which includes the development of an individualized health care plan for every student with life-threatening food allergies.

CGS 10-212a Administration of Medications in Schools. This statute pertains to the administration of medications in the school setting. This statute addresses who may prescribe medications and who may administer medications in the school setting.

Section (d) of CGS 10-212a Administration of Medications in Schools by a paraprofessional. This section of the statute provides for a paraprofessional to administer medication to a specific student with a life-threatening food allergy if there is written permission from the parent; written medication order by a legally qualified prescriber; and that the school nurse and school medical advisor have approved the plan and provide general supervision to the paraprofessional.

The Regulations of Connecticut State Agencies Section 10-212a-1 through 10-212a-7. These regulations provide the procedural aspects of medication administration in the school setting. The regulations include definitions within the regulations; the components of a district policy on medication administration; the training of school personnel; self-administration of medications; handling, storage and disposal of medications; and supervision of medication administration.

CGS 10-220i – Transportation of Students carrying cartridge injectors. This statute states that students with life-threatening allergies cannot be denied access to school transportation solely due to the need to carry a cartridge injector while traveling on a vehicle used for school transportation.

CGS 52-557b – Good Samaritan Law. Immunity for emergency medical assistance, first aid or medication by injection. This statute provides immunity from civil damages to individuals who have been properly trained and who provide emergency assistance, voluntarily and gratuitously and other than in the course of their employment or practice to another person in need of assistance.

PA 05-144 and 05-272 – An Act Concerning the Emergency Use of Cartridge Injectors. This public act amends the Good Samaritan Law and extends immunity to certain trained individuals, including before-and after-school program staff. This statute specifies the conditions in which this may occur. Additionally, it specifies that these before-and after-school programs are those administered by a local board of education or other municipal agency.

Section 504 of the Rehabilitation Act of 1973 prohibits all programs and activities receiving federal financial assistance, including public schools, from discriminating against students with disabilities, as defined in the law. A student with a disability under Section 504 is defined as one who has a physical or mental health impairment (in this case, life-threatening food allergy) that “substantially limits a major life activity,” such as walking, seeing, hearing, speaking, breathing, learning, working, caring for oneself, and performing manual tasks (29 U.S.C. 794 § 504; 34 C.F.R. § 104 et seq.).

“Substantially limited” is not defined in the law or Section 504 regulations. It is the responsibility of the Section 504 team to determine eligibility criteria and placement as outlined in the regulations. In order to determine a child’s qualification, an individualized assessment of the child is required. If qualified, the child is entitled to receive a free, appropriate public education, including related services. These services should occur within the child’s usual school setting with as little disruption as possible to the school’s and the child’s routines, in a way that ensures that the child with a disability is educated to the maximum extent possible with his non-disabled peers.

The American with Disabilities Act (ADA) of 1990 also prohibits discrimination against any individual with a disability, and extends the Section 504 requirements into the private sector. The ADA contains a definition of “individual with a disability” that is almost identical to the Section 504 definition. The ADA also provides a definition of substantially limits (42 U.S.C. § 12101 *et seq.*; 29 C.F.R. § 1630 *et seq.*).

The Individuals with Disabilities Education Act of 1976 (IDEA) provides financial assistance to state and local agencies for educating students with disabilities that significantly interfere with learning. Children are eligible if they fit into one or more of the 13 categories of disability defined in the law and if, because of the disability, they require specialized instruction (20 U.S.C. § 1400 *et seq.*; 34 C.F.R. § 300 *et seq.*).

An Act concerning the use of asthmatic inhalers and epinephrine auto injectors while at school (public act 09-155) Requires the state department of education to adopt regulations to permit children diagnosed with either asthma or an allergic reaction to retain possession of asthmatic inhalers and automatic prefilled cartridges at all times

The Family Education Rights and Privacy Act of 1974 (FERPA) protects the privacy of students and their parents by restricting access to school records in which individual student information is kept. This act sets the standard for the confidentiality of student information. FERPA also sets the standards for notification of parents and eligible students of their rights with regards to access to records, and stipulates what may or may not be released outside the school without specific parental consent. Within schools, FERPA requires that information be shared among school personnel only when there is a legitimate educational interest.

Occupational Safety and Health Administration (OSHA), a regulatory agency within the U.S. Department of Labor, requires schools in Connecticut to meet safety standards set forth by this agency. These standards include the need for procedures to address possible exposure to blood-borne 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.