

ALLERGY/ANAPHYLAXIS POLICY

The increased prevalence of allergies and the risk of life-threatening anaphylaxis have impacted the school environment in recent years. Many environmental factors may serve as allergens. Food, insect stings, and latex are examples of common allergens. While the Board of Education cannot guarantee an allergen-free environment, the Board will endeavor to provide an environment that limits the risk for students with life-threatening allergies. The Board directs the Superintendent of Schools and/or his/her designees to take steps necessary to meet this objective.

Severe Allergies

For students with severe allergies, which may result in life-threatening reactions to various environmental triggers, it is necessary for the district to work cooperatively with the parent(s), guardian, and the healthcare provider to:

- Develop an Emergency Care Plan that includes all necessary treatments, medications, training and educational requirements for the students.
- Obtain appropriate health care provider authorization in writing that includes the frequency and conditions for any testing and/or treatment, symptoms and treatment of any conditions associated with the health problem, and directions for emergencies.
- Secure written parent permission and discuss parental responsibility that includes providing the health care provider's orders, providing any necessary equipment, and participation in the education and co-management of the child as he/she works toward self-management.
- If the student is eligible for accommodations based upon the Individuals with Disabilities Act (IDEA), Section 504 of the Rehabilitation Act of 1973, or the Americans with Disabilities Act, the appropriate procedures will be followed regarding evaluation and identification.

The Superintendent and/or designees will establish school level emergency plans to adequately deal with and treat potential anaphylactic reactions occurring in previously undiagnosed individuals, via a non-patient specific order. A non-patient specific order is a standing order or protocol issued by a physician or certified nurse practitioner, authorizing a Registered Nurse to administer anaphylactic treatment agents to a student or staff member suffering an anaphylactic reaction even if there is no known history.

The district will work toward assisting students in the self-management of their chronic health conditions based upon the student's knowledge level and skill by doing the following:

1. adequately training all staff involved in the care of the student; and
2. assuring the availability of the necessary equipment and/or medications.

The school must receive a documented diagnosis of allergies and clear, easy-to-follow written instructions from the student's physician for managing the student's allergies: avoidance measures, typical symptoms, dosing instructions for medications and emergency protocols. Parents are responsible for providing the allergic child's medication directly to the school health office in a properly labeled original container and for maintaining an adequate and up-to-date supply. Parents will provide written permission for the child's physician and school officials to consult on behalf of the child.

If the child is at risk of a lethal allergic reaction, the district strongly urges that he/she wear a medical information bracelet or necklace that identifies the specific items that may cause an anaphylactic reaction.

School officials in consultation with parents will determine which school personnel are made aware of the allergic student's condition. Appropriate school staff will receive details of the Emergency Care Plan.

Food Allergies

One of the more common forms of allergies involves food. Students may display a range of allergic responses from minor to life-threatening. In some cases, minute amounts of the food allergen, when eaten, touched, or inhaled can make the allergic child very ill.

Currently, there is no cure for food allergies and avoidance is the only prevention; yet it is impossible to achieve complete avoidance of all allergic foods, as there can be hidden or accidentally introduced sources. Therefore, the child's parents and physician must prepare the school district for serious reactions that may occur despite precautions. To that end, parents are responsible (as noted above) for notifying the school of students with documented food allergies and/or anaphylaxis and for providing necessary medical information including the family physician's treatment protocol. This notification should occur at the time of enrollment or as soon after diagnosis as possible. Once the district has been notified by the parent, a conference will be held to develop an Emergency Care Plan. The district does not have diagnostic responsibility with respect to medical conditions.

The district's goals for severe food-allergic children are to reduce the risk of exposure, identify and recognize symptoms of an adverse reaction and ensure prompt emergency treatment. In response to a specific case of food allergies, each school may place limitations on foods that may be brought into school from home or places where foods may be eaten. The district will seek cooperation from the school community. Implementation shall be consistent across the district.

When children have been identified by the parents and physicians as food-allergic/anaphylactic and have reported their medical information to the school nurse, the parents will be given a copy of the Board policy and related regulations.

Regulations

The Superintendent of Schools shall establish regulations to provide for the allergic/anaphylactic child. These regulations may include development of an Emergency Care Plan, EpiPen or other medication to be used and staff training, staff in-service, forms and letters, consents, waivers and privacy issues and sharing information.

Adoption date: October 21, 2014

ALLERGY/ANAPHYLAXIS REGULATION

Definitions:

Allergen: A substance that triggers an allergic reaction.

Allergies: An exaggerated response to a substance or condition produced by the release of histamine or histamine-like substances in affected cells. It is characterized by an overreaction of the immune system to protein substances – either inhaled, ingested, touched, or injected – that normally do not cause an overreaction in non-allergic people.

Allergic Reaction: An immune system response to a substance that itself is not harmful but that the body interprets as harmful. When an allergen is eaten, the food allergic student produces histamine. Once the histamine is released in the body it causes chemical reactions which trigger inflammatory reactions in the skin (itching, hives, rash), the respiratory system (cough, difficulty breathing, wheezing), the gastrointestinal tract (vomiting, diarrhea, stomach pain), and the cardiovascular system (lowered blood pressure, irregular heartbeat, shock). Each person with a food allergy reacts to the allergy differently. Each reaction by a food allergic student may differ in symptoms.

Anaphylaxis: A life-threatening allergic reaction that involves the entire body. It may be characterized by symptoms such as lowered blood pressure, wheezing, vomiting or diarrhea, and swelling and hives. Anaphylaxis may result in shock or death, and thus requires immediate medical attention.

Food Allergies

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

1. inform the school of the child's allergies and condition and provide written medical documentation that is updated regularly;
2. provide the school with written medical instructions from their physician;
3. provide the school with EpiPens and other medication, if appropriate, as prescribed by the family physician;
4. be encouraged to provide the child with a medical information bracelet or necklace to be worn at school that lists allergies;
5. assist in the school's communications plan;
6. participate in the development of an Emergency Care Plan;
7. provide safe foods for lunches, snacks, and special occasions;
8. be invited to attend field trips, if possible;
9. confer with teachers regarding lessons or projects that use food;
10. teach their allergic child to recognize first symptoms, to communicate these to staff, to not share snacks, lunches, drinks and utensils, and to report any teasing;

11. consent to share photographs and medical information with necessary employees; and
12. maintain up-to-date emergency contacts and phone numbers.

Lunch: The food-allergic child will eat only food brought from home or approved by the parent if buying lunch. In the cafeteria, attempts will be made so that the food-allergic child will eat or touch only the foods sent in by his/her parents. The parent must make the determination as to the safety of a cafeteria lunch for their child. **The food service has an allergen binder available for parents to view which indicates which foods contain common allergens.**

Food Service: When a food-allergic child has been identified by his/her parents and physician, a form with his/her name, picture, and food allergies will be shared with the food service staff. This information is also contained in our student management system.

The cafeteria program will use disposable trays and utensils.

The School Lunch Director will continue to check ingredient labels for food products used in the School Lunch Program, including vending machine products. The Director will make a list of known technical, scientific, and alternate names for common food allergens to be shared with each school.

Cafeteria: When parents and their physician inform the district/school of a child with food-allergies/high risk of anaphylaxis and request lunchroom accommodations, the school will institute lunchroom procedures to help protect the child. Most commonly, this will include children with “nut” (e.g., cashews, hazel nuts, walnuts, almonds, pine nuts, etc.) allergies. The school will designate certain cafeteria areas as “allergen controlled.” Allergen controlled areas will be supervised by cafeteria monitors. Prior to each lunch period, the designated table and seats will be cleaned with a cleaner and wiped with disposable towels. In these designated areas, students will be told that there will be no sharing or trading of food, utensils, or containers and no touching of the allergic-child’s food.

A letter will be sent home to all families in the school seeking voluntary support for limiting food allergens brought in from home and explaining the cafeteria environment with regard to food allergens. For a class with a child with food allergies, a letter will be sent home by the classroom teacher to inform the class about the rules for specific allergens in that class and explain the seriousness in an age appropriate way. The letter will also include a list of safe snacks.

Elementary Classrooms, Snacks, and Parties: At the elementary level, when the parent and family physician have informed the school of a child with a serious food allergy, a letter will be sent home to the class asking them not to bring in snacks or party foods that contain certain food allergens pertaining to that child’s classroom. The child may be identified by name only with the written permission of the parents

Food-allergic children will eat only foods brought in from their home. They will not be permitted to eat or touch food brought in by others for snacks or special events unless approved by

the child's parents. A parent of a food-allergic child may choose to send their own foods for occasions such as these.

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

Field Trips: When a child identified with a "serious medical condition", such as food allergies/anaphylaxis, has a field trip his/her parent will be requested and encouraged to accompany the child on the trips. Teachers will give these parents lead time on upcoming special events so that they have time to plan ahead to attend. If it is part of their doctor's treatment protocol, parents must provide an EpiPen for field trips. If a parent will not attend, a designated person trained in their use will take the EpiPen and keep the child in their group. Staff and chaperones will be briefed on the identity of the child, the specific allergies, and the symptoms to be aware of. On every field trip there will be access to a telephone, cell phone, or radio communication in case of emergency.

If the children bring their own lunches on a field trip, all parents will be asked to carefully avoid certain allergens. If the class will be eating at a restaurant, the child with food allergies must bring his/her own food or signed permission from the parent to eat out and what the child may eat. Children will be reminded not to share or trade any food.

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

Substitute Teachers: The classroom teacher will keep information about children with food allergies with the teacher's substitute plans. When substitute teachers are hired by the district, they will receive and be required to review the policy and be provided with emergency allergy information which identified emergencies procedures. This form will be placed in each teacher's substitute plans.

Privacy Issues and Sharing Information: The school nurse shall obtain this release. The following guidelines should be implemented to protect the privacy of the child while educating students, staff, and parents:

1. Identify the child and medical condition to teaching and non-teaching staff either individually or at a staff meeting before the start of the school year.
2. Put the Allergy Policy and Regulations in the faculty handbook and on the website.
3. At the beginning of the school year, each of the child's teacher(s) will be made aware of children with specific allergies in their classroom and instructed as to the appropriate course of action to be taken to reduce risk of exposure to known allergens in the classroom as well as the proper steps to take in case of an allergic reaction.
4. With permission of the parents, other students/families may be told and cooperation enlisted, in age appropriate ways. At the secondary level, identification to peers should be done only after consultation with the student, in addition to permission of the parents.

5. A copy of the *New York State Guide to Caring for Students with Life Threatening Food Allergies* will be available in the main and health offices of each school.
6. Instruction in food allergies/anaphylaxis will be explained in health classes.
7. PTA's are encouraged to have an annual presentation for parents and members about food allergies/anaphylaxis. Parents of children with food allergies should be offered the opportunity to share information.
8. Informational articles about food allergies/anaphylaxis may be written in school publications.

Emergency Care Plan

When parents and their physician identify a food-allergic/anaphylactic child to the school, the parents will consult with the school nurse. The parent will participate in the completion of an Emergency Care Plan form each year that provides up-to-date medical information and the treatment protocol from the family's physician. Parents will immediately inform the district of any change in the status of this information. Parents will supply medicines and EpiPens to schools as prescribed by their physician.

The Emergency Care Plan form should include information from the physician as to symptoms of the child's allergy, recognizing warning signs of reactions, administering medical and emergency treatment for the child, and any other pertinent information. The Emergency Care Plan will be shared with teachers, nurses, administrators, food service workers, cafeteria monitors, bus drivers, coaches, and others responsible for the student. It will be provided to emergency responders if necessary. The child specific instructions developed by the school nurse based on the Plan will accompany the child on all field trips.

The Emergency Care Plan will also include phone numbers: child's home, parents' work and cell phone numbers, emergency contact numbers (relatives, friends, neighbors) and the child's doctor. Every Emergency Care Plan will also include the name of the local Emergency Services and the direct phone number to dial for an emergency. **[911 or ERF/Rescue 599-4400]**

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

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

EpiPens

EpiPens are auto-injectors designed for the administration of epinephrine in acute allergic emergencies (anaphylaxis). Anaphylaxis may occur in individuals with previously identified allergies or in individuals with no known history of allergic reaction. Anaphylaxis is known to be caused most

commonly by insect stings, food allergies, medication and latex -- although other allergens may trigger it.

A school nurse may administer an EpiPen to a student or staff member who has the appropriate medical documentation and physician's order. Additionally, the district's school physician shall provide a non-patient specific standing order, which authorizes school nurses to administer an EpiPen injection as an emergency first aid response to any individual experiencing anaphylaxis. In all cases, the anaphylaxis emergency response procedure is as follows:

- Any suspicion that someone is experiencing an allergic reaction must be reported to the school nurse immediately.
- The school nurse assesses for signs and symptoms of anaphylaxis.
- If the individual is experiencing anaphylaxis, the school nurse administers the EpiPen in a manner consistent with the best medical practice.
- Enlist the assistance of others to (1) call 911 for ambulance transport to a hospital emergency room, and (2) notify parents (if a student).
- Monitor vital signs and individual's response to medication.
- **EpiPen must go with the patient in the ambulance and brought to the Emergency Room or treatment facility.**
- After the emergency has resolved, complete the Anaphylaxis Report Form.
- EpiPens are kept in a secure location in the nurse's office and in each building's main office.

Athletic and Extracurricular Activities

The Emergency Care Plan for all children with severe food allergies/risk of anaphylaxis who are involved in athletic and extracurricular activities will be provided to the coach or supervisor. The coach or supervisor will be trained to respond **and** administer an EpiPen. Parents may be asked to provide an additional EpiPen for these activities.

After School Child Care

The SCOPE Program is not under the auspices of the East Rockaway School District. Parents are encouraged to speak with program officials directly.

Outside Organizations that use District Facilities

The district is not responsible for the practices regarding allergies of outside organizations that use district facilities.

The East Rockaway UFSD strongly encourages our PTAs and any outside organizations to follow the guidelines set forth in the policy. A copy of this policy will be provided to all outside organization who use our facilities.