Allergy Policy and Emergency Response Plan

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GUIDELINE OVERVIEW & GOALS

Goals of Allergy Management

Oak Hill School is committed to providing a safe and nurturing environment for students. The School understands the increasing prevalence of life threatening allergies among school populations. Recognizing that the risk of accidental exposure to allergens can be reduced in the school setting, Oak Hill School is committed to working in cooperation with parents, students, and physicians, to minimize risks and provide a safe educational environment for all students. The focus of allergy management shall be on prevention, education, awareness, communication and emergency response. The goals for allergy management include:

- To define a formal process for identifying, managing, and ensuring continuity of care for students with life-threatening allergies across all transitions (PreK-6). This process shall be outlined in detail in the School’s administrative procedures manual.

- To maintain the health and protect the safety of children who have life-threatening allergies in ways that are developmentally appropriate, promote self-advocacy and competence in self-care and provide appropriate educational opportunities.

- To ensure that interventions and individual health care plans for students with life-threatening allergies are based on medically accurate information and evidence-based practices and in accordance with applicable law, it is the policy of the School to provide all students, through necessary accommodations where required, the opportunity to participate in all school programs and activities. Accordingly, the Head of School shall direct all employees to act affirmatively and work closely with parents to assure that the needs of children with documented allergies are taken into consideration in planning for school programming. The Nurse shall ensure the School’s management plan is reviewed and updated annually.

Food Allergy Prevalence

According to the Centers for Disease Control and Prevention (CDC), among children aged 0–17 years, the prevalence of food allergies increased from 3.4% in 1997–1999 to 5.1% in 2009–2011. The prevalence of skin allergies increased from 7.4% in 1997–1999 to 12.5% in 2009–2011. From 1997 to 2007, the prevalence of reported food allergy increased 18% among children under age 18 years. Four out of every 100 children have a food allergy.

Impact on the school

Studies show that approximately 16 to 18 percent of children with food allergies have had a reaction at school, and reactions also occur among others without a previously diagnosed food allergy.
Food Allergy Reactions

Allergic reactions to foods vary among students and can range from mild to severe life-threatening anaphylactic reactions. Some students, who are very sensitive, may react to just touching or inhaling the allergen. For other students, consumption of as little as one five-thousandth of a teaspoon of an allergenic food can cause death. Eight foods (milk, eggs, peanut, tree nut, soy, wheat, fish and shell fish) account for 90% of total food allergies, although any food has the potential to cause an allergic reaction. Most, but not all childhood allergies to milk, egg, soy and wheat are outgrown by age 5. Peanuts and tree nuts account for 92% of severe and fatal reactions, and along with fish and shellfish, are often considered lifelong allergies.
ALLERGY AND ANAPHYLAXIS OVERVIEW

Food Allergies

A food allergy is defined as an adverse health effect arising from a specific immune response that occurs on exposure to a given food. The immune response can be severe and life-threatening. Although the immune system normally protects people from germs, in people with food allergies, the immune system mistakenly responds to food as if it were harmful. One way that the immune system causes food allergies is by making a protein antibody called immunoglobulin E (IgE) to the food. The substance in foods that cause this reaction is called the food allergen. When exposed to the food allergen, the IgE antibodies alert cells to release powerful substances, such as histamine, that cause symptoms that can affect the respiratory system (cough, difficulty breathing, wheezing), gastrointestinal tract (vomiting, diarrhea, abdominal pain), skin (itching, hives, rash), or cardiovascular system (decreased blood pressure, heartbeat irregularities, shock) and lead to a life-threatening reaction called anaphylaxis. Food allergy is the most common cause of anaphylaxis, but other allergens such as insect stings, latex, and medications can also cause life-threatening allergies.

Insect Allergy

Stinging Insects commonly include bees, hornets, yellow jackets, wasps, and fire ants. For most people, complications include pain and redness at the bite site. However, some people have a true allergy to insect stings that can lead to life-threatening anaphylaxis. In these cases, prompt management of the reaction is needed.

Latex Allergy

Latex allergy is a reaction to certain proteins in latex rubber found in such products as balloons, gloves, and gym equipment. Two common types of reactions include contact dermatitis and immediate moderate to severe allergic reactions. Contact dermatitis, a type of localized allergic reaction to the skin, can occur on any part of the body that has contact with latex products, usually after 12-36 hours. Immediate allergic reactions however, are potentially the most serious form of allergic reactions to latex products.

Anaphylaxis

Anaphylaxis is a potentially life-threatening medical condition occurring in allergic individuals after exposure to their specific allergen and requires immediate medical attention. If a student is exhibiting signs of a life-threatening allergic reaction, epinephrine must be given immediately. Epinephrine (adrenaline) is a medication that can reverse the severe symptoms of anaphylaxis. It is given as a “shot” and is available as a self-injector, also known as an epinephrine auto-injector that can be carried and used if needed. Epinephrine is a highly effective medication, but it must be administered promptly during anaphylaxis to be most effective.
Anaphylaxis can occur immediately or up to two hours following allergen exposure. Some reactions are biphasic in nature with an initial period of symptoms, a symptom free period for 2-4 hours, followed by another wave of severe shock-like symptoms. Therefore, it is imperative that following the administration of epinephrine, the student be transported by emergency medical services to the nearest hospital emergency department even if symptoms appear to have been resolved.

Oak Hill School has stock epinephrine at the school. The epinephrine will be used in emergencies for students with unknown allergies who develop an anaphylactic response and for those students with known allergies when on rare occasions when their personal emergency medication is found to be flawed.

Symptoms of Anaphylaxis

Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body. Symptoms associated with an allergic reaction include one or more of the following:

- **Mucous Membrane Symptoms**: red watery eyes or swollen lips, tongue, or eyes.
- **Skin Symptoms**: itchiness, flushing, rash, or hives.
- **Gastrointestinal Symptoms**: nausea, pain, cramping, vomiting, diarrhea, or acid reflux.
- **Upper Respiratory Symptoms**: nasal congestion, sneezing, hoarse voice, trouble swallowing, dry cough, or numbness around mouth.
- **Lower Respiratory Symptoms**: deep cough, wheezing, shortness of breath or difficulty breathing, or chest tightness.
- **Cardiovascular Symptoms**: pale or blue skin color, weak pulse, dizziness or fainting, confusion or shock, hypotension (decrease in blood pressure), or loss of consciousness.
- **Mental or Emotional Symptoms**: sense of “impending doom”, irritability, and change in alertness, mood change, or confusion.
Children with food allergies might communicate their symptoms in the following ways:

- It feels like something is poking my tongue.
- My tongue (or mouth) is tingling (or burning).
- My tongue (or mouth) itches.
- My tongue feels like there is hair on it.
- My mouth feels funny.
- There’s a frog in my throat; there’s something stuck in my throat.
- My tongue feels full (or heavy).
- My lips feel tight.
- It feels like there are bugs in there (to describe itchy ears).
- It (my throat) feels thick.
- It feels like a bump is on the back of my tongue (throat).


This protocol is to be used for students who are at risk for anaphylaxis and in circumstances where a previously undiagnosed life-threatening allergic response occurs. When a physician assesses that a child’s food allergy will result in anaphylaxis, the child’s condition meets the definition of “disability” and is covered under the Federal Americans with Disability Act (ADA), Section 504 of the Rehabilitation Act of 1973, if the allergy management affects the student’s ability to make educational progress.
**PLANNING & IMPLEMENTATION**

**Individual Healthcare Plan (IHP)**

Prior to beginning of every school year, the parent/guardian should contact the school nurse to develop and IHP. If a student is diagnosed with a life-threatening allergy during the school year, the parent/guardian should notify the school nurse immediately and develop an IHP.

The parent/guardian should work with the school nurse to create a strategy for management of a child’s allergy. (See “Responsibilities of the Parents” for more detail).

The parent/guardian shall provide the following:

- Licensed health care provider documentations of allergy and order for epinephrine by auto-injector as well as other medications needed. Medication orders must be renewed at least annually.

- Parent/guardian’s signed consent to administer all medications.

- Parent/guardian’s signed consent to share information with other school staff.

- At least one up to date EpiPen (More may be necessary based on the student’s activities and travel during the school day.)

- Description of the student’s past allergic reactions, including triggers and warning signs.

- Assessment for self-administration (It is important that students take more responsibility for their food allergies as they grow older and are developmentally ready to accept responsibility.)

The school nurse will:

- Initiate an Individual Healthcare Plan (IHP) based on the information provided by the parents, as well as the nurse’s assessment. The IHP shall include student information, medical information specifying offending allergens, and a plan of care which includes interventions, supplies, and expected student outcomes.

- Based on the student’s age, class, etc., identify who will be part of the multidisciplinary team. This team may include but not be limited to administration, classroom teacher, student, food services director, PE teacher, enrichment teacher, and facilities staff.

- Assess the student for his/her ability to self-administer epinephrine. (It is important that students assume more responsibility for their food allergies as they grow older and are more developmentally ready.)
• Determine the appropriateness for student to carry his/her epinephrine.

• Ensure Allergy Action Plan (AAP) has been received from parent or physician.

**Allergy Action Plan**

Any student diagnosed with a life-threatening allergy must have an emergency allergy action plan (AAP) to assist the school nurse and staff in recognizing and providing appropriate intervention during a crisis. This form can be obtained from the student’s health care provider, school nurse, or the Oak Hill School parent portal. The AAP is a separate document from the IHP.

Prior to the beginning of every school year, the school nurse will review the medical history forms submitted by parents in an attempt to identify students with life-threatening allergies as well as updating existing student health information.

To ensure a safe learning environment for the student with a life-threatening allergy, the parents should notify the school nurse of their child’s allergy and obtain an AAP signed by their child’s physician. The AAP should be given to the school nurse no later than the first day of school, preferably the week before so proper teaching and planning can take place.

The AAP will be distributed to all appropriate school staff needing to be trained to respond to a specific student’s anaphylactic emergency. The AAP should have a current picture of the student on the plan to aid in identification.

The following activities are recommended for school staff and parents:

• Parents can obtain an AAP from the Oak Hill School parent portal to be reviewed and signed by the student’s health care provider and parent.

• Parents should provide the school with all medications (EpiPens, Benadryl, etc.) and other necessary supplies no later than the first day of school.

• Develop a disaster preparedness plan to accommodate students with AAP in case of emergency (lockdown, evacuation, etc.).

• Establish annual in-service training plan for school staff on risk reduction strategies including strict avoidance prevention, recognizing signs and symptoms of anaphylaxis, administration of epinephrine and other emergency medications, and monitoring of students with life-threatening allergies. This training will be provided by the school nurse and may involve the student and parents as appropriate.

**See Appendix B - Forms**
Multi-Disciplinary Team Approach

The school nurse, collaborating with school administrators and the parent/guardian, shall determine the best way to promote a multi-disciplinary approach to plan for the care of the student with a life-threatening allergy. The school nurse may meet individually or as a group with staff members to assist them in preparing for their responsibilities. The team should discuss the prevention and management of life-threatening food allergies prior to the start of each school year and on a continual basis as educational needs arise.

The team may include but is not limited to:

- Administration
- School Nurse
- Classroom teachers and Enrichment teachers
- Food Services Director and Staff
- Coaches and physical education teachers
- Explorations
- Facilities Staff

Roles & Responsibilities

Responsibilities of the Parent/Guardian

Each parent/guardian of their child with a Life-Threatening Allergy shall have the following expectations:

1. Teach your child to:
   a. Recognize the first symptoms of a food allergic/anaphylactic reaction.
   b. Communicate with school staff as soon as he/she feels a reaction is starting.
   c. Carry his/her epinephrine auto-injector when appropriate.
   d. Not share snacks, lunches, drinks or utensils.
   e. Understand the importance of hand washing before and after eating.

2. Take responsibility for his/her safety. As children get older, teach them to:
   a. Encourage self-advocacy of the seriousness of the allergy to adults and peers.
   b. Communicate symptoms as soon as they appear to the school nurse and teacher.
   c. Encourage education on label reading and ingredient safety.
   d. Administer his/her epinephrine auto-injector and be able to train others in its use.
   e. Develop awareness of their environments, including allergy-controlled zones and to practice age appropriate behavior regarding health and safety.

3. Inform the school nurse of your child’s allergies prior to the opening of school (or as soon as possible after diagnosis). All food allergies must be verified by documentation from the child’s physician.
4. Work with the school team collaboratively to develop the Individual Healthcare Plan (IHP) for accommodations in the classroom, Dining Hall, Explorations, during school sponsored activities, and provide an Allergy Action Plan (AAP). Medical information from the child’s treating physician must be provided in order to create an IHP. (A licensed physician is defined as a doctor of medicine, MD).

5. The parent should also promote increasing age-appropriate independence (ages 8 -13) as the student grows and matures. In determining age-appropriate independence the student’s level of autonomy and their ability to function autonomously is considered.

6. Complete and submit all required forms (AAP) annually.

7. A physician signature is required on for the AAP. Parent signature required for school personnel to consult with student’s physician/allergist and Oak Hill School staff.

8. Provide the school with current home, cell, and work phone numbers and maintain updated emergency contact numbers and medical information.

9. Provide the school nurse with up-to-date emergency medications (including Epinephrine) so they can be placed in all required locations for the current school year. Medications will comply with the Oak Hill School’s medication policy of proper labeling and expiration. Additional Epinephrine Auto-Injectors may be needed.

10. Consider providing a medical alert bracelet for your child.

11. Provide “safe snacks for your student’s classroom so there is always something your child can choose from during an unplanned special event.

12. Encourage child to wash hands before and after handling food. Encourage child to identify the allergy controlled zone when eating and to utilize easy access to soap in or near classrooms.

13. Inform the school of any changes in the child’s Life-threatening Food Allergy status.

14. Provide the school with the physician’s statement if the student no longer has food allergies.

15. Decide if additional EpiPens will be kept in other parts of the school, aside from the one in the nurse’s office, and if so, where.

16. Be willing to go on your child’s field trip if possible and if requested.
Responsibilities of the Student

Each student with a Life-Threatening Allergy shall have the following expectations:

1. To develop a relationship with the school nurse and/or another trusted adult in the school to assist in identifying issues related to the management of the food allergy in the school.

2. Use proper hand washing before and after eating and throughout the school day.

3. To avoid sharing or trading of foods or eating utensils with others. Take responsibility for avoiding food allergens.

4. To not eat anything with unknown ingredients or known to contain any allergen.

5. To avoid putting anything in mouth such as writing utensils, fingers, or other foreign object.

6. To be proactive in the care and management of their food allergies and reactions based on their developmental level. Learn to recognize personal symptoms.

7. To notify an adult immediately if they eat something they believe may contain the food to which they are allergic.

8. To notify an adult if they are being picked on or threatened by other students as it relates to their food allergy.

9. To keep emergency epinephrine with the student, in the nurse’s office or in the classroom. If the student is authorized to carry the emergency medication with them at all times, he/she will demonstrate responsibility of this practice by completing the skill with the school nurse.

10. To develop an awareness of their environment and their allergy-controlled zones.

11. Should know the overall Individual Healthcare Plan and the Allergy Action Plan to understand the responsibilities of the plans.

12. To develop greater independence to keep themselves safe from anaphylactic reactions.
Responsibilities of School Administrator

Oak Hill School Administrators shall ensure the following:

1. Follow all applicable federal laws, including ADA, Section 504, and FERPA, as well as all state laws and Oak Hill School policies/guidelines that may apply.

2. To make available the appropriate allergy forms to the parent and explain that the required forms must be returned and approved by the school nurse prior to the child attending school.

3. Meet with parents and listen to their needs and concerns.

4. Establish a core team comprised of Parent, Administrator, Teacher, Student, Nurse, Dining Hall Manager, and other personnel deemed necessary to make decisions about food allergies.

5. Ensure that an emergency action plan for addressing life-threatening food based allergic reactions has been created with collaboration from the school nurse, student's parent(s)/guardian(s), and physician.

6. Ensure school-wide mandatory in-service training and education on reducing life-threatening allergy risks, recognizing food allergy symptoms, and emergency procedures for appropriate staff to include, but not limited to the following topics:
   a. A description/definition of severe allergies and a discussion of the most common foods causing allergic reactions.
   b. The signs and symptoms of anaphylaxis.
   c. The correct use of an Epinephrine Auto-injector.
   d. Specific steps to follow in the event of an emergency. In addition, parent/staff severe allergy educational meetings may be scheduled as medical personnel are available.

7. Reinforce a no-food and no-utensil trading/sharing best practice will be encouraged.

8. Ensure that the School Nurse, in collaboration with the student’s parent(s), prepare an Individual Health Plan for accommodations. The physician will prepare and sign off on the Allergy Action Plan.

9. Ensure the IHP and AAP are available in the nurse’s office and that all teachers who teach a specific student with life-threatening allergies have a copy of that student's AAP.

10. When appropriate, ensure students are allowed and encouraged to carry their epinephrine on them once the student has demonstrated to the school nurse the skill required to self-administer epinephrine by auto-injector.
11. Ensure that allergy information is in an organized, prominent and accessible format for a substitute teacher.

12. When appropriate, familiarize teachers with the Individual Health Plan for accommodations of their students and any other staff member who has contact with student on a need-to-know basis.

13. Instruct and reinforce with facilities personnel to develop cleaning protocol to ensure that the threat of allergens is minimized.

14. Establish procedures to ensure that all parents of children assigned to a classroom where one of the students has been identified as having a Life-Threatening Allergy (PreK-6) be notified of the specific allergen to avoid. This will be carried out in accordance with patient confidentiality regulations.

15. The school’s emergency protocol on Life-Threatening Allergies will be posted in appropriate locations, i.e. nurse office, main office and other areas as designated by the School Nurse.

16. Notify staff of the locations of Epinephrine injectors in the school.

17. A contingency plan will be in place using designated building staff and understood by all staff and students in the event the nurse is not in the office or in the building.

18. At Least one “allergen free” table in all school cafeterias will be established.

19. Administrators and teachers will encourage non-food related alternatives to celebrate developmental milestones and student accomplishments.

20. Learn about food allergies by reviewing the information and resources presented in this guide and discussing effective food allergy management with the school nurse.

21. Be able to recognize and support response to signs and symptoms of an anaphylactic reaction in accordance with the student’s AAP. This includes knowing when and how to contact the school nurse or EMS.
Responsibilities of School Nurse

The school nurse is the primary coordinator of each student’s life-threatening allergy plan.

School nurse will have the following responsibilities:

1. Prior to the beginning of each school year, collaborate with parent(s) of a student with a Life-Threatening Allergy to develop an Individual Health Plan for accommodations for the student. A meeting may be necessary to finalize the IHP and AAP.

2. Maintain an updated Individual Health Plan in the school clinic each school year, and collaborate with administration, teachers, coaches and facilities staff.

3. Assure that the AAP includes the student’s name, photo, allergens, symptoms of allergic reactions, and emergency treatment orders from the healthcare provider.

4. Assist the Head of School in providing information about students with Life-Threatening Allergies to staff where there is a need-to-know basis.

5. Provide yearly in-service training and education for staff regarding life-threatening allergies, signs and symptoms of anaphylaxis, risk reduction procedures and emergency procedures including demonstration on how to use the Epinephrine. The school nurse shall retain documentation of those personnel who have received training on a yearly basis.

6. Familiarize teachers and substitutes with the IHP for their students and any other staff member who has contact with student on need-to-know basis.

7. Provide the principals, classroom teachers, enrichment teaches, PE teachers, coaches and dining staff with a copy of the AAP on a need to know basis. The AAP should have a current picture of the student on the plan to aid in identification.

8. Educate staff on the appropriate locations for storing the Epinephrine auto-injector and the possibility of receiving more than one Epinephrine as necessary. Locations for storage will follow the manufacturer’s guidelines for avoidance of light and extreme temperatures.

9. Collaborate with the classroom teacher for all field trips, making sure the student’s epinephrine is sent with the teacher on the field trip.

10. Inform the administration and parent/guardian if any student experiences an allergic reaction.

11. Check Epi-Pens every semester for expiration dates.
12. Introduce yourself to the student and show him/her how to get to the school clinic in order to build rapport and trust with the student.

13. Review the IHP on a semi-annual basis to review effectiveness of the plan and make changes as necessary.

14. With parental permission or by parental request, a letter may be sent home to a grade level or homeroom, informing all parents of a life-threatening food allergy and foods to avoid sending to school. See Appendix C – Sample Letter

Responsibilities of Classroom Teachers

Each teacher shall have the following responsibilities:

1. Knowledge of the signs and symptoms of severe allergic reaction as provided in the student’s health care plan, and be aware of and implement the emergency plan if a reaction is suspected.

2. Review the Individual Health Plan with the nurse and/or parent(s) of any student in your classroom with life-threatening allergies along with relevant staff members.

3. Participate in in-service training about students with life-threatening allergies including demonstration on how to use the Epinephrine.

4. In collaboration with the nurse and parent(s) of the allergic child, will set a classroom protocol regarding the management of food in the classroom. This protocol will be communicated by the teacher to the students and parent(s) of the affected class.

5. Participate in the planning of a student’s re-entry into school after an anaphylactic reaction.

6. Notify parents by written communication of any school related activity that requires the use of food in advance of the project or activity (PreK-6). Learning activities will be controlled as much as possible.

7. Reinforce appropriate classroom hygiene practices/hand washing before and after eating.

8. The teacher and/or school nurse will educate the classroom students on different types of allergies and food safety.

9. Teachers will be provided a copy of the students Allergy Action Plan (AAP). All AAP’s will be kept in the crisis manual and other accessible areas for substitute teachers.

10. Teachers will leave all information related to allergies for substitute teachers.
11. Prohibit students from sharing or trading food or snacks in the classroom or in the dining hall.

12. Encourage parents/guardians to send in “safe” snacks for their child.

13. Read all food labels thoroughly for food brought in for parties or used for projects. Avoid use of foods with known allergens for projects, celebrations or parties, or other classroom activities.

14. Ensure epinephrine injectors and AAP are taken on all field trips.

15. Consider eating situations on field trips and plan for prevention of exposure to the student’s life-threatening foods.

16. Consider ways to wash hands before and after eating (hand wipes, etc.) on field trips.

17. Carry red safety sack on all field trips with crisis manual including parent contact information, AAP, and epinephrine auto-injectors.

18. Eating food on the field trip bus will be prohibited unless the food has been cleared or prepared by the school.

Responsibilities of Dining Services

The Dining Services department shall:

1. Provide in-service to nutritional service employees regarding safe food handling practices to avoid cross contamination with potential food allergens.

2. Food service employees will wear non-latex gloves. Gloved hands will be washed or changed during extended use to avoid cross contamination with potential food allergens.

3. Maintain a list of students with food allergies within the food service area with a photo of the student wherever possible (not for public viewing).

4. Read all food labels and recheck routinely for potential food allergens.

5. Provide allergen-safe zones at schools where students with applicable food allergies are identified.

6. Participate in all in-service training related to students with life-threatening allergies including demonstration of Epinephrine use.

7. Respond appropriately to all complaints/concerns from any student with a life-threatening allergy, including allowing student to see school nurse if complaining of any potential symptoms. A response to complaints/concerns would also include any type of inappropriate behavior on the part of other students.
8. Maintain contact information for manufacturers of food products.

9. Strictly following cleaning and sanitation protocol to avoid cross-contamination.

10. Assure that thoroughly cleaning of all tables is being done after each lunch session.

11. Provide menu in advance to parents/guardian and notification if menu has changed.

12. Have readily accessible epinephrine injector.

Responsibilities of Coaches, Physical Education (PE) Teachers, Explorations and Under the Oaks Staff

1. Keep a copy of the students Allergy Action Plan (AAP) readily available in case of emergency. A copy of all AAP’s should also be kept in the crisis manual and other accessible areas for substitute teachers.

2. All coaches should have access to the student’s epinephrine injector at all practices and games.

3. Make certain that an emergency communication device (e.g. walkie-talkie, intercom, cell phone) is always available.

4. Participate in training to administer epinephrine auto-injectors.

5. Communicate with the school nurse regarding any concerns about the student.

6. Learn about food allergies by reviewing the information and resources presented in this guide and discussing effective food allergy management with the school nurse.

7. Be able to recognize and support response to signs and symptoms of an anaphylactic reaction in accordance with the student’s AAP. This includes knowing when and how to contact the school nurse or EMS.

8. Notify administration, parents, and school nurse of any symptoms of allergic reaction and action taken to support student.
Facilities Staff

1. Ensure that cleaners are properly labeled and storage areas for cleaning supplies are identified.

2. Tables should also be washed with an appropriate cleaner in the morning if an after-school event has been held in the cafeteria the night before.

3. Work with administration, teachers and the school nurse to create cleaning plan for students’ with life-threatening allergies.

4. Avoid cross-contamination of foods by wiping down eating surfaces with an appropriate cleaner before and after eating.
Most (but not all) anaphylactic reactions in schools are caused by accidental exposure to food allergens. Schools are a high risk setting due to the large number of students and staff, increased exposure to offending allergens, and possible cross-contamination. Our goal is to maximize inclusiveness to the greatest extent possible without sacrificing safety.

High risk areas and activities for the student with food allergies include: the cafeteria; craft, art, and science projects; party and holiday celebrations; advisory meetings; field trips; and cross-contamination when food is being served in the classroom. Ingestion of the food allergen is the principal route of exposure, but touching and inhaling the allergen can also be life threatening.

Success in managing food allergen depends on allergen avoidance techniques. Meticulous ingredient and label interpretation on every item brought into the school is vital to prevent accidental exposure. Unfortunately, this is difficult due to manufacturing processes. Accidental exposure occurs due to cross-contamination of equipment, omission of ingredients from ingredient statement, substitution of ingredients, nonspecific food terminology, or the use of scientific or technical terminology (e.g., sodium caseinate for milk protein).

See Appendix A

Procedures will be in place at school to address food allergy issues in the classroom and gym, food services/dining hall, for enrichment classes, explorations and under the oaks, and field trips. (See “Responsibilities Section” and IHP’s of individual students)

Multi-disciplinary Team Prevention Approach

- Conduct team meetings to discuss prevention strategies and approach for student with life-threatening allergies.
- Review the Individual Healthcare Plan (IHP) and Allergy Action Plan (AAP)
- Reduce allergens in the school setting – Strategies will be implemented to help avoid exposure to allergens and minimize the risk of the student having an allergic reaction.
- Provide education about allergies to students, parents, and school staff to prevent and avoid allergic reactions.
- Address field trip and transportation plan with team.
TRAINING

Oak Hill School will have annual training and education for all staff, including coaches, Explorations, and Under the Oaks Staff before each school year by the school nurse regarding life-threatening allergies, anaphylaxis, and epinephrine administration. All staff will be educated on how to follow the students Individual Healthcare Plan (IHP) and the Allergy Action Plan (AAP).

Education and Training components include:

- Avoidance strategies for the identified allergen(s).
- Most common food allergens
- Recognition of signs and symptoms of allergic reaction and what to do if the student is exposed to the allergen or exposure is suspected.
- Demonstration and hands on instruction for the administration of epinephrine. Epi-Pen trainers will be available for training anytime throughout the school year.
- Instruction on the administration of oral medications as ordered.
- Review procedures for calling the school nurse, 911 (EMS), parents, and school administrators
- Pertinent blood borne pathogen training information training with emphasis on safe handling of contaminated sharps (after an Epinephrine auto-injector is used the needle is exposed).
- Recording of the incident, including medication administered, the amount of medication administered, time, and by whom
- Confidentiality of healthcare information
- Identification of harassment or teasing in situations that may result in a student being exposed to the allergen. All students should be taught that bullying, harassing, or intimidating will not be tolerated.
- As needed training and education throughout the school year for new employees, newly diagnosed student allergies, or changes to a student’s condition.
- Annual practice of Emergency Allergy Action Plan Procedures

There is a natural reluctance to wait to administer epinephrine until symptoms worsen and you are sure the student is experiencing an anaphylactic reaction. There is the same reluctance to call 911. Many fatalities occur because the epinephrine was not administered in a timely manner. Practicing implementation of the AAP can be the most effective strategy to overcome the tendency to delay and to decrease the likelihood of a student fatality.
Emergency Response Plan

Emergency Response to Allergic Reaction

Any staff member who becomes aware that a student is having an allergic reaction must:

1. Stay with the student.

2. Notify the school nurse immediately.

3. Obtain and quickly review the student’s Allergy Action Plan (AAP) in order to follow doctor’s orders.

4. If the school nurse or trained staff member determines that the allergic reaction is potentially life-threatening and the administration of epinephrine is indicated per the AAP, immediately give the epinephrine auto-injector and call 911 (EMS).

5. Notify the parents/guardian.

6. If possible, remove other student’s from the area and restrict crowd and traffic through the area.

7. Provide first responders with information about the student’s allergy, symptoms presented with reaction, and actions already taken including time of epinephrine injection.

8. Notify school administration.

9. If parents are unable to arrive at school before EMS transports student to hospital, the school nurse or staff member will accompany the student to the hospital.

If a student has no history of allergic reaction but is showing signs of an allergic reaction (per Tennessee Code Annotated Section 49-5-415(f), AMEND Senate Bill No. 1146*) the school nurse or trained staff member may administer the stock epinephrine at Oak Hill School per a standing physician order by the school medical director.

Follow-up after exposure incident

Following an exposure and reaction incident, administration, staff involved in the incident and the school nurse should gather as much information as available about the exposure and the response from staff members who were involved. This information should include:

- Identify the source of exposure. If the allergy is to a food product, determine where the food originated (ex: school food services, class party or celebration, school project, etc.) and review ingredients.

- Review the student’s IHP. If there is no current IHP, begin the process of developing one.
• Amend the student's IHP and emergency actions to address any changes that need to be made to reduce the risk of another exposure.

• Communicate information about exposure and changes to IHP to school staff members.

• Make arrangements with parent/guardian to replace the used epinephrine auto-injector and review the IHP with parents.

• Provide further training and education as needed.

• Complete a Student Injury Report.

Returning to school after an allergic reaction

Students who have experienced an allergic reaction at school need special consideration upon their return to school. Meet with the parents if necessary to reassure them of the student's safety, and changes made to prevent another reaction.

If a student demonstrates anxiety about returning to school, checking in with the student on a daily basis would be indicated until his/her fear is alleviated. If a child has a prolonged anxiety response to the anaphylactic event, strategies should be reviewed and clinical intervention may be recommended.
STATE AND FEDERAL LAWS
State and federal laws provide protection for student’s with life-threatening allergies.

State Laws

Tennessee Code Annotated, Section 49-5-415

Brentson’s Law
http://www.state.tn.us/sos/acts/104/pub/pc0933.pdf

AMEND Senate Bill No. 1146* House Bill No. 866

Federal Laws

The American with Disabilities Act (ADA) of 1990
The ADA law prohibits the discrimination of individuals with a disability. A life-threatening food allergy is identified as a physical disability that substantially limits one or more major life activities. http://www.eeoc.gov/policy/ada.html

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, student specific information and records may be shared with school personnel only under certain circumstances. http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html
Appendix Section

Appendix A – Food Label Reading & Terms

Food Label Reading

Thoroughly reading food labels to identify potential food allergens is an essential and ongoing process in prevention. All school staff should read labels carefully and recheck with each purchase for potential food allergens. (Manufacturers can change ingredients.)

Terms that indicate the presence of cow's MILK:

- Artificial butter flavor
- Butter, butter fat, butter oil
- Buttermilk
- Casein
- Caseinates (ammonium, calcium, magnesium, potassium, sodium)
- Cheese
- Cream
- Cottage cheese
- Curds
- Custard
- Ghee
- Half & Half ®
- Hydrolysates (casein, milk protein, protein, whey, whey protein)
- Lactalbumin, lactalbumin phosphate
- Lactoglobulin
- Lactose
- Lactulose
- Milk (derivative, powder, protein, solids, malted, condensed, evaporated, dry, whole, low-fat, non-fat, skimmed and goat's milk)
- Nougat
- Pudding
- Rennet casein
- Sour cream, sour cream solids
- Sour milk solids
- Whey (in all forms, including sweet, delactosed, protein concentrate)
- Yogurt
- The letter "D" on the front label of a product indicates the product may contain cow’s milk protein
Terms that may indicate presence of MILK protein:

- Chocolate
- High protein flour
- Luncheon meat, hot dogs, sausages
- Margarine
- Natural and artificial flavoring: Simplesse®

Terms that indicate the presence of EGG protein:

- Albumin Macaroni
- Egg (white, yolk, dried, powdered, solids) Mayonnaise
- Egg substitutes Meringue
- Egg Nog Ovalbumin
- Globulin Ovomucin
- Livetin Ovomucoid
- Lysozyme (used in Europe) Simplesse®
- Surimi

Terms that indicate the presence of PEANUT protein:

- Beer nuts Nu-Nuts®
- Cold pressed, expelled, or extruded Nut pieces
- peanut oil Peanuts
- Ground nuts Peanut butter
- Mixed nuts Peanut flour
- Monkey nuts

Terms that may indicate the presence of PEANUT protein:

- African, Chinese, Indonesian, Hydrolyzed vegetable protein
- Thai and Vietnamese dishes baked goods
- Marzipan Candy
- Natural and artificial flavoring Chocolate (candies, candy bars)
- Egg rolls Nougat
- Hydrolyzed plant protein Sunflower seeds

Terms that indicate the presence of SOYBEAN protein:

- Edam me Soy sauce
- Hydrolyzed soy protein Soybean (granules, curds)
- Miso Tamari
- Shoyu Sauce Tempeh
- Soy (albumin, flour, grits, milk, nuts, sprouts) Textured vegetable protein (TVP)
- Soy Protein (concentrate, isolate) Tofu
Terms that may indicate the presence of **SOYBEAN** protein:

- Hydrolyzed protein Vegetable gum
- Natural and artificial flavoring Vegetable starch
- Vegetable broth

Terms that indicate the presence of **WHEAT** protein:

- Bran Gluten
- Bread crumbs Seitan
- Bulgur Semolina
- Cereal extract Spelt
- Couscous Vital gluten
- Cracker meal Wheat
- (bran, germ, gluten, malt, starch)
- Durum, durum flour Whole wheat berries
- Farina Whole wheat flour
- Flour (all purpose, enriched graham, high gluten, high protein, pastry, soft wheat)

Terms that may indicate the presence of **WHEAT** protein:

- Gelatinized starch Modified starch
- Soy sauce Natural and artificial flavoring
- Starch Vegetable gum
- Hydrolyzed vegetable protein Vegetable starch
- Modified food starch

Terms that indicate the presence of **SHELLFISH** protein:

- Abalone Mussels
- Clams (cherrystone, littleneck, pismo, quahog) Octopus
- Oysters Cockle (periwinkle, sea urchin)
- Prawns Crab
- Scallops Crawfish (crayfish, ecrevisse)
- Shrimp (crevette) Mollusks
- Snails (escargot) Lobster (Langouste, langousine)
- Squid (escargot) scampo, Coral, tomalley)

Terms that may indicate the presence of **SHELLFISH**:

- Bouillabaisse
- Fish stock
- Natural and artificial flavoring
- Seafood flavoring (such as crab or clam extract)
- Surimi
Terms that indicate the presence of CORN protein:

- Baking powder
- Corn syrup solids
- Corn
- Cornmeal
- Corn alcohol
- Grits
- Corn flour
- Hominy
- Cornstarch
- Maize
- Corn sweetener

Terms that may indicate the presence of CORN protein:

- Food starch
- Modified food starch
- Vegetable gum
- Vegetable starch
Appendix B – Forms

Insert either the full forms or a link to:
- Individual Healthcare Plan (IHP)
- Allergy Action Plan (AAP)

Appendix C – Sample Letter

Dear Parents/Guardians,

Occasionally a health concern arises at school that requires the support of parents and classmates to help make the classroom a safe and healthy place for all students. This letter is to inform you that a student in your child’s classroom has a severe life-threatening allergy to (ex: peanuts, tree nuts, milk, eggs, shellfish, etc). Accidental ingestion, contact, or inhaling the specific allergen can cause a potentially life-threatening situation for this student.

While we will educate your child about these severe allergies at school, we ask that you partner with us and continue the discussion and education at home. Please remind your child not to share any food, eating utensils, drinks or food containers with other students. Hand washing is vital to ensure the safety of our students with allergies. We also ask that you are mindful of these allergies when bringing food into the classroom.

We greatly appreciate your support of these procedures and thank you for your understanding and assistance of this very serious concern that we all share. Our main goal is to ensure the health and safety for all students at Oak Hill School.

If you have any questions or concerns regarding students with food allergies or our food-allergy procedures, please feel free to call, 615-298-9545, or email, hockadayk@oakhillschool.org, at any time.

Sincerely,

Krista Hockaday, RN BSN
Oak Hill School Nurse

Jennifer Hinote
Head of School
Appendix D – Resources

Resources

Sicherer, Mahr, & the Section on Allergy and Immunology, 2010

Boyce, Assa’ad, Burks, & the Journal of Allergy and Clinical Immunology

US Department of Health and Human Services: Food Allergy: An Overview

The Food Allergy & Anaphylaxis Network. Food Allergy News
http://www.foodallergy.org/

National Institute of Allergy and Infectious Diseases (NIAID)
www.niaid.nih.gov/

American College of Allergy, Asthma, and Immunology:
http://www.acaai.org/allergist/allergies/Types/latex-allergy/Pages/latex-allergies-safe-use.aspx#anchor407908

www.CDC.gov
http://health.state.tn.us/downloads/healthyschoolsguidelines.pdf