

Boerne ISD

Severe Food Allergy Management Plan

Updated 9/27/2018

BISD Severe Food Allergy Management Plan

An estimated eight percent (approximately two million) of children in the United States are affected by one or more food allergies. With a true food allergy, an individual's immune system overreacts to a food that is usually harmless. This response by the immune system can be life-threatening within a matter of minutes.

Food allergy is a serious and potentially life-threatening medical condition affecting up to 15 million Americans. One in every 13 children has a food allergy—that's about 2 in every U.S. classroom. And every 3 minutes, a food allergy reaction sends someone to the emergency room.

The most common food allergens are peanuts, tree nuts, fish and shellfish, milk, eggs, soy, and wheat. These ingredients are not always obvious on package products.

The Big-8



Milk



Eggs



Fish



Crustacean
Shellfish



Tree Nuts



Peanuts



Wheat



Soya

The goal for students with food allergies is complete avoidance of the offending agent but in spite of everyone's best efforts, accidental exposure sometimes occurs. Allergic reactions can result from ingesting or inhaling the allergen and from skin contact with the allergen. The onset of the reaction can occur rapidly or it may be delayed.

Proper planning and implementation can minimize and often eliminate the risk of an allergic student's exposure to a food allergen. The students' parents and the student, the school nurse, classroom teachers, campus administrators, cafeteria staff, custodians, and classmates can all contribute to minimizing the chances of an exposure and a potentially serious reaction.

Definitions of Food Allergy and Anaphylaxis

A food allergy is a potentially serious immune-mediated response that develops after ingesting or coming into contact with specific foods or food additives. A life-threatening allergic reaction to food usually takes place within a few minutes to several hours after exposure to the allergen. Eight foods account for over 90 percent of allergic reactions in affected individuals: milk, eggs, peanuts, tree nuts, fish, shellfish, soy and wheat (Sampson, 2004 & Sicherer, 2002).

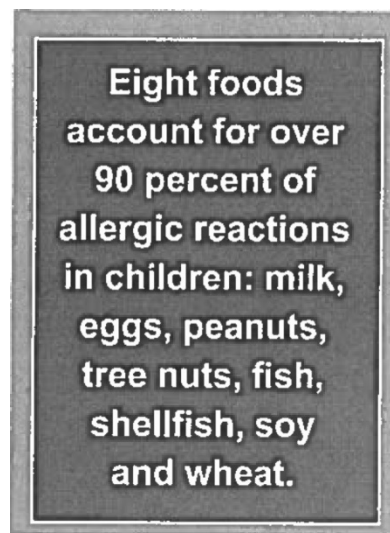
Although most allergic reactions are attributed to these eight foods, any food has the potential of causing a reaction. In addition, school settings may contain non-food items such as arts and crafts materials that contain trace amounts of food allergens. Many products used in the school setting may contain food proteins. Cross contamination can occur when an allergen is transferred from one item (utensils, pots, pans, countertops, surfaces, etc.) to another. When preparing, handling and serving food, it is critical to that food preparation and serving utensils are not exposed to allergens for the safety of children with food allergies.

Allergic reactions can occur with trace exposure to food allergens. There is no cure for food allergy. Strict avoidance of allergens and early recognition and management of allergic reactions are important to the safety of children with food allergies at risk for anaphylaxis.

Anaphylaxis is defined as a serious allergic reaction that is rapid in onset and may cause death" (Simons, 2008). Anaphylaxis includes a wide range of symptoms that can occur in many combinations and is highly unpredictable. It is estimated that four out of every 50 children have a food allergy (Gupta, R, 2011) and children with food allergies are more likely to experience other allergies. Children with the diagnosis of asthma may be more likely to experience an anaphylactic reaction to foods and be at higher risk of death. In case studies of fatalities from food allergy among pre-school and school-aged children in the United States, nine of 32 fatalities occurred in school and were associated primarily with significant delays in administering epinephrine, the only life-saving treatment for anaphylaxis (Sicherer S. & Mahr, T. 2010).

Epinephrine is available through a physician's prescription in an auto-injectable device. The severity of one reaction does not predict the severity of subsequent reactions and any exposure to an allergen should be treated based on the child's Food Allergy Action Plan (FAAP)/Emergency Action Plan (EAP) and Individualized Healthcare Plan (IHP).

Food allergy can have a wide-ranging, negative effect on children and their families, affecting not only life at home, but also school, work, vacation, and entertainment. Virtually no life activity remains unaffected by the presence of a potentially fatal allergy (Greenhawt, M., 2011). Currently, management of food allergies consists of educating children, parents and care providers, including school personnel, about strict avoidance of the food allergen, recognizing the signs and symptoms of an allergic reaction, and initiating emergency treatment in case of an unintended ingestion or exposure. In order to address the complexities of food allergy management in schools, it is important that students, parents/ caregivers, and school personnel work cooperatively to create a safe and supportive learning environment (National School Boards Association, 2011).



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IDENTIFICATION OF STUDENTS WITH FOOD ALLERGIES AT-RISK FOR ANAPHYLAXIS

- Each student with a reported severe food allergy is required to have an Emergency Health Care Plan (EHCP) completed by his/her physician and parents annually. For students considered as having a severe food allergy, parents should provide documentation from the student's physician as soon as possible upon knowledge of the severe food allergy. Physician documentation should be delivered to the school nurse before the first day of the school and must be updated annually. The student's EHCP and emergency medications will remain in the nurse's office. However, if the student has a physician note declaring the student is competent in self-treatment, he/she may carry emergency meds in his/her backpack or purse.
- Students documented as having anaphylaxis responses to foods will have an Individualized Health Plan, Individualized Educational Plan, or 504 Plan.
- The school nurse will coordinate with the parents/guardians of the student to review the allergy and medical history (number of reactions, symptoms, treatments, hospitalizations), physician documentation/medical action plans, and the EHCP annually.
- Parents may request a meeting prior to the first day of school to develop an Individualized Health Plan and Emergency Health Care Plan.

TRAINING – What to look for and how to respond

A) All BISD employees will receive Anaphylaxis Awareness Training annually in recognizing signs and symptoms of severe allergic reactions and emergency responses (including the use of EpiPen) prior to the first day of classes.

B) The student's Emergency Health Care Plan and emergency medications will remain in the nurse's office. However, if the student has a physician note declaring the student is competent in self-treatment, he/she may carry emergency meds in his/her backpack or purse.

C) If a student is suspected to be having an allergic reaction, the student should be immediately escorted, by a faculty member to the school nurse or school nurse should be notified immediately to come to the student. Epinephrine medication should be administered promptly, if criteria are met, according to the child's physician documented EHCP. In the event the student self-administers an emergency medication (oral or injection) or a trained adult administers the same, the school nurse or campus administrator will be notified immediately. EMS (911) and the student's parents/guardians will be contacted immediately.

D) In the event that EMS arrives to transport the student before the parents/guardians arrive, a school representative will accompany the student to the hospital and will remain with them until the parent/guardian arrives.

E) Stock EpiPens are located near the clinic in an unlocked box easily accessible to anyone.

F) Teachers should keep all current information re: students with severe food allergies in their sub folders.

G) Student awareness training will be offered by the school to include but not limited to no sharing or trading of food, beverages, or utensils and the importance of hand washing before and after snacks and meals, etc.

NOTIFICATION

- The school nurse will prepare a Severe Allergy Alert list for campus administrators, appropriate faculty and instructional aides, cafeteria manager, head custodian, the Director of Food Services and the Head of Transportation for BISD. It will include the child's name and brief instructions for initial management of an exposure. The classroom teacher will keep this in the substitute teacher folder.

PREVENTION in the CLASSROOMS

Classrooms deemed to be Allergen Awareness Classrooms (PK-12th grades):

1. Classrooms with students who have a documented life-threatening food allergy may be declared an "Allergen Awareness Zone" by a parent/guardian, nurse, teacher or administrator. i.e., a classroom being designated "A Nut Awareness Zone".
2. Avoid the use of identified allergens in class projects, parties, holidays and celebrations, arts, crafts, science experiments, cooking, snacks, or rewards in an Allergen Awareness Zone.
3. Staff and students in Allergen Awareness Zones/classrooms should be encouraged to wash their hands with soap and water prior to returning to classrooms after lunch and recess.
4. No tree nut or peanut containing foods or drinks allowed inside the classroom deemed a "Nut Awareness Zone".
5. Consider designated allergy friendly seating arrangements for snack time in the classroom.
6. If a child brings a food containing nuts or peanuts into a "Nut Awareness Zone", accommodations will be made for that child to eat his/her peanut/nut snack *outside* of the "Nut Awareness Zone" to prevent any contact with the allergen by the student with the life-threatening allergy. Prior to returning to the classroom, the student must wash his/her hands with soap and water.
7. Consider using nonfood incentives for prizes, gifts and awards.
8. Encourage students to wash their hands before and after handling food.
9. Include information about children with special concerns in instructions to substitute teachers.
10. On "Meet the Teacher" night/Fall Open House, parents will receive a letter or handout to notify them that their child is in a classroom identified an "Allergen Awareness Zone". This handout will encourage parents to send snacks that do not contain the identified allergen(s) for that classroom. Teachers are encouraged to remind parents of the severe food allergy in the classroom and request that parents do not include the identified allergen in foods used for birthday celebrations, parties, etc.
11. Post a visible sign outside of the door to the classroom alerting parents/guardians that their child's classroom is an "Allergy Awareness Zone". A sign will be posted by meet the teacher night and remain in place throughout the school year.
12. The homeroom teacher will notify and follow-up with parents with reminders about the food allergy. Suggested opportunities for follow-up include parent orientation, reminder emails, as needed throughout the school year, before field trips, or any time lunch is eaten inside or outside the classroom.

13. All foods brought to campus for special occasions such as birthday parties, holiday parties, any special occasion MUST have an FDA approved label with ingredients and allergens legibly listed.

The Food Allergen Labeling and Consumer Protection Act of 2004 (FALCPA) has improved food labeling information for the millions of consumers who suffer from food allergies. FALCPA requires that the label of a food that contains an ingredient that is or contains protein from a "major food allergen" declare the presence of the allergen. This Act will be especially helpful to us who must learn to recognize certain allergens in foods.

FALCPA identifies eight foods or food groups as the major food allergens. They are milk, eggs, fish (e.g., bass, flounder, cod), Crustacean shellfish (e.g., crab, lobster, shrimp), tree nuts (e.g., almonds, walnuts, pecans), peanuts, wheat, and soybeans.

At present, there is no cure for food allergies.

For more on Food Labeling see the Texas Dept. of State Health Services information on regulatory food services, Cottage Food production Services at:

<https://www.dshs.texas.gov/>

<https://www.dshs.texas.gov/foodestablishments/cottagefood/default.aspx>

Prevention in the Lunch Room

Allergen Awareness Table Accommodations

- Each elementary campus will provide an Allergen Awareness Table for students with food allergies. Campuses will allow the parents/guardians of a child with a life-threatening food allergy the option to have their child sit at the regular lunch table or to have accommodations at a designated Allergen Awareness Table. Secondary campuses may provide an Allergen Awareness Table.
- Specific lunchroom seating arrangements may be outlined in students' IEP/504 Plans. For example: A student with a severe milk allergy will have different needs for seating arrangements than a student with a peanut allergy.

Allergen Awareness Tables

- A sign will be visibly placed designating the specific allergen and remain in place throughout the school year.
- This table will be an Allergen Awareness Table (designating the specific allergen) during *all* school lunch periods throughout each day, i.e., "Nut Awareness Table."
- The Allergen Awareness Table will be cleaned with commercial cleaner and a disposable cloth between each lunch period each day. Formula 409 spray cleanser, Lysol sanitizing wipes have been found to remove peanut allergen.
- *Elementary Campuses. These campuses do not sell nut/peanut containing foods in the cafeteria.* Only students who have purchased a lunch from the cafeteria will be permitted to accompany another student at the "Allergen Awareness Table". No lunches brought from home, other than from children who have a documented nut/peanut allergy, will be allowed at this table.
- The "Allergen Awareness Tables" will be monitored by a staff or faculty member who has been trained in recognizing the symptoms and treatment of anaphylaxis during *all* lunch periods every day. This designated person(s) will have immediate access to communication with the school nurse or administrator in the event of a severe allergic reaction.

Prevention on BISD Transportation

- BISD Bus drivers and substitute bus drivers will be trained on symptoms and treatment of anaphylaxis, including EpiPen administration, prior to the first day of school.
- School nurses will provide all bus drivers (including substitutes) and the Transportation Operations Manager a list of students with severe food allergies. This list will identify those students who carry an EpiPen or emergency medications on their person and a copy of their Emergency Action Plan. This list will have a photo of the student and their emergency contact information.
- A bus driver may be invited to meet with the child, parents, and teachers prior to school starting to familiarize and build a relationship with the child with the allergy.
- A child with a severe food allergy will be placed in the seat nearest to the bus driver upon parent request.
- No open food or drinks permitted on the school buses during daily routes to and from school, except for bottled water. Food must be in a closed container and must remain in the backpack or lunch box while on the bus. No food may be consumed on the bus on routine routes before and after school.
- Bus drivers will have access to communicate via a walkie-talkie system or cell phone at all times when transporting children with documented life-threatening allergies.

Prevention on Campus

- *Equipment.* In accordance with a student's IEP/504 plan, cleaner and disposable cloths will be made available to wipe down equipment outside the Allergen Awareness Zone prior to use by a child with a food allergy, i.e., computer keyboard in the computer lab, musical instruments in music class, play equipment in PE, etc.
- *Playground.* Food will not be allowed on the playground equipment on elementary campuses, unless within a closed lunch container.

Treatment of a Student with Symptoms of an Allergic Response

- The student's Emergency Health Care Plan and emergency medications will be kept in the campus nurse's office. However, if the student has a physician note declaring the student is competent in self-treatment, he/she may carry emergency meds in his/her backpack or purse.
- Emergency medications should be in the student's physical presence at all times if included on the completed EHCP by the physician. If available, a student's second Epinephrine medication pack will be stored in the nurse's clinic.
- The school nurse, administrator, and/or the appropriate team will be immediately notified if symptoms of a food allergy reaction or anaphylaxis is suspected.
- Epinephrine medication should be administered promptly if criteria are met according to the child's physician documented Emergency Health Care Plan.
- Any student who is suspected of having an allergic reaction, should be immediately escorted to the nurse's clinic by a faculty member or if necessary, the nurse will be immediately notified to come to the student's location.
- Immediately after Epinephrine is administered, EMS (911) should be notified, followed by the parents/guardians of the student.
- In the event that EMS arrives to transport the student before the parents/guardians arrive, a school administrator will accompany the student to the hospital and will remain with them until the parent/guardian arrives.

Field Trips/Extra-Curricular Events

- Food is permitted on the school bus during field trips or extra-curricular events.
- There may be a designated "allergy free zone" in the seat behind the driver, at parent or student request, for after school trips/extra-curricular events, where students may need to eat on the bus.
- Parents/Guardians of students with documented severe food allergies may be encouraged to attend field trips.
- If a parent attends the field trip, the EpiPen and Emergency Health Care Plan will be given to the parent upon request. The parent/guardian may accompany the student during the field trip.
- If a parent/guardian is unable to attend the field trip, all students who have a documented severe life-threatening food allergy may be placed in direct supervision of a staff or faculty member trained in recognizing the symptoms and treatment of anaphylaxis for the entirety of the field trip. The supervising staff or faculty member will have the child's Emergency Health Care Plan and EpiPen or other prescribed emergency medications in their possession for the entirety of the field trip for all students who do not have an order to self-carry from their physician.
- If the student has an order from his/her physician to self-carry his/her EpiPen and emergency meds, this student does not need to be in direct supervision of a staff or faculty member trained in recognizing the symptoms and treatment of anaphylaxis for the entirety of the field trip unless the parent or student requests it.
- If the student has a physician note declaring the student is competent in self-treatment, he/she may carry emergency meds in his/her backpack or purse.
- The supervising staff or faculty member should follow the Emergency Health Care Plan for the affected student during school-sponsored activities (including calling EMS if needed), regardless of the location of the student.

Bullying Related to Food Allergies

- Boerne Independent School District prohibits discrimination, including harassment, against any student on the basis of race, color, religion, sex, gender, national origin, disability, age, or any other basis prohibited by law.
- Any student, parent/guardian, or district employee may report bullying in person to any administrator or counselor, or report anonymously using the BISD online reporting tool.
- Any district employee who receives a completed report form or any other written or verbal report will immediately refer the complaint to the school principal or Title IX coordinator of the report, who will designate the person to investigate and resolve the report pursuant to the district's policies and federal and state laws.
- Students should self-advocate for themselves if they believe they are in danger from an allergen (i.e., not participating in a science experiment containing nuts), and should be offered alternate activities, consistent with the student's IEP/504 plan.