GUIDELINES FOR MANAGING LIFE-THREATENING FOOD ALLERGIES IN SCHOOLS
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INTRODUCTION AND HISTORY

Food allergies are a growing concern in the United States and they create a challenge for our schools. Approximately 8 percent of school-aged children have a significant food allergy and may be at risk for anaphylaxis, a potentially life-threatening allergic reaction. Currently, there are no medications that cure food allergy. Therefore, strict avoidance of the food allergen is the only way to prevent allergic reactions. Deaths have occurred in schools because of delays in recognizing symptoms and not responding promptly or effectively. Plans that focus on food allergy education, awareness, avoidance and immediate treatment of allergic reactions are critical to saving lives.

Spokane Public Schools tragically lost Nathan Walters, a 3rd grade student at Logan Elementary, on May 18th, 2001, after he ate a peanut butter cookie while on a field trip. These guidelines and list of responsibilities is the product of the Food Allergy Task Force that was established to review the district’s allergy procedures. Rick Walters, Nathan’s father, had a vision to maximize the safety and learning opportunities in schools for all students with life-threatening allergies.

ALLERGY OVERVIEW

Food allergy is an exaggerated response by the immune system to a food that the body mistakenly identifies as being harmful. Once the immune system decides that a particular food is harmful, it produces specific antibodies to that particular food. The next time the individual eats that food, the immune system releases moderate to massive amounts of chemicals, including histamine, to protect the body. These chemicals trigger a cascade of allergic symptoms that can affect the respiratory system, gastrointestinal tract, skin, and cardiovascular system.

In some people symptoms appear in only one body system, while in others symptoms appear in several systems. These symptoms can range from mild to severe and may be life-threatening depending on the individual and type of exposure.

Scientists estimate that approximately 15 million Americans suffer from potentially life-threatening food allergies. Of these 15 million, 5.9 million are under the age of 18. At the present time, there is no cure for food allergy and avoidance is the only way to prevent an allergic reaction.

An individual can have a life-threatening allergic reaction to any food, including fruits, vegetables, and meats. However, over 90 percent of allergic reactions are caused by the following eight foods: Peanut; Tree nuts; Milk; Egg; Fish; Shellfish; Soy; Wheat

_Although eight foods are responsible for the most reactions, it is important to remember that ANY food can cause a serious allergic reaction._

Most, but not all, childhood allergies to milk, egg, soy and wheat, are outgrown by age 5. Peanut and tree nuts typically cause the most severe allergic reactions, and approximately 90 percent of fatal and near-fatal reactions are due to these foods. Allergies to peanut, tree nuts, fish and shellfish are often considered to be life-long.

Ingestion of the food allergen is the principle route of exposure that leads to allergic reactions. For sensitized individuals, ingestion of even very minute amounts of foods can, in certain instances, result in fatal reactions without rapid intervention. While, it is also possible for a student to have an allergic reaction to tactile (touch) exposure or inhalation exposure, research has shown that they are extremely unlikely to result in severe or life-threatening reactions. Nevertheless, if children with life-threatening food allergies touch the allergens and then put their fingers to their eyes, nose, or mouth, the exposure may cause anaphylaxis. The quantity of food necessary to trigger an allergic reaction may depend upon multiple variables. Each individual’s level of sensitivity may fluctuate over time.

A food allergy fact sheet is available at: http://www.foodallergy.org/facts-and-stats
KEY MANAGEMENT CONCEPTS

Awareness, Prevention, and Emergency Response:
The focus of this management plan is Awareness (education), Prevention, and Emergency Response. By working together, parents/guardians, students, medical professionals, school district team members, and community partners can create a safe and nurturing environment for all of our students, including those with life-threatening allergies.

Awareness (Education) means that students, staff, and the community become more aware of the effect of life-threatening allergies and develop a better understanding of its impact and implication to students and families who have to live with this condition. It also means that key school team members know who in their school community has a life-threatening allergy. Education is the key to awareness.

Prevention addresses the need to limit or avoid possible exposure of students with life-threatening allergies to their allergen. The school district has reviewed and will continue to update key procedures and forms that help protect students. One of the key ways to help prevent allergy problems in school is for the parent/guardian to ensure that all the necessary health information and forms are updated each year. A law is now in place (RCW 28A.210.320) that requires each family to provide the school a completed Severe Allergic Reaction Plan and Medication Order along with required medication before their student with a life-threatening allergy can attend school. Another key to prevention is for the family to provide meals and snack items from home. Local allergists recommend that foods be provided from home because they offer the safest option for students with life-threatening allergies.

Emergency Response (being prepared and ready) is so important. Unfortunately, total avoidance is simply not possible because many of the offending substances are so widespread or hidden in our daily environment. Each student with a life-threatening allergy will have a Severe Allergic Reaction Plan in place. Immediate medical treatment is critical to saving a life. Call 9-1-1, and follow the plan.

Epinephrine Best Practice: Spokane Public Schools follows best practice procedures and always administers epinephrine first. This means that if there is a suspected exposure to a life-threatening allergen and epinephrine has been ordered for a student then it will be administered. In the event the student’s physician has ordered an antihistamine, it will be given after the epinephrine and is only given as a second line of treatment for students with known allergies.

Remember
- You are never alone. It takes a team to ensure the best for our students. Help is a phone call away.
- Food bans do not work because they create a false sense of security. Today, processed foods contain trace amounts of food items that are not always identified on the food label. That is why we do not use the term peanut or allergen free. The best plan is to educate our school community about the issues that face students with life-threatening allergies and be fully prepared in an emergency.
- Special events/Non-routine days. The greatest risk for a life-threatening allergic reaction exists when the normal routine is broken. Examples are classroom parties, field trips, a substitute teacher, and after school events. Be Prepared. Always have the Severe Allergic Reaction Plan available and think ahead to prevent possible exposures to a food allergen.
- Symptoms vary greatly. Administer emergency medication(s), Call 9-1-1 and follow the Severe Allergic Reaction Plan 9-1-1 when anaphylactic symptoms occur or if ingestion is suspected. Do not be afraid or hesitate to call 9-1-1, they are the experts and are there to help.
PROCEDURAL GUIDELINES

Key Points

Be safe, not sorry! Take all complaints from children with food allergies very seriously. It is important to respect the needs and rights of each student.

- A student with a life-threatening food allergy should NEVER eat a food item that has not been approved by their parent or guardian.
- Be prepared! Know your plan!
- Call 9-1-1. In the event a student has an allergic reaction at school, administer emergency medication (i.e. epinephrine) call 9-1-1 and follow the Severe Allergic Reaction Plan. Key staff members should be trained to use emergency medications and know the location of those medications at school and on any special function. When epinephrine is used, the student should be taken to the hospital for evaluation even if the allergic reaction symptoms subside. The school principal and school nurse should be notified as soon as feasible. 9-1-1 must be called for all suspected food allergy reactions. No one can predict how a reaction will progress. A mild reaction can become a full blown anaphylactic reaction very quickly or over several hours. A reaction may appear to have subsided or to be under control; however a more severe reaction may appear hours later. Therefore all students who have received epinephrine or are evaluated by paramedics will not be permitted to stay at school.
- Cross contamination. It only takes a trace amount of the food protein to cause an allergic reaction. To prevent exposure to an allergen, hand washing and washing of surfaces (tables, chairs, mixing bowls, etc.) where an allergen has been used is necessary. Soap and warm water are most effective for cleaning surfaces.

AWARENESS (Education)

Communication Process

Communication is ongoing and needs to be specifically focused on each of the key audiences that are within and outside of the school district. Contact the Nursing Services Coordinator (354-7298) or the Nutrition Services Director (354-7270) if you have any comments, concerns, or questions.

Training and Education

Training material and resources are available through Nursing Services and Nutrition Services. Contact Nutrition Services (354-7270) to check out any of the following materials.

- “Alexander, The Elephant Who Couldn’t Eat Peanuts” a video for primary students.
- “It Only Takes One Bite” video
- “Food Allergies: Fact or Fiction” Video
- “Friends Helping Friends” a video for middle and high school students.
- The School Food Allergy Program Binder, from the Food Allergy and Anaphylaxis Network.
- Epinephrine practice pens (EpiPen or Auvi-Q).
- Protect-A-Life Materials (PAL) program: An easy program focused on the elementary level that encourages students to help keep their friends safe at school. www.foodallergy.org/document.doc?id=118
- Look at Food Allergy and Anaphylaxis (FAAN) web site for more resources at www.foodallergy.org

Staff training:

- On-line or group training: “Health Emergencies: Life-Threatening Allergies” through Human Resources
- Staff education required annually

FAAN: The Food Allergy and Anaphylaxis Network have excellent resources and can be contacted at 800-929-4040, and the Web address is: www.foodallergy.org
Hand Washing
Effective hand washing with soap and warm water is one of the simplest and most effective ways to prevent unnecessary allergen exposure to students. Regular hand washing after activities, prior to lunch, after lunch, and after recess time create a safer environment for all students. A mild cleansing wipe such as a “baby wipe” can be considered when running water is not available or accessible. Hand sanitizers should not be used as they do not break down the protein found in the allergen source.

PREVENTION

Enrollment
Washington State law (RCW 28A.210 section 1) requires that all students with life-threatening health conditions have the needed medical orders, medications, equipment, and a Severe Allergic Reaction Plan in place before the student may attend school.

1. Enrollment health form (1F-15 Part B): If a food allergy is noted, processing of the enrollment stops and the parent/guardian is provided with a parent packet for life-threatening allergies.
2. Parent/guardian provides school with required medical forms, medications, and information:
   • Severe Allergic Reaction Plan & Medication Orders must be completed by a licensed health provider and signed by the parent/guardian.
   • Required forms must be received and reviewed by the school nurse before a student can attend school.
3. Once correct forms are filled out, evaluated by the school nurse, and medication is available at school, student may attend school

Before and After School Activities
Parents/Guardians are responsible for making sure that supervising staff are aware of their student’s medical concerns during before and after school activities and programs. The school nurse may be contacted to assist with additional accommodations and training that may be needed. Supervisors of such programs may request a health query list of student health concerns from the school office.

Classroom Management
- Provide “Protect-A-Life” (PAL) education with parent/guardian involvement.
- Be familiar with school emergency procedures. Know how to recognize the symptoms of an allergic reaction and what to do if a reaction occurs.
- Avoid food reinforcements whenever possible.
- Provide storage for safe snacks, provided by parents/guardians of the allergic student.
- Notify classroom parents/guardians that a student in the classroom has a severe food allergy (K-6).
- No sharing of food is allowed.
- Be sure to notify substitute teachers and aides about students’ food allergies.
- Ensure science kits and classroom activities are safe for students with allergies.
- Check the ingredients labels on pet food if your classroom has a pet.
- FIELD TRIPS: Ensure field trip checklist form is used and Severe Allergic Reaction Plan is with staff on the field trip along with emergency medication and a cell phone.

Lunchroom
The lunchroom can be a very intimidating place for both students with life-threatening allergies and their family. Adults who are aware of students with allergies and their Severe Allergic Reaction Plan help to create a safer lunchroom environment. Follow the PAL program and the WebSMARTT operator responsibilities.

PAL Table Program
Recommended elementary lunchroom procedure for students with life-threatening allergies:

1. Provide one end of the classroom's table(s) as a PAL area, preferably the end with the least amount of traffic and/or closest to an adult in the cafeteria.
2. Table and benches washed with warm soapy water by an adult prior to students with allergies attending lunch. Ensure the soapy water is only used for wiping the PAL table.
3. Placemats may be used at the PAL area.
4. Classroom teacher helps identify PAL before class goes to lunch.
5. Adult in lunchroom monitors PAL and students with allergies to observe for and remove any obvious allergen containing food items.
6. Hand washing with warm soapy water before and after lunch (good hygiene practices for everyone).
7. Students trained and reminded that there is no sharing of food.
8. PAL volunteer letter for parents is available through the school.

**Playground**

Attendants need to be aware of signs and symptoms of severe allergic reactions and the prompt emergency action that is necessary. No food should be allowed on the playground equipment.

**Healthy Learning Environment / Prevention of Social Isolation and Bullying**

Children with food allergies need an environment where they feel secure and can interact with caring people they trust. Bullying, teasing, and harassment can lead to psychological distress for children with food allergies which could lead to a more severe reaction when the allergen is present. A positive psychosocial climate—coupled with food allergy education and awareness for all children, families, and staff members—can help remove feelings of anxiety and alienation among children with food allergies.

Staff members should promote and reinforce expectations for a positive and supportive climate by making sure the needs of children with food allergies are addressed. For example, they can avoid using language and activities that isolate children with food allergies and encourage everyone’s help in keeping the classroom safe from food allergens. Children can help develop classroom rules, rewards, and activities.

All children and staff members share responsibility for preventing bullying and social isolation of children with food allergies. Among adolescents, food allergy education and awareness can be an effective strategy to improve social interactions, reduce peer pressure, and decrease risk-taking behaviors that expose them to food allergens.

**EMERGENCY RESPONSE**

**Severe Allergic Reaction Plan Management**

The *Severe Allergic Reaction Plan* is processed and evaluated by the school nurse. The nurse will provide information on the students with allergies to the principal and office manager. The nurse will notify staff to view the plans on their schools x-drive. Key staff members must include, but are not limited to:

- Office manager: This copy must be kept in the *Severe Allergic Reaction Plan* office note book. Teacher and sub file: Measures are needed to provide an alert for substitutes (health queries, sub-finder messages, postings at check-in sites, etc.).
- Kitchen manager: NOTE: The nurse will provide a printed copy of the *Severe Allergic Reaction Plan* to the kitchen manager. All *Severe Allergic Reaction Plans* will be posted on or by the “hot box” in the kitchen for every student with a food allergy.
- Other building team members could include: specialists, recess supervisor, lunchroom supervisor, etc.
- The *Severe Allergic Reaction Plan* is considered confidential and will be shared with school staff members who have a need to know about the student’s health condition. Parent volunteers will not be informed and are not permitted to give any medication.

**Medication Management**

Medication management in schools must comply with state and federal requirements and must be provided by the parents/guardians. Contact Nursing Services with questions at 354-7298.
Field Trip Checklist
This tool is provided by Nursing and Safety Services and should be completed prior to a field trip to assist supervising staff in preparing for emergencies that may occur. Contact the parent/guardian and school nurse regarding safety concerns. Extra emergency medication may be needed on field trips.

Emergency Drills
It is encouraged to have one practice drill scheduled yearly that addresses a medical emergency for a student with a life-threatening health condition. This could be covered as a staff table discussion that addresses topics such as the location of medications, the location of the health care binder, and the priority to call 9-1-1, etc. All staff will have access to epinephrine trainers at every school.

Monitoring District Plans
Annually the Nutrition Services Director and the Health Services Coordinator will meet to review allergy materials and make recommendations for improving the district’s allergy management systems.

ROLES AND RESPONSIBILITIES

Trust, Relationship, and Understanding
It is important to remember that families who are dealing with life-threatening allergy issues want to be heard and understood. By taking the time to listen to the unique individual concerns and addressing each of those concerns a level of trust can be built that will greatly enhance the safety and educational experience for the student. The collaborative team approach, referred to as the 504 Team, creates the best results for everyone involved.

The 504 Team is made up of the parents/guardians and the key building team members that can help create the safest learning environment for the student. The team could include the parent/guardian, student, principal, school nurse, classroom teacher, lunchroom aide, nutrition services kitchen manager, and an office team member. Each team member has specific responsibilities for creating this safe learning environment.

Family’s Responsibility
- Notify the school of the student's allergies.
- Work with the school team to develop a plan that accommodates the student's needs throughout the school, including in the classroom, the cafeteria, before and after school programs, or during school-sponsored activities.
- Provide written medical documentation, instructions, medications, and medical orders as requested by the school nurse, using the parent packet for life-threatening allergies as a guide.
- Provide a current, small photo of the student to be used on the Severe Allergic Reaction Plan (approx. 1½” x 2”).
- Replace medications after use or upon expiration. Student will not be permitted to be on school grounds if medications are not in place after use.
- Ensure all necessary enrollment verification forms are filled out accurately and updated annually.
- Educate the student in the self-management of their food allergy including:
  - Safe and unsafe foods
  - Strategies for avoiding exposure to unsafe foods
  - Symptoms of allergic reactions
  - How and when to tell an adult they may be having an allergy related problem
  - How to read food labels (age appropriate)
- Review policies/procedures and Severe Allergic Reaction Plan with the school staff, the student's physician, and the student (if age appropriate) after a reaction has occurred.
- Ensure student information and necessary forms are provided if the student transfers schools at any time during the school year.
- Notify school office staff of any changes in emergency contact phone numbers.
- Notify school nurse of any changes needed on the Severe Allergic Reaction Plan.
- Notify school when moving; parent/guardian is responsible for the transfer of necessary information, paperwork, and medication so your student can safely attend school.
- Share food allergy information including a copy of the *Severe Allergic Reaction Plan* and medication(s) with all before and after school programs/activities. Notify the school nurse if additional staff training is needed.
- Provide safe snacks for classroom parties and other special events.
- Provide safe meals from home, if possible. This is the safest option for a student with life-threatening allergies.
- Work with kitchen staff and district nutrition services to ensure safe school meal options are selected if the student will eat at school.

**Student's Responsibility**
- Should not share or trade food or eating utensils with others.
- Should not eat anything with unknown ingredients or known to contain any allergen.
- Should wash their hands with warm, soapy water before and after eating or when a potential exposure has occurred.
- Should be proactive in the care and management of their food allergies and reactions based on their developmental level.
- Should notify an adult immediately if they eat something they believe may contain the food to which they are allergic.
- Should notify an adult if they are being picked on or threatened by other students as it relates to their food allergy.

**Principal’s Responsibility**
The building principal is the key 504 team coordinator that pulls together the building, district, and school community team members that can best serve the particular student and circumstance. Key responsibilities are:
- Meet with parents/guardians and **LISTEN** to their needs and concerns. They often have become an expert on their student’s specific allergy.
- Establish a 504 team. (Could include: Parent/Guardian, Principal, Teacher, Student, Nurse, Aide, Kitchen Manager, Nutrition Services supervisor)
- Help parent/guardian understand possible 504 accommodations.
- Address necessary accommodations before the first day of school, when possible.
- Inform parent/guardian when student may attend school.
- Develop school accommodation plan that complies with district procedures: lunchroom, classroom, lunch menu, special events, parties, field trips, and science kits.
- Ensure necessary paperwork is completed and/or updated prior to attendance each year: Enrollment forms, *Severe Allergic Reaction Plan*, etc.
- Ensure Training takes place annually and as needed: emergency medications (i.e. epinephrine), *Severe Allergic Reaction Plan*, 504 Accommodation Plan at school.
- Ensure medications are stored appropriately, are accessible, and staff knows where they are located.
- Ensure district procedures for special events are followed: Field trip plans, parties, and special events.
- Ensure *Severe Allergic Reaction Plans* are in designated areas and staff knows how to access on the x-drive.
- Ensure new staff and substitutes are alerted.

**Office Staff’s Responsibility**
- Review Enrollment form (1F-15 Part B) and identify students with life-threatening allergies.
- Hand out a “**Parent Packet for Life-Threatening Allergies**” to parents/guardians enrolling or reporting that their student has a serious allergy condition. Explain that **required forms must be returned and approved by the school nurse prior to the student attending school**. This is in compliance with the state law.
• Notify the principal, nurse, and teacher immediately that a student with a life-threatening allergy will be enrolling (e-mail or call).
• Receive and review all required forms (Severe Allergic Reaction Plan & Medication Orders, and any other information the parent/guardian provides).
• Intake of medication provided by parent/guardian in accordance with medication policy and procedure.
• Immediately inform nurse that the completed paper work and medication(s) are available.
• Ensure all emergency medication, stored in the office, is easily accessible during the school day and locked at the end of the school day. Notify staff of Severe Allergic Reaction Plan availability on x-drive.
• Prompt entry of health codes into PowerSchool.
• Remind substitutes who are checking in at the office, to be alert for and the location of Severe Allergic Reaction Plans and other important health related information.
• Remember that Diet Prescription forms are for food intolerances and should not be used for a life-threatening food allergy.
• Input food allergy information into the WebSMARTT program and make appropriate student lunch allergy cards.

Nurse’s Responsibility
The nurse is the key resource for medical direction and staff/student training. The nurse MUST be contacted as soon as a student is identified with an allergy. Key responsibilities are:
• Work with principal and parents/guardians to develop an individual health care plan/accommodations plan before the first day of school, if possible.
• Review and approve Severe Allergic Reaction Plan.
• Ensure all Severe Allergic Reaction Plans are on file in the office emergency notebook and easily accessible.
• Notify the WebSMARTT operator of the name and allergy of the student for the nutrition services database.
• Place Severe Allergic Reaction Plan on x-drive and notify office secretary of availability.
• Review Severe Allergic Reaction Plan with key staff and provide staff training resources for Safe Schools on-line training “Health Emergencies: Life-Threatening Allergies”.
• Review Severe Allergic Reaction Plan annually and update as needed. Communicate with parents/guardians and medical professionals as needed.
• Monitor emergency medication(s) expiration dates.
• Resource to school staff in accommodating student needs.
• Provide a copy of the Severe Allergic Reaction Plan to the kitchen manager.

Teacher’s Responsibility
The teacher has the greatest impact on the student and classroom environment. Making the school a place where the student can be accepted is very important. Key responsibilities are:
• Understand parent/guardian and student needs.
• Notify office staff when allergy related symptoms occur or ingestion is suspected.
• Administrations of emergency medication(s), call 9-1-1, follow Severe Allergic Reaction Plan; notify district nurse and parent/guardian.
• Know the Severe Allergic Reaction Plan and school/classroom accommodations. NOTE: All Severe Allergic Reaction Plans are located on the schools x-drive. Inform substitutes of the plan(s) and ensure all paper work is current and available. Substitutes do not have access to the x-drive.
• Help educate students about allergies and peer pressure. (Video available)
• Review/rethink lesson plans and field trips in regard to foods.
• Be prepared for special events (parties) and field trips. The greatest risk for a student to have an allergic reaction is when class activity is outside the normal routine.
• Only use approved forms for meal requests (Special Order Sack Lunches, Testing snacks, Outdoor Educational Camp), available through Nutrition Services.
• Emphasize hand washing with soap and water and surface washing before and after eating or handling food. Hand sanitizer does not break down the protein in most foods.
• Train all students not to share food or eating utensils.
• Review craft and science kits/projects in regards to specific food allergies.
• Practice the Severe Allergic Reaction Plan at least once as early in the school year as possible.
• Know the location of all emergency information and medications.
• Know how medications are accessed after normal school hours and on special trips
• Know how to contact emergency services at school or on a field trip.
  1. Do you dial “9” first?
  2. Know how to contact emergency services throughout the full course of your field trip.
  3. Are emergency services manned by volunteers?
  4. Is 9-1-1 available throughout the entire itinerary? If not, what is the number to dial for the local emergency response service?
  5. Be aware that your cell phone may not be operational in all areas.
  6. Know your alternatives.
• Ensure compliance with district field trip procedures and use a field trip checklist during the planning of a field trip.

Nutrition Services Responsibility
Nutrition Services has access to educational resources and staff that are trained in nutrition, labeling, and food production. Their role is to clearly communicate with the principal and parent/guardian what allergens exist on the school menus. Menu and allergy resources are available on the districts web site at www.spokaneschools.org/page/1801. Key responsibilities are:
• Know the ingredients of school food items.
• Annually review food labels.
• Label peanut and nut products that are produced by nutrition services
• Participate as a member of the 504 team as needed.
• Ensure all meal requests are on appropriate forms.
• Label all sack meals ordered for the students with life-threatening allergies with the student’s name and allergy.
• Prevent cross contamination of allergenic food products.
• Ensure all Severe Allergic Reaction Plans are posted on or near the hot box closest to the serving line.
• Make menu accommodations as needed. Communicate these changes with the principal and nutrition services supervisor.
• Compare Severe Allergic Reaction Plans posted in kitchen with Severe Allergic Reaction Plans available in school office and X drive.
• Provide appropriate food substitutions that comply with Severe Allergic Reaction Plan.

WebSMARTT Computer Operator’s Responsibility
• Review all Severe Allergic Reaction Plans for the school (plans in office note book or X drive).
• Elementary schools: Place a bright terra-green dot by the name of each student that has a life-threatening allergy and write the student’s allergy on the dot next to the student’s name.
• In WebSMARTT place the word “ALLERGY” for the students that have a life-threatening allergy.
• Inform WebSMARTT substitutes of the students with allergies in their school.
• Remind student to tell the adult on the serving line that they have a food allergy.
• At the elementary level provide students eating school meals with an allergy card, to be placed on their tray that identifies the student and their allergy. Ensure allergy card is collected for future use.
1. **Does the health care provider have to sign off on each and every accommodation detailed in a student’s Severe Allergic Reaction Plan and/or accommodation plan?**

The health care provider plays a significant role on the 504 team by providing accurate and current medical information, providing the emergency protocol, and signing the appropriate medication administration forms. The health care provider, however, is often unfamiliar with the day to day operations of the school and may not be in the position to recommend or sign-off on each and every accommodation especially since some accommodations are more educational in nature rather than medical.

2. **Does the school team have to include all recommendations from the health care provider?**

Medical/therapeutic recommendations should be accepted by the school team unless they are outside the acceptable standard of care. Suggestions and recommendations that affect the educational program and school operations from the health care provider should be welcomed and considered carefully; however they need to be decided on by the school team. Open communication between the family, the school staff, and health care provider is recommended to develop a plan that meets the individual student’s need and takes into consideration each school’s unique environment. However, consideration should be given to any suggestions and requests the provider has concerning the student.

3. **When a classroom is designated as a “Food Allergy Zone” area and a parent/guardian complains that his/her student likes peanut butter crackers for snack, how should I respond?**

All students have the right to learn in an environment that is safe. It is sometimes necessary to designate a classroom as “food allergy zone” (thus asking that food items containing the allergen not be brought into the classroom) to reduce the risk of accidental exposure for a particular student. Some students will react if they ingest the particular allergen and others will react in varying degrees by touching or inhaling it. Even a young student with an ingestion-only allergy might react if he/she touches the allergen and subsequently puts his fingers in his mouth, nose or eyes. Early elementary classrooms are busy places with many centers such as sand/water tables, puppet theaters, and toy kitchens where the risk of exposure is great. Although the food allergy zone designation may be difficult for another student, it does present an opportunity for you to teach all students about understanding and cooperation in meeting the needs of their peers.

The terminology, “peanut-free” may be misleading and provide a false sense of security. It is impossible to provide an absolute allergen free environment at all times in the school setting and therefore preferable to use terms such as “PALs” tables, “food allergy zone,” etc.

4. **Who can administer an epinephrine auto-injector in schools?**

In the state of Washington, non-oral medications such as injections generally must be administered by licensed medical practitioners. In the case of auto-injected adrenalin (i.e. EpiPen or Auvi-Q), used to treat a specific student with life-threatening allergies, trained, unlicensed staff may administer this medication for a suspected allergy emergency.

5. **What is Section 504?**

Section 504 is a federal law that ensures individuals with disabilities have the same access to education that individuals without disabilities have. For more information pertaining to Section 504 see the Parent and Teacher Guide: Getting to know Section 504 and Does your student need a 504 Accommodation Plan flowchart in the right side of the blue folder. Questions can also be referred to, to the school nurse or school counselor.

6. **What paperwork must be in place for a student to have medication in school?**

A completed Severe Allergic Reaction Plan & Medication Orders must be in place for a student with a life-threatening food allergy to be in school. The Severe Allergic Reaction Plan has a section that must be completed by the student’s licensed health provider (LHP) and a section that must be completed by the parent/guardian. Both sections must be signed and dated annually for the current school year.

7. **Can the school district tell students they cannot carry their epinephrine auto-injector during school or school related events?**

NO. RCW28A.210.370 allows students to self-carry and self-administer medication to treat a student’s asthma or anaphylaxis, if:

- Medication is prescribed by a licensed health provider (LHP) during school hours and has been instructed in the correct and responsible use of the medication.
• The student has demonstrated to the LHP/designee and a registered nurse at the school, the skill level necessary to use the medication and any device that is necessary to administer the medication as ordered.
• The student’s parent or guardian has completed and submitted to the school any written documentation required by the school district.
• Authorization must be renewed each school year.

8. What happens when a student goes on a field trip?
It is critical to include collaborative planning for field trips when accommodations are discussed with school team members to ensure that he or she will be able to fully participate. The accommodations can include provisions that require the teacher to notify parents/guardians and the school nurse in advance of upcoming field trips and for the teacher, parent/guardian and school nurse to collaborate in preparing for the trip (i.e. cell phone, Severe Allergic Reaction Plan, medication(s), etc.). Advance notice allows staff and parents/guardians time to investigate the destination, to identify safety risks, plan for meals and snacks, and ensure that the same or comparable safety provisions as in school are in place on the field trip. In addition the student’s group should be assigned to a district staff member who is trained in epinephrine auto-injector administration. The epinephrine auto-injector should remain with the staff member or student at all times including during transportation to and from the field trip destination. Parents/Guardians may want to volunteer to chaperone on trips that are more complicated in terms of safety issues, but should never be required to be a chaperone.

9. Is it appropriate to discuss accommodations in the student’s plan in front of other parents/guardians and students?
No. Schools should maintain the confidentiality of student information. Parents/guardians should be informed of the general food allergy management plan without any reference to a particular student. With permission from the parent/guardian of the student with life-threatening food allergies, it may be appropriate in specific situations to share certain aspects of a student’s plan, such as the need for allergy-alert classrooms, or alternatives to food celebrations in the classroom. However, it is important to protect the family and student with life-threatening food allergies from discrimination and harassment due to accommodations that may be made.

10. How should changes to accommodations be made?
The Severe Allergic Reaction Plan should be reviewed annually, and be modified or amended when changes in the student’s health status, medical management or development (e.g., self-care competencies) occur, when a student transitions from grade-to-grade and school-to-school, when team members identify an improved manner of addressing a safety issue and when accommodations are not working to promote safety. The team should meet to address any changes to the plan, and a new plan should be generated to reflect the changes needed. School staff and parents/guardians should maintain open lines of communication and any key team member should feel comfortable initiating a change.

11. If a student unexpectedly brings in a treat for the class, and it is unclear as to whether or not the treat contains allergens, should the treat be given to a student with an allergy?
DO NOT serve any food item to a student with a severe allergy that has not been approved or provided by the student’s parent/guardian. The teacher, other parents/guardians or school staff should not determine that food items are acceptable to be served to students with severe food allergies.

12. Is it appropriate to use classroom manipulatives that involve food allergens?
Using classroom manipulatives that contain allergens may prevent a particular student from safely and equally participating in a class activity. As a result, teachers should work with students and parents/guardians to ensure that all students can fully participate in the activity. This may require the teacher to utilize manipulatives free from any offending allergens. The extent of the student’s allergy, and his/her age and maturity level should be taken into consideration. District science kits include allergy alerts for a variety of allergens, for each unit.

13. How can a student safely participate in school meal programs (breakfast and lunch)?
Collaboration with nutrition services staff is essential to assist the student with life-threatening food allergies to participate in the school meal program. With documentation from the student’s health care provider, meal substitutions can be made to ensure that students are provided with food choices that avoid certain foods. It is important to remember that most allergists recommend that parents/guardians provide the food and snacks for
students with life-threatening allergies. Food from home is the safest option. See “PAL Program” under lunchroom management.

14. Should all children with life-threatening food allergies be in same classroom?

School districts should make their placement decisions primarily on the educational considerations for all students regardless of special health care needs. Families who are dealing with life-threatening allergy issues want their children to be included in as much of the normal school day experiences as possible, and they want them to be safe. Generally the regular classroom can be a safe place for students with life-threatening allergies.

RESOURCES

The Food Allergy and Anaphylaxis Network (FAAN). FAAN is a great resource for current research, informational newsletter, support groups, and information of food products. Their phone number is 800-929-4040, and the Web address is: www.foodallergy.org

Food Allergy and Anaphylaxis Network Resources: www.foodallergy.org/tools-and-resources/getting-started

Allergy, Asthma Information Association of Canada: (AAIA) www.aaia.ca/en/index.htm

American Academy of Allergy, Asthma and Immunology: (AAAAI). www.aaaai.org

Asthma & Allergy Foundation of America: www.aafa.org/

National Institute of Allergy and Infectious Diseases NIAID:
www.niaid.nih.gov/topics/foodallergy/clinical/Pages/default.aspx

Guidelines for the Care of Students with Anaphylaxis, OSPI:
www.k12.wa.us/HealthServices/Publications/09-0009.aspx

Spokane Public Schools Nutrition Services: Current food allergy procedures, forms, and information available on the web. www.spokaneschools.org/page/1801

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