

John Paul II Catholic School

Food Allergy Policy/Program

Intent

JPIICS is committed to the safety and health of all students and employees. In accordance with Ohio Revised Code Sec. 3313.719 , the purpose of this policy is to:

- Provide a safe and healthy learning environment for students with food allergies
- Reduce the likelihood of severe or potentially life-threatening allergic reactions
- Ensure a rapid and effective response in the case of a severe or potentially life-threatening allergic reaction
- Protect the right of food allergic students to participate in all school activities.

There are four principles for managing allergic disease (American Academy of Allergy Asthma and Immunology: Understanding Allergic Diseases, 2006):

- Environmental control involves avoiding the symptoms (not removing) that cause allergic reactions.
- Pharmacologic therapy involves using medications to control allergies.
- Allergen Immunotherapy (allergy shots) involves allergy shots to reduce the severity of an allergic reaction.
- Education involves educating the parents/guardians, students and school personnel on how to successfully manage a student's allergies within the school environment. It entails empowering the student with knowledge to function in the everyday world.

Education and planning is the key to establishing and maintaining a safe school environment for all students (NASN, 2001). The management of student allergies is a coordinated and collaborative approach among the parents/guardians, the student and the school.

Family's Responsibility

- Notify the school administrator/nurse and child nutrition director (when necessary) of the child's allergies.
- Provide necessary health provider order and/or physician's medical statement concluded from allergy testing.
- Work with the school team to develop a plan that accommodates the **individual child's** needs throughout the school including in the classroom, in the cafeteria, in after school programs, during school sponsored activities and on the school bus, as well as an Individualized Health Care Plan and Intervention Guide developed by the school nurse .

- Provide written medical documentation, instructions, and medications as directed by a health care provider, using the **Individualized** Health Care Plan and Intervention Guide. Include a photo of the child on the written form.
- Provide properly labeled medications and replace medications after use or upon expiration.
- **Educate the child in the self-management of his/her food allergy including:**
 - recognizing a safe and unsafe allergens
 - identifying strategies for avoiding exposure to unsafe allergens
 - recognizing symptoms of allergic reactions
 - alerting an adult they may be having an allergy-related reaction
 - reading food labels (age appropriate) and/or be aware of environmental triggers
 - never sharing personal items including food, eating utensils, medication, etc.
- Review intervention guides with the school staff, the child's health care provider, and the child (if age appropriate) after a reaction has occurred.
- Provide emergency contact information.

Student's Responsibility

- Should be proactive in the care and management of their allergies and reactions based on their developmental level.
- Should **always LOOK** at the food being served.
- Should **not trade** food with others.
- Should **not eat anything with unknown ingredients or known to contain any allergen.**
- Should **notify an adult immediately** if they eat something they believe may contain the food to which they are allergic.
- Should **not share** food, beverages, personal items, medications, etc.

School's Responsibility

- Be knowledgeable about and follow applicable federal laws including American Disabilities Act (ADA), Individuals with Disabilities Education Act (IDEA), Section 504 of the Rehabilitation Act of 1973, and Family Educational Rights and Privacy Act (FERPA) and any state laws or district policies that apply.
- Review the health records submitted by parents and health care providers for **allergy testing results correlating with proper medical orders and statements addressing the individualized student.**
- Include allergic students in school activities. Students should not be excluded from school activities solely based on their allergy nor should students without allergies be discriminated against.
- Assure that all staff who interact with the student on a regular basis has been educated to allergens and can recognize symptoms, knows what to do in an emergency, and works with other school staff to eliminate the use

of food allergens **in the allergic student's** meals, educational tools, arts and crafts projects, or incentives according to the student's **individualized** health care plan and intervention guide.

- Coordinate with the school nurse to be sure medications are appropriately stored, and **keep student's prescribed epinephrine available**. Emergency medications should always be kept in an easily accessible secure location central to designated school personnel. **Students should be allowed to carry their own epinephrine, if age appropriate, after approval from the student's health care provider, parent and certified school nurse.**

- Assure the **rights of student's without allergies** are respected to **avoid reverse discrimination**.

- **Early recognition of symptoms** and prompt interventions of the ordered treatment are vital to student survival during anaphylactic shock. Ensure that there are 2 to 3 staff members available who are properly trained by the certified school nurse to administer medications during the school day regardless of time or location.
- **Review intervention guides** with the school staff, the child's health care provider, and the child (if age appropriate) after a reaction has occurred.
- Discuss field trips with the family of the allergic child to decide appropriate strategies for managing the allergy. Administrators and teachers should notify the school nurse well in advance of scheduled field trips in order to allow adequate time for preparation to address student-specific special needs with respect to severe allergy
- **Follow federal/state/district laws and regulations** regarding sharing medical information about the student.
- Take threats or harassment against an allergic child seriously.
- **Educate** students not to share food, beverages, personal items, medications, etc.

Communication

1. Parents-Parents

- a. Parents of allergic children may send a letter to other parents explaining situation and request handling of snacks, treats, etc. (This should be done through each child's teacher.) Parents may choose to have this done in the teacher's letter, use their own letter, or use the generic letter from the FAAN guidebook.

2. Parents-Staff

- a. Each parent or the nurse may discuss food allergies with the child's teacher(s) (including those teaching, PE, art, music), librarian, computer, cafeteria

workers and others with access to the child. Parents should meet with the nurse to discuss physicians ordered emergency procedures.

- b. All additional office personnel, custodians and staff will be informed of plan by school nurse via in-service sessions.
 - c. All substitutes will report to the school nurse as needed for information on food allergic students, and to review the emergency plan in the sub folder.
 - d. Each parent is responsible for updating his/her child's medical information when necessary.
 - e. Staff must contact parents regarding projects and plans which could affect allergic children.
3. Staff-Staff
- a. All neighboring classroom teaching staff and office personnel should be informed if substitute is present.
 - b. All staff will be informed should emergency occur in school. Plan reviewed and critiqued after incident. All changes put in writing by school nurse and reviewed by staff again.
 - c. Teaching staff encouraged to communicate about projects and plans which could affect allergic children.

Staff Training

Note: Every adult having access to allergic child must be trained to identify and react to an emergency according to the JPII Food Allergy Program and parental instructions as outlined in each child's Individual Health Plan (IHP).

1. Classroom Teachers and Aides
 - a. Meet with parents of each allergic child in classroom prior to the first day of school as required by parents.
 - b. Learn from parents:
 - *to identify allergens and "suspicious" foods.
 - *to recognize symptoms and reaction of child.
 - *to initiate therapy according to individual child's Health Plan/Emergency Action Plan (form provided by school) .
2. Substitute Teachers
 - a) Emergency Response Plan and child's Individual health Plan given in writing and specific EpiPen review given by school nurse.
3. School Nurse
 - a. **Responsibility:** School nurse will work with principal to ensure that all adult employees with access to allergic children are aware of the JPII Food Allergy Program and emergency procedures.
 - b. **Accessibility:** All school staff should be able to consult with the school nurse at all times during the school day at 521-0774.

- c. **Relationship with Parents:** The nurse will communicate openly and honestly with parents of food-allergic parents and work closely with parents to insure a safe environment for the children.
 - d. Before the beginning of school year, school nurse will:
 - i. Post laminated signs outside classroom if requested by parents
 - ii. Make sure all applicable teachers have emergency medications, IHP/EAP, and understand emergency procedures.
 - iii. Provide awareness notice for school newsletter.
- 4. Additional Teaching and Office Staff
 - a. Emergency training provided by school nurse via in-service sessions and FAAN videotape *Keeping Our Children Safe*.
 - b. Aware of Red Emergency Folder which is readily available to anyone having contact with allergic children. The folder will contain each child's Individualized Health Plan/Emergency Action Plan (IHP/EAP).
- 5. Lunchroom/Food Service Workers
 - a. Lunchroom personnel will review Food Allergy Program and read and understand procedures.
 - b. Volunteers work in the cafeteria and are trained in food handling procedures. Volunteers are not allowed to assist students in opening foods at student tables.
- 6. Transportation.
 - a. Transportation is not provided by JPIICS. Parents should contact school bus transportation and inform home school district of student's food allergies.
- 7. Maintenance
 - a. Meet with school nurse regarding cleaning procedures-food messes cleaned promptly, dangers of cross-contamination discussed.

Preventative Measures

- 1. Classroom
 - a. Laminated signs posted outside classroom if parent request.
 - b. Teacher to be aware of EpiPen location/s with instruction.
 - c. Food items brought into the classroom are not to be given to allergic child unless approved by child's parent. Child has no contact with ANY questionable item until permission from parent granted. **ALLERGIC CHILD'S MOTTO: When in doubt, do without!**
 - d. No projects using food child is allergic to are permitted.
 - e. No nut containers used to store materials.
- 2. Other EpiPen Locations
 - a. Clinic
 - b. Other EpiPens located as noted on IHP

3. Food Service
 - a. Peanut butter is purchased in single serving closed containers to prevent cross contamination in preparing food. Students are given bread/celery and closed peanut butter container.
 - b. Food allergy Folder with IHP/EAP of every child with food allergy will be easily accessible to all kitchen and cafeteria staff.
 - c. Pictures of children with food allergies at JPIICS are posted with allergen information. This information is visible for cafeteria staff.
 - d. Poster addressing anaphylaxis will be conspicuously posted.
4. Additional considerations
 - a. Children leave class with teacher knowledge. Absence monitored.
 - b. On party days, food allergic children will be monitored more carefully.
 - c. Parents should provide "safe snacks" for child to have available in the classroom for party days, birthdays, etc.
 - d. Hand washing encouraged after snack and lunch.
 - e. Age appropriate book will be read to students in class with allergic peers.
5. Lunchroom Precautions

Note: The parents of anaphylactic children are responsible for informing the school staff of all precautions to be taken at lunchtime. The following measures are currently in place:

- a) With the permission of parents the student will bring a placemat from home or will get paper placemat from holder.
- b) Student may sit at the end of the table.
- c) No food sharing or touching anyone else's food is allowed.
- d) Parents of children wishing to purchase lunch should check with Food Service Supervisor regarding menu choices and ingredient lists.
- e) Students may purchase snacks at snack bar. Parents of younger children should not send money for snacks/milk. All snacks are prepackaged with labels. Volunteers do not know who might have a food allergy.
- f) Only people who can assist students opening lunches/packages is Principal, Assistant Principal, Maintenance, and cafeteria staff.

Emergency Response Plan

Note: This is a general plan for treatment of anaphylaxis. This plan must be tailored to each individual student. This plan uses information adapted from The Food Allergy and Anaphylaxis Network (1-800-929-4040). Every effort is made to comply with the American Academy of allergy and Immunology's recommendations

(as noted in the AAI position statement: J Allergy Clin Immunol, 1994, vol. 94, no.4.), but JPIICS must give precedence to individual physician's orders in the administration of all emergency procedures.

1. School

a) Identification of emergency

Child reports or teacher/adult staff notices signs of allergic reaction:

MOUTH; itching and swelling of lips, tongue or mouth

THROAT: itching and/or sense of tightness in throat, hoarseness and cough

HEART; Thready pulse, loss of consciousness

GENERAL: Lethargy, weakness

*Classroom teacher or supervising adult reviews and follows IHP/EAP

*Administers EpiPen if noted on IHP and available.

If not indicated, call office at first suspicion of a reaction, stating

“_____ (student) is having a reaction.” Bring EpiPen and/or Benadryl if applicable. Student, if able will come to the nurse clinic escorted by an adult or nurse will go to where student is.

*Administers Benadryl if noted on IHP/EAP

*Call 911. Stay with child and watch until EMS, nurse arrives.

*Next door teacher/adult or aide to assist with other children.

b) Office Staff respond with

*Stay with child until Ems arrives and go with him/her to emergency room, if parents are unavailable.

*School secretary/Principal or Assistant Principal notifies parents.

c) Teacher returns to students and reassures them that classmate is being cared for appropriately.

d) A child who has had an allergic reaction, however minor it may appear, will be sent home with a parent/guardian for the remainder of the school day.

2. Field Trip

a) Nurse call ahead and informs host of special needs, if applicable.

Emergency needs assessed and parents informed if any risk perceived.

b) All medication and IHP/EAP is to accompany child on field trips. (Staff will keep. Remember EpiPen is temperature sensitive. Do not leave in a hot car/bus).

c) Phone available to teacher at all times to contact emergency personnel.

d) Location of nearest hospital or emergency care facility noted before field trip begins.

After registration for upcoming year, parents of incoming food-allergic children are contacted and given current JPIICS Food Allergy Program. Emergency plans and considerations will be discussed prior to entrance to school.

Question about this program may contact the School Nurse at 521-0774.

Food Allergies and Anaphylaxis Checklist For Parents

- 1. Things to do**
 - a. Contact school nurse at 521-0774 before school starts
 - b. Request meeting with school nurse
 - c. Know how you can help the transition to another teacher and/or school.
- 2. Items to provide**
 - a. Diagnosis from physician or healthcare provider. (If anaphylaxis is suspected, this needs to be documented on the form.)
 - b. Medication authorization forms with physician's treatment plan for an allergic reaction. Make sure physician notes the exact steps to be followed i.e. Epi-pen followed by Benadryl. Remember to include if anaphylaxis is suspected. **Use separate forms for each medication.**
 - c. All medications must have a pharmacy label. Note all expiration dates on medication and let the clinic know if they will expire during the school year. Mark the date on your calendar.
 - d. Provide a bag of alternate snacks or treats to be used in the classroom.
- 3. Request from the school**
 - a. Schools Food Allergy Program
 - b. Training plans for all personnel
 - c. Written Emergency Action Plans/Individualized Health Plan (EAP/IHP). Parents need to sign these forms. Epi-pen locations should be stated on the plans.
 - d. Make sure medications and EAP's go with student on field trips.
 - e. Kindergarteners be inserviced on the topic.
- 4. Tips and suggestions**
 - a. Consider volunteering to be the room parent and/or field trip chaperone. Talk with teachers about parties and their rooms.
 - b. As you discover new information, please share this with your nurse and other parents.
 - c. We strongly recommend that parents of food allergic students go on field trips.
 - d. Review the emergency plans and do's and don'ts with your child.

- e. Pay close attention to special events at the school. **Read school newsletters carefully.**
- f. Make sure we have current phone numbers where you can be reached. If possible carry a cell phone at all times.
- g. Get a Medical Alert bracelet or ID for you child

5. Contacts

- a. Food Allergy and Anaphylaxis Network (FAAN)
Phone (703) 691-3179
Fax (703) 691-2713
Email: fan@worldweb.net
Website: www.foodallergy.org
- b. FAAST (Food Allergy Awareness, Support and Training)
Phone (513) 588-6863
Email address: FAASTCin@aol.com