

**ATTENTION: ALL PARENTS OF STUDENTS WITH MAJOR MEDICAL CONDITIONS.** Bring all forms, letters and medications to the school at least 1 week before school starts or immediately upon diagnosis, if diagnosis occurs during the school year. The latest possible date to provide medication to school is the Thursday before Labor Day weekend. The items must already be at the school on the first day of school, as staff need to be apprised of all conditions and how to handle each condition BEFORE school begins.

### **Severe Allergy Management Plan: Food Allergy**

- Policies apply also to other severe allergies such as Bee Sting or Latex Allergies.
- Medication Policies apply to all chronic diseases and disorders- Example: Diabetes, Asthma

#### **Why have a food allergy management plan?**

1. Prevalence of food allergy and anaphylaxis is increasing in school age children.
2. The condition is life-threatening.
3. It is important to have a consistent and documented plan in place including the:
  - a. Information the family should provide to the school
  - b. Medications the family should provide to the school
  - c. Policies within the school building especially if allergens are allowed in classrooms and other areas
  - d. Location of medications and who is trained and expected to administer medication
  - e. Responsibilities of all parties involved: parents, students with food allergies, students without food allergies, teachers, staff and the principal
  - f. Prevention of exposure of food allergic children to their trigger allergens
  - g. Early recognition of an allergic reaction should exposure occur
  - h. Prompt treatment of an allergic reaction with the appropriate medication depending on the severity of the reaction

#### **Food Allergy- Defined**

An allergy is an inappropriate response of the immune system to an otherwise harmless substance. In the case of food allergies, a protein or proteins within the particular food is recognized by immune cells and certain proteins called immunoglobulins (also known as antibodies) as “foreign”. The release of chemicals

from the immune cells is what causes the allergic reaction. A common and abundant chemical released is histamine, although other chemicals are also released. Histamine can cause localized swelling such as hives and other well-known symptoms such as increased nasal secretions (stuffy or runny nose; red, watery eyes, etc.). If large amounts of the chemicals, like histamine, are released by the immune cells on contact with the allergen, they can be spread throughout the body in the bloodstream and the reaction can become a severe, life-threatening reaction termed anaphylaxis.

## **Anaphylaxis- Defined**

A severe, life-threatening allergic reaction that involves one or more of the following symptoms:

Skin:	hives, itching, swelling
Stomach/GI Tract:	vomiting, diarrhea, stomach cramps
Face:	Itchy, scratchy, tingling lips, tongue, mouth or throat; swelling of face, lips, tongue, etc; red, watery eyes
Throat:	change of voice (raspiness), coughing, wheezing, difficulty swallowing, throat tightness or closing (Often a child will say, "My throat feels funny!")
Lungs/Airways:	coughing, wheezing, difficulty breathing, shortness of breath
Cardiovascular:	decreased blood pressure leading to: fainting or loss of consciousness, dizziness, change in mental status, pale skin, cyanotic (bluish) lips and mouth.

The student should be treated for anaphylaxis when

- any two or more of the above symptoms exist
- only one symptom exists and that symptom involves swelling of the tongue, breathing difficulties or cardiovascular difficulties

Treatment of anaphylaxis requires administration of epinephrine (EpiPen/Epipen Jr. or AuviQ 0.3 mg/AuviQ 0.15 mg).

Anaphylaxis can occur immediately or up to ~ 2 hours after exposure to an allergen. The student should be treated immediately with epinephrine and 911 should ALWAYS be called for transport of the student to a medical facility for further treatment and observation, because it is possible for initial symptoms to resolve and then a second wave of symptoms occurs 2-4 hours later (4-6 hours after initial exposure).

## **General School Policies:**

1. Preschool, K and ESP classrooms are "No Peanuts, No Tree Nuts Allowed" classrooms.
2. Grades 1-4 have at least 1 classroom in which there are "No Peanuts and No Tree Nuts Allowed".
3. The specific classrooms will be labeled as "Allergen Free".
4. Students who bring peanuts or tree nuts for lunch will not be allowed to eat in a classroom that is labeled as "Allergen Free".

5. Desks in the classroom that allows peanuts/tree nuts will be washed after lunch each day.
6. Other groups who use the classrooms, (such as Religious Education parish meetings or VBS), will be educated that peanuts and tree nuts may not be brought into certain classrooms and will be expected to follow this policy when in the classrooms.
7. For grades PK-5, in school class activities will conform to the above policies even if being held in a different room than the classroom. For example, a combined class meal that will be held in the PAC must conform to the peanut and tree nut free-policies because for that meal, the PAC becomes a Peanut/Tree nut free room. Students and parents should be informed that food sent in for the meal should not contain peanuts or tree nuts. Best case scenario is that each parent sends in a list of ingredients with their dish to aid the teacher and child in determining what food will be safe for him/her to eat.
8. Grades 5-8 will have a “self-carry” policy for medicines that students need to have near them all the time. This will include (but not be limited to) Allergy/Asthma medications such as: EpiPen, Benadryl (diphenhydramine HCl), and Albuterol, along with medications for other diseases such as diabetes: insulin, glucagon. Please discuss with the teachers if your student will need to “self-carry” his/her medicine or if you have any questions.
  - a. It is recommended that the medicine is carried in a fanny pack or similar that the student can have with them at all times/locations within the building and on field trips.

### **Parent Responsibilities:**

1. Immediately inform school that your child(ren) has/have a food allergy
2. Provide a letter from your pediatrician or allergist explaining your child’s condition and outlining the doctor’s guidelines for appropriate precautions and treatment should a reaction occur.
3. Provide a completed food allergy action plan to the office and to all teachers who will be in contact with your child. Your child’s picture should be attached to this form.
4. Provide medication to be kept in the office and in the classroom
  - a. 1 dose of epinephrine (EpiPen or AuviQ) and Benadryl with dosing device (measuring spoon or cup) in office
  - b. 1 dose of epinephrine (EpiPen or AuviQ) and Benadryl in classroom, with dosing device (measuring spoon or cup) in office
5. Bring all forms, letters and medications to the school 2 weeks before school starts or immediately upon diagnosis, if diagnosis occurs during the school year. The latest possible date to provide medication to school is the Thursday before Labor Day weekend. The items must already be at the school on the first day of school, since there is little time to explain during the chaos of the first day that your child has a major medical condition.
6. Be aware that it is against the law for your child to receive another student’s medication. You must provide your own child’s medication and fill out the appropriate medication administration permission forms.

7. Keep track of the expiration date of the medications and provide updated medication if the office/classroom medication expires during the year.
8. Inform teachers, principal and staff of known symptoms your child has exhibited on past reactions to aid them in recognition of a reaction.
9. Teach your child to:
  - a. Never share food
  - b. Recognize the foods or potential foods to which he/she may be allergic
  - c. Recognize the symptoms of an allergic reaction
  - d. Report immediately to an adult if he/she feels a reaction is occurring
  - e. If appropriate- to administer his/her own medication

### **Principal Responsibilities:**

1. Provide an open and welcoming environment for children and families with food allergies.
2. Know the students who have food allergies.
3. Provide training to faculty and staff on recognition of allergic and anaphylactic reactions and treatment of allergic and anaphylactic reactions.
4. Enforce school policies related to "Allergen Safe" rooms in the school.
5. Communicate with other groups who use the building about the room policies and the need to enforce these policies even after school hours.
6. Do not allow bullying of food allergic students.
7. Recognize the symptoms of an allergic and an anaphylactic reaction.
8. Be prepared to administer medication and call 911 if epinephrine is administered.

### **Office Staff Responsibilities:**

1. Know the students who have food allergies.
2. Store the medication in an organized and easily accessible manner in the office.
3. Recognize the symptoms of an allergic and an anaphylactic reaction.
4. Be prepared to administer medication and call 911 if epinephrine is administered.
5. Open the medicine cabinet at the beginning of the school day and lock at the end of the day.

### **Teacher Responsibilities:**

1. Know the students in each class you teach who have food allergies.
2. Store medication in the classroom in an organized and easily accessible and transportable manner within the classroom.
3. Check student lunches before lunchtime to insure that those with peanut/tree nut in lunches will eat in the appropriate classroom
4. Do not allow students to share food.
5. Check labels on food brought into the classroom for class parties to prevent accidental exposure of a student to a food allergen.
6. Recognize the symptoms of an allergic and an anaphylactic reaction.
7. Be prepared to administer medication and call 911 if epinephrine is administered.

8. Do not allow bullying of food allergic students.
9. Maintain an information file for substitute teachers on students with food allergies.

### **Lunch/Recess Supervisor Responsibilities:**

1. Know if the classroom to which you are assigned has any food allergic children.
2. If classroom has food allergic child(ren), know the location of the medication.
3. If in a "Allergen Safe" classroom, then do not allow students with peanuts and/or tree nuts to eat in that room.
4. If in the classroom which allows peanuts and tree nuts, make sure that students who eat peanuts or tree nut products wash their hands and rinse their mouths after eating and before returning to the other classroom or before going out to recess.
5. Do NOT allow students to roam between the classrooms. This is required to avoid residue transfer between the classrooms and/or exposure of an allergic children to their allergen(s).
6. Carry the classroom's medication backpack out to recess.
7. Recognize the symptoms of an allergic reaction and anaphylaxis and treat appropriately.
8. Be prepared to administer epinephrine and call 911. Notify the front office so they can meet the emergency personnel and call the parents.
9. Do not allow bullying of food allergic students.

### **Substitute Responsibilities:**

1. Know if the classroom in which you are subbing has food allergic children.
2. Know the location of the medications in the classroom.
3. Recognize the symptoms of an allergic or anaphylactic reaction.
4. Be prepared to administer medication and call 911 if epinephrine is administered.

### **Field Trips:**

1. Transportation of children with food allergies- in order of preference
  - a. In car with own parent
  - b. In car with teacher
  - c. In car with parent of another food allergic child
  - d. In car with another parent
2. If a parent other than the child's parent will be transporting a food allergic child, they must be made aware of the child's food allergy and be willing to clean their car if necessary to provide safe transportation.
3. Transport of medication- it must be in the same car as the allergic child, and if walking around, must be kept with the child's group- in order of preference
  - a. With child's own parent
  - b. With teacher

- c. With the parent of another food allergic child
  - d. With another parent who is driving the child
4. If it is necessary to administer medication- in order of preference
- a. Child him/herself- if age-appropriate and if able
  - b. Child's own parent
  - c. Teacher
  - d. Another parent

Please note- medications must **always** be in close proximity to the food allergic child.

This policy only covers allergies. If your child has another medical condition requiring limited activities, or food intake please speak to the principal and your child's teacher.

## Food Allergy Action Plan

### Emergency Care Plan

Place  
Student's  
Picture  
Here

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma:  Yes (higher risk for a severe reaction)  No

**Extremely reactive to the following foods:** \_\_\_\_\_

**THEREFORE:**

- If checked, give epinephrine immediately for ANY symptoms if the allergen was *likely* eaten.  
 If checked, give epinephrine immediately if the allergen was *definitely* eaten, even if no symptoms are noted.

**Any SEVERE SYMPTOMS after suspected or known ingestion:**

**One or more** of the following:

- LUNG: Short of breath, wheeze, repetitive cough  
 HEART: Pale, blue, faint, weak pulse, dizzy, confused  
 THROAT: Tight, hoarse, trouble breathing/swallowing  
 MOUTH: Obstructive swelling (tongue and/or lips)  
 SKIN: Many hives over body

Or **combination** of symptoms from different body areas:

- SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)  
 GUT: Vomiting, diarrhea, crampy pain



**1. INJECT EPINEPHRINE IMMEDIATELY**

2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications:\*  
 -Antihistamine  
 -Inhaler (bronchodilator) if asthma

\*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.

**MILD SYMPTOMS ONLY:**

- MOUTH: Itchy mouth  
 SKIN: A few hives around mouth/face, mild itch  
 GUT: Mild nausea/discomfort



**1. GIVE ANTIHISTAMINE**

2. Stay with student; alert healthcare professionals and parent
3. If symptoms progress (see above), USE EPINEPHRINE
4. Begin monitoring (see box below)

**Medications/Doses**

Epinephrine (brand and dose): \_\_\_\_\_

Antihistamine (brand and dose): \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if asthmatic): \_\_\_\_\_

**Monitoring**

**Stay with student; alert healthcare professionals and parent.** Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See back/attached for auto-injection technique.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician/Healthcare Provider Signature

\_\_\_\_\_  
Date

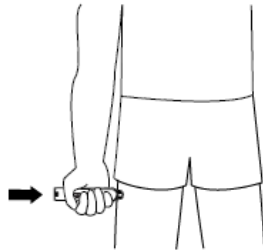
**TURN FORM OVER** Form provided courtesy of the Food Allergy & Anaphylaxis Network ([www.foodallergy.org](http://www.foodallergy.org)) 9/2011

**EPIPEN Auto-Injector and EPIPEN Jr Auto-Injector Directions**

- First, remove the EPIPEN Auto-Injector from the plastic carrying case
- Pull off the blue safety release cap



- Hold orange tip near outer thigh (always apply to thigh)



- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds



DEY® and the Dey logo, EpiPen®, EpiPen 2-Pak®, and EpiPen Jr 2-Pak® are registered trademarks of Dey Pharma, L.P.

**Adrenaclick™ 0.3 mg and Adrenaclick™ 0.15 mg Directions**



Remove **GREY** caps labeled "1" and "2."



Place **RED** rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Food Allergy Action Plan.

A kit must accompany the student if he/she is off school grounds (i.e., field trip).

**Contacts**

Call 911 (Rescue squad: ( ) - ) Doctor: \_\_\_\_\_

Phone: ( ) -

Parent/Guardian: \_\_\_\_\_

Phone: ( ) -

**Other Emergency Contacts**

Name/Relationship: \_\_\_\_\_

Phone: ( ) -

Name/Relationship: \_\_\_\_\_

Phone: ( ) -



**Parent Responsibilities Checklist (Please initial)**

\_\_\_\_\_ I have informed school administration and teachers of my child’s health conditions

\_\_\_\_\_ I have provided a doctor’s letter explaining my child’s condition.

\_\_\_\_\_ If my child has food allergy: my doctor has completed a food allergy action plan. I have made copies, attached pictures and submitted these forms to the office, student’s classroom teacher, and all teachers with whom my child will have contact.

\_\_\_\_\_ I have completed and submitted a “Permission to Administer Medication” form for each medication.

\_\_\_\_\_ I have provided all needed medications to the office and to the classroom.

\_\_\_\_\_ I know the school’s policies toward peanuts and tree nuts in the classrooms.

\_\_\_\_\_ I have talked to my child about his/her allergy/medical condition. He/she knows not to share food, and to speak to an adult immediately if he/she begins to have an allergic reaction.

I have read and understand the policies of St. Francis School regarding the handling of severe allergies, as described in the Severe Allergy Management Plan.

Print Name\_\_\_\_\_Signature\_\_\_\_\_

Date\_\_\_\_\_

**Student Health Concerns, 2016–2017**

**Please complete and return this form to the St. Francis School office before school starts or immediately upon diagnosis.**

Re: \_\_\_\_\_  
(Student Name) (Birth date) (Grade)

From: \_\_\_\_\_  
(Parent/Guardian Name)

Contact Information: \_\_\_\_\_  
(Daytime Phone) (Evening Phone)

**My child has the following medical condition(s):**

\_\_\_\_\_ Asthma

\_\_\_\_\_ Food allergy. Specify food(s) \_\_\_\_\_

\_\_\_\_\_ Bee sting allergy

\_\_\_\_\_ Medication allergy (i.e. penicillin allergy). Specify \_\_\_\_\_

\_\_\_\_\_ Diabetes

\_\_\_\_\_ Seizures

\_\_\_\_\_ Other Food Sensitivities (i.e. celiac disease)

\_\_\_\_\_ Other health conditions, please explain: \_\_\_\_\_

\_\_\_\_\_ My child will require medication at school.

\_\_\_\_\_ My child does NOT have any known medical conditions

## Transportation of Food Allergic Child on Field Trips

Transport of a food allergic student on field trips requires special consideration. Please read the following carefully to determine if you are willing to take on this additional responsibility.

1. Residue from peanut or nut products consumed in the car can be hazardous to those with a peanut or nut allergy. Therefore you will need to clean out and vacuum your car to remove potential food allergens from the car that the student will be riding in. If seats are leather or vinyl, they should be wiped down with soap and water or basic cleaning wipes (not bleach as that can then stain clothes). If seats are cloth, placing a beach towel or other barrier between the student and the seat should be considered.
2. You should be familiar with the signs of an allergic reaction, both minor and anaphylactic.
3. It is important to be trained to administer epinephrine and in the dose of Benadryl appropriate for the student you are transporting. You should feel comfortable administering the epipen and benadryl and calling 911 if the Epipen is administered.
4. You will be responsible for the student’s medications throughout the field trip and for the direct supervision of the student to monitor for any possible reactions. The student and his/her medications will need to be with you at all times.
5. You should be comfortable talking to the parent of the food allergic student prior to the field trip to ask and answer questions about the student and precautions that you can/will take on the field trip.

Food allergy and anaphylaxis are life-threatening conditions. If you would rather not have the responsibility of transporting a food allergic child, that is understandable. Please let us know:

\_\_\_\_\_ I am NOT willing to transport food allergic students in my car.

\_\_\_\_\_ I am WILLING to transport food allergic students in my car.

Print Name\_\_\_\_\_Signature\_\_\_\_\_

Date\_\_\_\_\_