



# DJUSD

DAVIS JOINT UNIFIED  
SCHOOL DISTRICT

## ***Davis Joint Unified School District Guide for Supporting Children With Life-Threatening Food Allergies***



**The purpose of this manual is to provide a guideline for supporting children with life-threatening food allergies in school. This resource is to assist teams in developing individual plans for children.**

**(These guidelines were adapted with permission from the Irvine Unified School District, based on the recommendations of the Centers for Disease Control and Prevention, Food Allergy Research and Education, Inc., and the National School Board Association.)**

**Davis JUSD is committed to the safety of our students. In order to reduce the risk that children with food allergies will have an allergy-related event at school, the following guidelines have been assembled.**

**Davis JUSD cannot guarantee that a student will never experience an allergy-related event while at school.**

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## General Information about Allergies

The first part of this guide is intended to give the reader general information about allergies, emphasize the importance of prevention and present general considerations when planning for children with life-threatening allergies.

### Food Allergy Facts

Food allergies are presenting increasing challenges for schools. Because of the life-threatening nature of these allergies and their increasing prevalence, school districts and individual schools need to be ready for the entry of students with food allergies. A recent study reported that 25% of all reactions in the past two years occurred at school (Journal of Allergy and Clinical Immunology, Nowalk-Wegrzn, Anna, et al, 2000; 105:S182). More importantly, of the reactions happening at school, 79% occurred within the classroom (The Journal of School Nursing, Vol. 20, Number 5 page 268).

Food allergies affect 8% of children under age three, 6%-8% of school-age children and 2.5% of adults. According to published studies, allergy prevalence has increased significantly in the last five years. Forty to fifty percent of those persons with a diagnosed food allergy are judged to have a high risk of anaphylaxis (a life-threatening allergic reaction). Every food allergy reaction has the possibility of developing into a life-threatening and potentially fatal reaction. A life-threatening reaction can occur within minutes or even hours after exposure to the allergen.

Allergic reactions to foods vary among students and can range from mild to severe life-threatening anaphylactic reactions. Some students may be so sensitive that they may react to just touching or inhaling the allergen. For other students, consumption of as little as one five-thousandth of a teaspoon of an allergic food can cause death. The severity of a reaction is not predictable. Because there is a cumulative effect from past exposures to an allergen, the severity of a future exposure cannot be predicted.

Many students with food allergies who have experienced a life-threatening (anaphylactic) reaction may be aware of their own mortality. The emotional, as well as the physical, needs of the child must be respected. Children with food allergies are at-risk for eating disorders or teasing. If concerns are indicated, parents should consult site administration for support.

Bee/insect stings, medications, and latex also have the potential of causing a life-threatening allergic reaction.

## Anaphylaxis

Anaphylaxis is a potentially life-threatening medical condition occurring in allergic individuals after exposure to their specific allergens. Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body. The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock that are potentially fatal.

## Recognizing Signs of Anaphylaxis

Children experiencing anaphylaxis may experience one or more of the following symptoms:

- Flushing and/or swelling of the face
- Itching and/or swelling of the lips, tongue or mouth
- Itching and/or sense of tightness in the throat, hoarseness, difficulty breathing and/or swallowing
- Hives, itchy rash and/or swelling about the face, body or extremities
- Nausea, abdominal cramps, vomiting
- Shortness of breath, repetitive coughing and/or wheezing
- Faint, rapid pulse, low blood pressure
- Light headedness, feeling faint, collapse
- Distress, anxiety and a sense of dread

## How a Child Might Describe a Reaction

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Tongue:

- My tongue is hot (or burning)
- It feels like something is poking my tongue
- My tongue (or mouth) itches
- My tongue feels full (or heavy)
- It (my tongue) feels like there is hair on it

Mouth:

- My mouth feels funny
- This food is too spicy

Throat:

- There's a frog in my throat
- There's something stuck in my throat
- It (my throat) feels thick
- It feels like a bump is on the back of my tongue (throat)

Lips: My lips feel tight

Ears: It feels like there are bugs in there (to describe itchy ears)

Anaphylaxis typically occurs either immediately or up to two hours following allergen exposure. Anaphylaxis is often treated with the administration of epinephrine, a prescribed medication that immediately counteracts the life-threatening symptoms. Epinephrine is given by an injection that is easily administered.

In about one third of anaphylactic reactions, the initial symptoms are followed by a late phase of symptoms two to four hours later. Thus, it is imperative that following the administration of epinephrine, the student be transported by emergency medical services to the nearest hospital emergency department even if the symptoms appear to have been resolved.

### ***~When in Doubt, Use Epinephrine~***

If you suspect a student is having an allergic reaction, administer the epi-pen, or contact the trained personnel at your school site to administer it. Do not wait for medical personnel to arrive. Fatalities occur when epinephrine is withheld. In many fatal reactions the initial symptoms of anaphylaxis were mistaken for asthma, which delayed the appropriate treatment.

### **Importance of Prevention**

Protecting a student from exposure to offending allergens is the most important way to prevent life-threatening anaphylaxis. Most anaphylactic reactions occur when a child is accidentally exposed to a substance to which he/she is allergic, such as foods, medicines, insects, and latex.

**Avoidance is the key to preventing a reaction.**

Students are at risk for accidental ingestion of food allergens at school due to such factors as the large number of students, increased exposure of food allergens, as well as cross-contamination of tables, desks, and other surfaces.

High-risk areas and activities for the student with food allergies include:

- the cafeteria
- food sharing
- hidden ingredients in craft, art, and science projects
- bus transportation
- fundraisers & bake sales
- parties and holiday celebrations
- field trips
- substitute teaching staff being unaware of the food allergic student

Ingestion of the food allergen is the principal route of exposure; however, it is possible for a student to react to tactile (touch) exposure or, in rare cases, inhalation exposure. The amount of food needed to trigger a reaction depends on multiple variables. Each food allergic person's level of sensitivity may fluctuate over time. The symptoms of a food allergy reaction are specific to each individual, and can change from one reaction to the next.

District procedures shall be in place at school to address allergy issues in the following high-risk areas: classrooms and physical education, food service/cafeteria, outdoor eating areas, and field trips.

## **General Guidelines**

This next section serves as a guide to the range of responsibilities staff may have concerning a child with a life-threatening allergy. Note that each school site ultimately determines the responsibilities of individual staff members. This guide will also help teams determine which accommodations are necessary for a given child.

Epinephrine by auto-injector should be readily accessible and reasonably secure at all times during school hours. It should be carried by the student if they know how to use it. Key staff members, such as the teachers, principal, cafeteria staff, and office staff should know where the auto-injectors are stored even if they are not trained to administer it. Identification of the place where the epinephrine is stored should be written in the student's health care plan.

When epinephrine is administered there shall be immediate notification of the local emergency response services system (911), followed by notification of the school nurse, principal, and student's parents.

## **Responsibilities of the Student with Life-threatening Allergies**

Students should eventually become independent in the prevention, care, and management of their food allergies and reactions. With this in mind, students with life-threatening allergies are asked to follow these guidelines:

- Avoid trading or sharing foods.
- Wash hands before and after eating.
- Learn to recognize symptoms of an allergic reaction and notify an adult immediately if a reaction is suspected.
- Promptly inform an adult as soon as accidental exposure occurs or symptoms appear.
- Develop a relationship with the school nurse and other trusted adults in the school to assist in identifying issues related to the management of the allergy in school.
- Do not eat anything with unknown ingredients or ingredients known to contain an allergen (as age-appropriate).
- Eat only foods brought from home and/or parent-approved cafeteria menu items.

- If unsure of ingredients in party/celebration foods, eat only safe snacks/treats from home.
- Develop a habit of always reading ingredients before eating food (as age-appropriate).
- Elementary students are encouraged to carry emergency medication. All junior high and high school students are responsible for carrying emergency medication. All students must have back-up medication in the office.
- Students should self-advocate when they find themselves in a situation that may compromise their health.

## Responsibilities of the Parents/Guardians

Parents/Guardians are asked to assist the school in the prevention, care, and management of their child's food allergies and reactions.

- Using the Allergy Action Plan, or "FARE form," inform the school of the allergies prior to the start of the school year (or immediately after a diagnosis) and request contact with the school nurse to develop an Individual Health Care Plan, if desired. In addition, provide:
  - Medication orders from the licensed provider
  - Up-to-date epinephrine injector and other necessary medication
  - Annual updates on your child's allergy status including a description of student's past allergic reactions, including triggers and warning signs
  - Emergency medication to the office for storage, as well as to junior high and high school students to carry. (Elementary students may carry their medication if appropriate.)
  - If the child carries medication, periodically check for expiration dates and replace medication as needed
  - Updated emergency contact information regularly

***Please note: A returning junior high or high school student will have their schedule held by the school, and an elementary student will not receive their classroom assignment, until the Allergy Action Plan and emergency medication is provided to the school.***

- Notify supervisors of before and after school activities regarding your child's allergy and provide necessary medication.
- While the school will not exclude an allergic student from a field trip, a parent may choose to do so.
- Provide safe classroom snacks for your own child.
- Encourage independence on the part of their child, based on her/his developmental level.



- Review weekly school lunch menus and then reconfirm daily food choices. Eating a lunch provided by the school may not be appropriate.
- If applicable, encourage your child to eat at the “nut-free table” at school.

It is important that children take increased responsibility for their allergies as they grow older and as they become developmentally ready. Consider teaching your child to:

- Understand the seriousness of their diagnosis and recognize the first symptoms of an allergic/anaphylactic reaction. (Emphasize the importance of immediately notifying an adult if symptoms should occur.)
- Carry his/her own epinephrine injector when appropriate (or know where the epinephrine injector is kept), and be trained in how to administer her/his own epinephrine injector, when this is an age-appropriate task.
- Recognize safe and unsafe foods. Do not share snacks, lunches, or drinks.
- Encourage the habit of reading ingredient labels before eating food.
- Understand the importance of hand-washing before and after eating.
- Report teasing, bullying, and threats to an adult authority.
- Inform others of his/her allergy and specific needs.

## **Guidelines for the School Administration**

Administrators are asked to assist the school team in the prevention, care, and management of children with food allergies and reactions by:

- Providing a “nut-free” table indoors and outside, if possible
- Encouraging hand-washing
- Having the custodian wash doorknobs, tables, desks, and other potentially contaminated surfaces when cleaning the classroom, as needed.
- Planning for student transitions each spring for the next school year.
- Taking threats or harassment against an allergic child seriously.
- Encouraging educators to foster independence on the part of children, based on her/his developmental level.

A school team should be trained to adequately prevent, recognize and respond to allergic reactions. The team may include, but is not limited to:

- School Nurse
- Administrative representative
- Teachers and specialists (i.e. art, music, science, computer, etc.)
- Support staff

## **Administrator or Designee Steps To Take After A Reaction:**

1. Implement directions on Allergy Action Plan, including the administration of epinephrine.
2. Call 911; notify the parent/guardian and the Director of Student Support Services.
3. Assess the needs of staff and classmates.
3. Gather accurate information about the reaction, including who assisted in the medical intervention and who witnessed the event.
4. Accompany the student to emergency care facility if a parent is not available.
6. Save food eaten before the reaction, place in a plastic Ziploc bag and freeze for analysis.
8. Follow-up:
  - a) Review facts about the reaction with the student and parents/guardian and provide the facts to those who witnessed the reaction or are involved with the student, on a need-to-know basis. Explanations shall be age-appropriate.
  - b) Amend the Allergy Action Plan as needed. Specify any changes to prevent another reaction.

## **Guidelines for the Substitute Teachers**

Substitute teachers shall follow the guidelines for classroom teachers in this manual (see next page). In the event of a suspected allergic reaction, substitutes should alert the front office immediately for assistance.

## **Guidelines for the School Nurse**

School nurses are asked to assist the school team in both prevention and emergency care of children with food allergies and reactions by:

- Conducting and track attendance of staff training yearly.
- Label the location of Allergy Action Plans and emergency medication in office (e.g. EpiPen).
- For epinephrine injectors stored in the health office, periodically check medications for expiration dates. Contact parent/guardian for replacement as needed.
- At parent request, provide Individualized Health Care Plans to teachers for children with life-threatening food allergies, and provide copies to the appropriate school staff.
- Notify parents in the class that there is a child in the class with a life-threatening food allergy.
- Supply substitute teacher folders with list of students with health conditions and instructions for the administration of the epi-pens.
- Encourage independence on the part of children, based on their developmental level.

## Guidelines for the Classroom Teacher

Teachers are asked to assist the school team in the prevention, care, and management of children with food allergies and reactions by:

- Participating in any team meetings for the student with life-threatening allergies, as well as yearly training provided by the school nurse.
- Keeping the student's Allergy Action Plan, and Individualized Health Plan if applicable, accessible in the classroom.
- Immediately initiating the emergency procedures, including the administration of epinephrine, in the student's Allergy Action Plan should a reaction occur, and contacting the front office immediately.
- Making sure all adults working in the classroom are informed of the student's food allergies. (Seek training and information from school nurse when needed).
- Ensuring all substitute teacher folders have information regarding children with serious medical conditions, including FARE forms and Individualized Health Plans as applicable. Leave information for the substitute teachers in an organized, prominent, and accessible format.
- Reinforcing school guidelines on bullying and teasing to prevent the stigmatizing, or harassing students with food allergies. Notify administration of any concerns.
- Ensuring classroom policies and procedures (nut-free lunches/snacks, hand-washing) are followed during "off-routine" events such as classroom parties and field trips.

## Teacher Guidelines for Field Trips

- Collaborate with the school nurse prior to planning a field trip. Ensure the epinephrine injector and Allergy Action Plans are taken on field trips with trained personnel.
- Field trips should be chosen carefully; no student should be excluded from a field trip due to risk of allergen exposure.
- Consider eating situations for field trips and plan for prevention of exposure to life-threatening foods. (It is recommended that students not be permitted to eat on the bus with exceptions made only to accommodate special needs under federal or similar laws.)
- Invite parents of student(s) at risk for anaphylaxis to accompany their child on school trips, in addition to the chaperone(s); however, the parent's presence at a field trip is not required.
- Ask parents/guardians of all students to avoid meals that may contain food allergens.
- Encourage hand-washing
- A cell phone or other communication device must be available on the trip for emergency calls.
- In the absence of accompanying parents/guardians or school nurse, another school staff member must be trained and assigned the task of watching out for the student's welfare and for handling any emergency. The trained staff member carrying the epinephrine should be identified and introduced to the student as well as the other chaperones.

## Guidelines for Recess/Noon Duty Staff

- Teachers and staff responsible for lunch and/or recess should be trained to recognize and respond to a severe allergic reaction or anaphylaxis.
- Take all complaints seriously from any student with a life-threatening allergy by immediately contacting the school nurse/health office.
- Encourage hand-washing for students after eating.
- Reinforce that children must have a nut-free lunch to sit at the nut-free table.
- A Medic Alert bracelet or necklace should not be removed.

# Appendix

## GLOSSARY

**Acute-** Symptoms that occur suddenly and have a short and fairly severe course

**Adrenaline-** Synonym for epinephrine

**Allergen-** A substance that can cause an allergic reaction.

**Allergic Reaction-** An immune system response to a substance that itself is not harmful but that the body interprets as harmful. When an allergen is eaten, the food allergic student produces histamine. Once the histamine is released in the body it causes chemical reactions which trigger inflammatory reactions in the skin (itching, hives, rash), the respiratory system (cough, difficulty breathing, wheezing) the gastrointestinal tract (vomiting, diarrhea, stomach pain), and the cardiovascular system (lowered blood pressure, irregular heartbeat, shock). Each person with a food allergy reacts to the allergy differently. Each reaction by a food allergic student may differ in symptoms.

**Anaphylactic Reaction-** Syn. for Anaphylaxis

**Anaphylaxis**— A potentially life-threatening allergic reaction. The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock, which can be fatal. Asthmatic students are at an increased risk for anaphylaxis. Anaphylaxis often involves various areas of the body at once, such as the skin (itching, hives, rash), the respiratory system (cough, difficulty breathing, wheezing) the gastrointestinal tract (vomiting, diarrhea, stomach pain), and the cardiovascular system (lowered blood pressure, irregular heartbeat, shock). The drug to use immediately to abate anaphylaxis is Epinephrine (contained in an EpiPen, EpiPen Jr. or Twinject).

**Antihistamine-** A drug that blocks a histamine response during an allergic reaction. Benadryl is an example of an antihistamine.

**Asthma-** A chronic inflammatory disorder of the airways. The primary manifestations of asthma are bronchospasm leading to bronchoconstriction, increased bronchial mucus, and inflammation of bronchial tissue leading to edema. These cause recurrent episodes of “wheezing, breathlessness, chest tightness, and cough...that is associated with widespread but variable airflow obstruction that is often reversible either spontaneously or with treatment.” (National Asthma Education & Prevention Program Expert Panel Report, 2002).

**Chronic-** Symptoms that occur frequently or last a long time.

**Cross-Contamination-** Occurs when the proteins from various foods mix rendering a “safe” food “unsafe.” Often this is done in the cooking process (using contaminated utensils, pans, frying oils, grills, etc.).

**EpiPen-** By prescription only. It is a device that, once activated, automatically injects one measured dose of epinephrine when jabbed into the thigh. Should be stored in school office, taken on field trips, and carried by students with food allergies. Always call for emergency personnel when epinephrine is given.

**EpiPen Jr.-** It operates the same as the EpiPen. It has the same medicine as in the EpiPen but at a lower dose for lighter weight children. Like the EpiPen, it delivers one dose only. Always call for emergency personnel when epinephrine is given.

**Epinephrine-** The medicine contained in the EpiPen, EpiPen Jr., and Twinject. The drug of choice for anaphylaxis. It is the first medicine that should be used in the emergency management of a child having a potentially life-threatening allergic reaction. It is synonymous with adrenaline. There are no contraindications to the use of epinephrine for a life-threatening allergic reaction. Always call for emergency personnel when epinephrine is given.

**FARE-** Acronym for the Food Allergy Research and Education that has educational material on food allergies.

**Food Allergy-** An immune system response to a certain food. Upon ingestion, the body creates antibodies to that food. When the antibodies react with the food, histamine and other chemicals are released from cells. The release of those chemicals may cause hives, difficulty breathing, or other symptoms of an allergic reaction. See Allergic Reaction, above.

**Histamine-** A chemical released by the body during an allergic reaction. It causes the symptoms listed above in Allergic Reaction.

**Hives-** Itchy, red, mosquito-like bumps that may appear anywhere on the skin. Often a symptom of an allergic reaction.

**Individual Health Care Plan-** This written plan is developed by the school nurse using the nursing process to address the needs of students with chronic health conditions. With the input of the family, student and, if possible, the primary care provider, the nurse develops a plan that identifies the student's health needs, describes how the nursing care will be provided and identifies the outcomes expected from that intervention.

**Latex-** A synthetic rubber. It is an allergen for some people. It is commonly found in rubber gloves and balloons.

**Life-threatening Food Allergy-** Students with allergies have over-reactive immune systems. The immune system produces chemicals and histamine which cause the severe symptoms in the body (e.g., swelling, breathing difficulty or shock). See Allergic Reaction, above. Epinephrine found in the EpiPen or Twinject is the recommended treatment.

**Medic Alert Bracelet/Necklace-** A necklace or bracelet worn by an allergic student that states the allergens and gives a telephone number for additional information.

