



TUSTIN UNIFIED SCHOOL DISTRICT

Tustin 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 Arizona Department of Health Services and the Food and Allergy Anaphylaxis Network.

TUSD 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 practices have been created.

TUSD cannot guarantee that a student will never experience an allergy related event while at school.

Specific Individual Health Care Plans for individual students will be developed at the school site of attendance.

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General Information about Allergies

The first part of this guide is intended to give the reader general information about allergies, the importance of prevention and 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 the 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 and can be life threatening anaphylactic reactions. Some students, who are very sensitive, 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.

- Eight foods (peanut, tree nut, milk, egg, soy, wheat, fish, and shellfish) account for 90% of total food allergies.
- Peanut and tree nuts account for 92% of severe and fatal reactions, along with fish and shellfish.
- The student with an undiagnosed food allergy may experience his/her first food allergy reaction at school.

Many students with food allergies who have experienced a life-threatening (anaphylactic) reaction may be aware of his/her 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 teasing concerns are indicated, parents should consult site administration for support.

Bee/insect stings, as well as 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 and will occur 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

- 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

Food Allergy News, Vol. 13, No. 2. © 2003 The Food Allergy & Anaphylaxis Network.

- This food is too spicy.
- My tongue is hot or burning.
- It feels like something is poking my tongue.
- My tongue or mouth itches.
- My tongue feels like there is hair on it.
- My mouth feels funny.
- There's a frog in my throat.
- There's something stuck in my throat.
- My tongue feels full or heavy.
- My lips feel tight.
- It feels like there are bugs in there (to describe itchy ears).
- My throat feels thick.
- It feels like a bump is on the back of my tongue or throat.

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. 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~

Medical advice indicates that it is better to give the student's prescribed epinephrine and seek medical attention. Fatalities occur when epinephrine is withheld. In many fatal reactions the initial symptoms of anaphylaxis were mistaken for asthma. This delayed appropriate treatment with epinephrine.

Individual Health Care Plan & 504 Plans

An Individual Health Care Plan puts in writing what the school can do to accommodate the individual needs of a child with a life-threatening allergy. Prior to entry into school (or immediately after the diagnosis of a potentially life-threatening allergic condition), the parent/guardian should meet with the school nurse to develop an Individualized Health Care Plan. This plan details the preventative steps a school will take to help protect a student with life-threatening allergies including steps staff must take in the event of an emergency.

Parents may request a 504 Plan for their child at the beginning of each school year. The 504 Plan is a legal document providing assurances about the necessary steps the school will take to help prevent an allergic reaction and what steps the school will take in the event of a specific emergency.

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.

School is a high-risk setting for accidental ingestion of a food allergen, due to such factors as the large number of students, increased exposure of the food allergic student to food allergens, as well as cross-contamination of tables, desks, and other surfaces.

Other 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.
- Fund raisers & bake sales.
- Parties, 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. He/she should be medically evaluated.

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

General Guidelines

This next section serves as a guide to outline the range of responsibilities staff can have

concerning a child with a life-threatening allergy. Note that each child's team ultimately determines the responsibilities of individual staff members. This guide will 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 may be carried by the student if appropriate. To promote rapid life-saving steps, emergency medication should be in a safe accessible and reasonably secure location that can be properly supervised by a school nurse or other authorized and trained staff members. Key staff members, such as the teacher, principal, and cafeteria staff, should know where the auto-injector is stored even if they are not trained to administer it. All staff trained in use of epinephrine should know exactly where it is located. 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.

The school system shall maintain and make available a list of those school personnel authorized and trained to administer epinephrine by auto-injector. A current list, compiled by the school nurse, will be placed in the school health office.

Responsibilities of the Student with Life-threatening Allergies

The long-term goal is for the student with life-threatening allergies to be independent in the prevention, care, and management of their food allergies and reactions based on their developmental level. With this in mind, students with life-threatening allergies are asked to follow these guidelines:

- Do not share or trade 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) or 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 stored in a sealed, labeled container in the classroom.
- Develop a habit of always reading ingredients before eating food (as age appropriate).
- If medically necessary, the older student may be responsible for carrying emergency medication(s).
- If a Medic Alert bracelet is provided by the parent, the child is responsible for wearing the ID at all times.
- Empower the student to self-advocate in situations that they might perceive as compromising 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. Additionally, parents are encouraged to foster independence on the part of their child; based on her/his developmental level. To achieve this goal, parents are asked to follow these guidelines:

Inform the school in writing of your child's allergies prior to the opening of school (or immediately after a diagnosis) and request a meeting with the school nurse to develop an Individual Health Care Plan. In addition, provide:

- Medication orders from the licensed provider.
- Up-to-date epinephrine injector and other necessary medication(s).
- Annual updates on your child's allergy status including a description of student's past allergic reactions, including triggers and warning signs.
- A current picture of your child, for the Individual Health Care Plan, to post in school health office.
- If the child carries medication, periodically check for expiration dates and replace medication as needed.
- Provide and update emergency contact information regularly.
- Provide a Medic Alert bracelet for your child.
- 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.
- If requesting a special meal from the cafeteria, complete and submit the Medical Statement to Request Special Meal Form (Appendix) to the Nurse. Coordinate with the Nurse and Nutrition Services regarding the modified meals.

For lunch at school review weekly menus and then reconfirm daily food choices, eating a lunch provided by the school may not be appropriate.

- If needed, help decide upon an allergy-free eating area in the 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 and recognize the first symptoms of an allergic/anaphylactic reaction and notify an adult immediately.
- 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 and 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 your 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. Educators are encouraged to foster independence on

the part of children, based on her/his developmental level. To achieve this goal school nurses, with input from the administrators, are asked to consider these guidelines when developing an Individual Health Care Plan for a student with a life-threatening allergy:

The Individual Health Care Plan (for prevention) is essential for managing life-threatening allergic reactions. 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.).
- Other support staff.
- Student with food allergy (if age appropriate).

Offer training and education for staff regarding:

- Food allergies, insect stings, medications, latex, etc. Emergency and risk reduction procedures.
- How to administer an epinephrine injector for an emergency.
- If medically necessitated, arrange for an allergy free table in the school.
- Make sure students wash their hands thoroughly before entering the classroom.
- Have the custodian wash doorknobs, tables, desks, and other potentially contaminated surfaces when cleaning the classroom, as needed.
- Plan for student transitions each spring for the next school year.
- Take threats or harassment against an allergic child seriously.

Other responsibilities include:

- Include in the school's emergency response plan a written plan outlining emergency procedures for managing life-threatening allergic reactions.
- Provide special training for food service personnel.
- Inform parent/guardian if any student experiences an allergic reaction at school.
- Make sure a contingency plan is in place in case of substitute teacher, nurse or food service personnel (Appendix).
- Have a plan in place when there is no school nurse available.
- Ensure that the student is placed in a classroom where there is a person trained to administer an EpiPen, if needed.

Administrator Guidelines for the Substitute Teachers

- Make sure a contingency plan is in place for substitute teachers (See Appendix).
- Information is put in the substitute teacher folder that should explain the allergies of each child in the classroom.
- If an emergency arises, call the office immediately and ask for someone trained to administer whatever the student may need.

Guidelines for the School Nurse

When it comes to the school care of children with life-threatening allergies, school nurses may carry the largest responsibility. School nurses are asked to assist the school team in both prevention and emergency care of children with food allergies and reactions. School nurses are encouraged to foster independence on the part of children, based on their developmental level. To achieve this goal, school nurses are asked to consider these guidelines when developing an Individual Health Care Plan for a student with a life-threatening allergy:

- Schedule a meeting including the classroom teacher (team), and the student's parent/guardian to develop the Individual Health Care Plan for the student. Distribute final copies as outlined in the Individual Health Care Plan.
- Track in-service attendance of all involved parties to ensure that they have trained.
- Introduce yourself to the student and explain to him/her how to get to the nurse's office.
- In the health office, child's classroom or other appropriate locations post, and label location of Individual Health Care Plans and emergency medication (e.g. EpiPen or Twinject).
- For epinephrine injectors stored in the health office, periodically check medications for expiration dates. Contact parent/guardian for replacement as needed.
- If parents or guardians are requesting a special meal from the cafeteria, submit a Medical Statement Special Meal form to the Director of Nutrition Services. Coordinate with Nutrition Services regarding making the appropriate substitutions or modifications for meals served.
- With parental permission, provide posters, which may include children(s) photo(s) in private areas of the health office for children with life-threatening food allergies.

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. Educators are encouraged to foster independence on the part of children, based on their developmental level. To achieve this goal, teachers are asked to consider these guidelines as the work with their team to develop an Individual Health Care Plan for a student with a life-threatening allergy:

- Prior to the start of school, teachers will receive the Individual Health Care Plan of any student(s) in the classroom with life-threatening allergies.
- Participate in any team meetings for the student with life-threatening allergies and in-service training.
- Keep the student's Confidential Student Information/Individual Health Care Plan accessible in the classroom.
- In the event of an allergic reaction immediately initiate the emergency procedures in the student's Individual Health Care Plan. Contact the front office immediately.
- Be sure student teachers, classroom aides, volunteers, specialists and substitute teachers are informed of the student's food allergies (Seek training and information from school nurse when notified).

- Concerning sub folders, each folder will have information regarding children in the specific classroom with serious medical conditions. Leave information for the substitute teachers in an organized, prominent, and accessible format.
- Include the following notice in the sub folder (See Appendix).
- The school nurse and/or administrator should be responsible for discussing with the substitute teacher the student's food allergy condition and should make sure the substitute is qualified to handle the situation.
- Notify parents in the class that there is a child in the class with a life-threatening food allergy. This should be done in writing and should include the seriousness of this condition (See Appendix).
- Reinforce school guidelines on bullying and teasing to avoid stigmatizing, or harassing students with food allergies.
- Inform parents of the allergic child in advance of any classroom events where food will be served.
- Never question or hesitate to immediately initiate the emergency procedures identified in the student's Individual Health Care Plan if a student reports signs of an allergic reaction.
- Sharing or trading food in the classroom should be prohibited.

Snacks/Lunch Time

- If the teacher discovers unknown or restricted food in the classroom, refer to the student's Individual Health Care Plan.
- If it is suspected that the student(s) desk has been contaminated, the desk(s) will need to be cleaned by someone other than the allergic child.
- Reinforce hand washing before and after eating.
- A parent or guardian of a student with food allergies is responsible for providing classroom snacks for his/her own child. These snacks should be kept in a separate labeled snack box or closed container.

Classroom Activities

- Consider the presence of allergic foods in classroom activities (e.g., arts and crafts, science projects, and celebrations, or other projects). Modify class materials as needed.
- If a food event has been held in an allergic child's classroom(s), have the custodian wash the tables and chairs.
- Try not to isolate or exclude a child because of allergies, encourage the use of stickers, pencils, or other non-food items as rewards instead of food.
- If an animal is invited to the classroom, special attention must be paid to other allergies children may have (e.g. dander) and to the animal's food (peanuts, soy milk).
- For birthday parties, consider a once-a-month celebration, with non-food treats.

Field Trips

- Consider the student when planning a field trip due to a risk of allergen exposure.

- Collaborate with the school nurse prior to planning a field trip. Ensure the epinephrine injector and Emergency Action Plan is taken on field trips with trained personnel.
- Consider eating situations of field trips and plan for prevention of exposure to the student's life-threatening foods.
- 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.
- Clearly specify any special meals needed before the field trip. Avoid meals that may be food allergy related.
- Package meals appropriately to avoid cross-contamination.
- Encourage hand washing after eating.
- Identify one staff member who will be assigned the task of watching out for the student's welfare and handling any emergency.
- 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.
- Field trips should be chosen carefully; no student should be excluded from a field trip due to risk of allergen exposure.
- 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.

Guidelines for Food Services Director/School Cafeteria Manager

A school cafeteria manager cannot guarantee that food served in the general lunch program is allergen free. Parents or students may be given access to food labels to identify ingredients in the products used by a school's cafeteria. It is ultimately the responsibility of the parent to decide whether the child will buy the allergy-free lunch substitute or bring a lunch to school.

- Meet with parent/guardian to discuss student's allergy as needed.
- Review the Individual Health Care Plan and a photograph of the student with life-threatening allergies (per parent permission).
- After receiving Medical Statement to Request Special Meal form, coordinate with the Nurse and parents/guardians to make appropriate substitutions or modifications for meals served to students with food allergies.
- Provide advance copies of the menu to parents/guardian.
- Provide sound food handling practices to avoid cross-contamination with potential food allergens.
- Maintain contact information for manufacturers of food products.
- Follow cleaning and sanitation protocol to prevent cross contamination.
- Provide advanced copies of the menu to parents/guardian when requested.

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 before and after eating.
- Reinforce that only children with safe lunches eat at the allergy free table.
- A Medic Alert bracelet should not be removed.
- Adult supervisors may be asked to hold an epinephrine injector for a child.

Appendix



**HEALTH SERVICES
STUDENT FOOD ALLERGIES**

Date:

Dear Parent/Guardian:

One or more students in our classroom have the following food allergy:

As many of you may know, food allergies are not uncommon in our student population. If a child has this type of allergy, a reaction from ingestion, inhalation, or contact with the food product may result in a severe reaction called anaphylaxis. The allergic reaction, in some cases, could be life threatening.

We ask that you assist us in providing this/these student(s) with a safe school environment.

This is how you can help:

- Limit sending these food items to school as much as possible. This includes containers that have held the food in them.
- Talk to the teacher before sending food to school for parties.
- Encourage your child not to share any of their food with other students.

We believe that prevention is the best approach in caring for all at-risk students,

We want to thank you for your cooperation as we strive to make the school a safe environment for all students. If you have any questions, please contact your school health office.

Sincerely,

School Nurse

CONFIDENTIAL TEACHER/SUB NOTIFICATION OF STUDENT WITH ANAPHYLAXIS/ALLERGIES

STUDENT: _____

DOB: _____

DATE: _____

TEACHER: _____

SCHOOL: _____

ALLERGIC TO:

_____ Food eaten, inhaled or touched (type): _____

_____ Bee Sting or Insect Bites (type): _____

_____ Other (type): _____

Should exposure to the above occur the student may develop allergy symptoms which quickly progress to life threatening symptoms as listed below:

SYMPTOMS OF ANAPHYLAXIS					
MOUTH	SKIN	GUT	THROAT	LUNGS	HEART
Itching, tingling or swelling of lips, tongue or mouth	Hives, itchy rash, swelling of face or extremities	Nausea, abdominal cramps, vomiting, diarrhea	Tightening, hoarseness, hacking cough, difficulty swallowing	Shortness of breath, repetitive cough, wheezing	Thready pulse, low blood pressure, fainting, paleness, blueness of lips or face

If the above occurs:

Trained personnel may administer the injectable emergency medication below in the event of an anaphylactic reaction. Send or call for help immediately from school office. **Never leave the student alone. Call 911 if the above symptoms occur and/or the emergency injectable is administered.** Continue to monitor for: A (Airway), B (Breathing), C (Circulation). Initiate CPR if student becomes unconscious or stops breathing.

Medications kept in:

_____ Health office medicine cabinet

_____ Student's Backpack

_____ No medications at school

_____ Student may self-administer

_____ ANTIHISTAMINE

_____ INHALER

_____ EPINEPHRINE/EPINEPHRINE JR. AUTO-INJECTOR

_____ TWINJECT/TWINJECT JR.

(Always request that these medications be made available to student at any school activities conducted on/off of the school campus.)

Nurse signature: _____ Date: _____

Teacher signature: _____ Date: _____



HEALTH SERVICES

Allergic/Anaphylactic INFORMATION SHEET

Student: _____ DOB: _____

School: _____ School Year: _____

School records indicate that your child has a severe allergy. The school is therefore requesting the following information so that we can better assist your child should exposure occur at school. Immediate care may be of an emergency nature.

Please answer the following questions and return this to the school as soon as possible.

1. Allergy Type: _____

Describe the

2. immediate reaction: _____

Average length of time symptoms

3. lasts: _____

4. Last time event occurred: _____

5. Describe student's behavior following exposure: _____

6. Other sensitivities: _____

List any warning signs prior to the

7. symptoms: _____

8. List all medications your child is taking: _____

Medication: _____ Dose/Time given: _____

Medication: _____ Dose/Time given: _____

Medication: _____ Dose/Time given: _____

Medication: _____ Dose/Time given: _____

9. Physician's name: _____ Telephone number: _____

10. Additional comments or information: _____

Parent Signature

Date

NOTE: Parents are responsible for notifying the school if medication and/or allergy information changes.

Food Allergy Action Plan

Place
Student
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, crampy pain

MILD SYMPTOMS ONLY:

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



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.**



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):

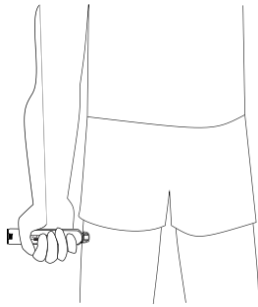
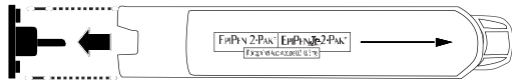
Monitoring

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 _____
provided courtesy of FAAN (www.foodallergy.org)

Physician/Healthcare Provider Signature _____ Data Form _____

- 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)

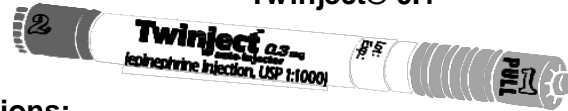


- Swing and firmly put the orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the EpiPen Auto-Injector and massage the area for 10 more seconds.



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

Twinject® 0.3 mg and Twinject® 0.1



Directions:

Remove caps labeled “1” and “2.” Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

SECOND DOSE ADMINISTRATION: If symptoms don't improve after 10 minutes, administer second dose:

Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.

Slide yellow collar off plunger.

Put needle into thigh through skin, push plunger down all the way, and remove.



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: _____

Parent/Guardian: _____

Phone: () - _____

Phone: () - _____

Other Emergency Contacts: Name/Relationship: _____

Phone: () - _____

Name/Relationship: _____

Phone: () - _____

MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

1. School/Agency Name	2. Site Name	3. Site Telephone Number	
4. Name of Participant		5. Age or Date of Birth	
6. Name of Parent or Guardian		7. Telephone Number	
8. Check One: <input type="checkbox"/> Participant has a disability or a medical condition and <i>requires</i> a special meal or accommodation. (Refer to definitions on reverse side of this form.) Schools and agencies participating in federal nutrition programs must comply with requests for special meals and any adaptive equipment. A licensed physician must sign this form. <input type="checkbox"/> Participant does not have a disability, but is requesting a special meal or accommodation due to food intolerance(s) or other medical reasons. Food preferences are not an appropriate use of this form. Schools and agencies participating in federal nutrition programs are encouraged to accommodate reasonable requests. A licensed physician, physician's assistant, or nurse practitioner must sign this form.			
9. Disability or medical condition requiring a special meal or accommodation:			
10. If participant has a disability, provide a brief description of participant's major life activity affected by the disability:			
11. Diet prescription and/or accommodation: <i>(please describe in detail to ensure proper implementation-use extra pages as needed)</i>			
12. Indicate texture: <input type="checkbox"/> Regular <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed			
13. Foods to be omitted and substitutions: <i>(please list specific foods to be omitted and suggested substitutions. you may attach a sheet with additional information as needed)</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. Foods To Be Omitted <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> </div> <div style="width: 45%;"> B. Suggested Substitutions <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> </div> </div>			
14. Adaptive Equipment:			
15. Signature of Preparer*	16. Printed Name	17. Telephone Number	18. Date
19. Signature of Medical Authority*	20. Printed Name	21. Telephone Number	22. Date

Physician's signature is required for participants with a disability. For participants without a disability, a licensed physician, physician's assistant, or nurse practitioner must sign the form.

The information on this form should be updated to reflect the current medical and/or nutritional needs of the participant.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, and Office of Adjudication: 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339, or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

INSTRUCTIONS

1. **School/Agency:** Print the name of the school or agency that is providing the form to the parent.
2. **Site:** Print the name of the site where meals will be served (e.g., school site, child care center, community center, etc.)
3. **Site Telephone Number:** Print the telephone number of site where meal will be served. See #2.
4. **Name of Participant:** Print the name of the child or adult participant to whom the information pertains.
5. **Age of Participant:** Print the age of the participant. For infants, please use Date of Birth.
6. **Name of Parent or Guardian:** Print the name of the person requesting the participant's medical statement.
7. **Telephone Number:** Print the telephone number of parent or guardian.
8. **Check One:** Check (✓) a box to indicate whether participant has a disability or does not have a disability.
9. **Disability or Medical Condition Requiring a Special Meal or Accommodation:** Describe the medical condition that requires a special meal or accommodation (e.g., juvenile diabetes, allergy to peanuts, etc.)
10. **If Participant has a Disability, Provide a Brief Description of Participant's Major Life Activity Affected by the Disability:** Describe how physical or medical condition affects disability. For example: "Allergy to peanuts causes a life-threatening reaction."
11. **Diet Prescription and/or Accommodation:** Describe a specific diet or accommodation that has been prescribed by a physician, or describe diet modification requested for a non-disabling condition. For example: "All foods must be either in liquid or pureed form. Participant cannot consume any solid foods."
12. **Indicate Texture:** Check (✓) a box to indicate the type of texture of food that is required. If the participant does not need any modification, check "Regular".
13. **A. Foods to Be Omitted:** List specific foods that must be omitted. For example, "exclude fluid milk."
B. Suggested Substitutions: List specific foods to include in the diet. For example, "calcium fortified juice."
14. **Adaptive Equipment:** Describe specific equipment required to assist the participant with dining. (Examples may include a Sippy cup, a large handled spoon, wheel-chair accessible furniture, etc.)
15. **Signature of Preparer:** Signature of person completing form.
16. **Printed Name:** Print name of person completing form.
17. **Telephone Number:** Telephone number of person completing form.
18. **Date:** Date preparer signed form.
19. **Signature of Medical Authority:** Signature of medical authority requesting the special meal or accommodation.
20. **Printed Name:** Print name of medical authority.
21. **Telephone Number:** Telephone number of medical authority.
22. **Date:** Date medical authority signed form.

DEFINITIONS*:

"A Person with a Disability" is defined as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.

"Physical or mental impairment" means (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive, digestive, genitor-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

"Major life activities" include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

"Has a record of such an impairment" is defined as having a history of, or have been classified (or misclassified) as having a mental or physical impairment that substantially limits one or more major life activities.

(*Citations from Section 504 of the Rehabilitation Act of 1973 and Americans with Disabilities Act of 1990)

Steps To Take After A Reaction:

1. Implement directions on Individual Health Care Plan.
2. Delegate notification of parent/guardian, notification of school administrator, needs of students classmates and meeting/directing of EMS.
3. Accompany the student to emergency care facility.
4. Gather accurate information about the reaction, including who assisted in the medical intervention and who witnessed the event.
5. Save food eaten before the reaction, place in a plastic Ziploc bag and freeze for analysis.
6. If food was provided by school cafeteria, review food labels with cafeteria manager.
7. 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 Individual Health Care Plan as needed. Specify any changes to prevent another reaction.



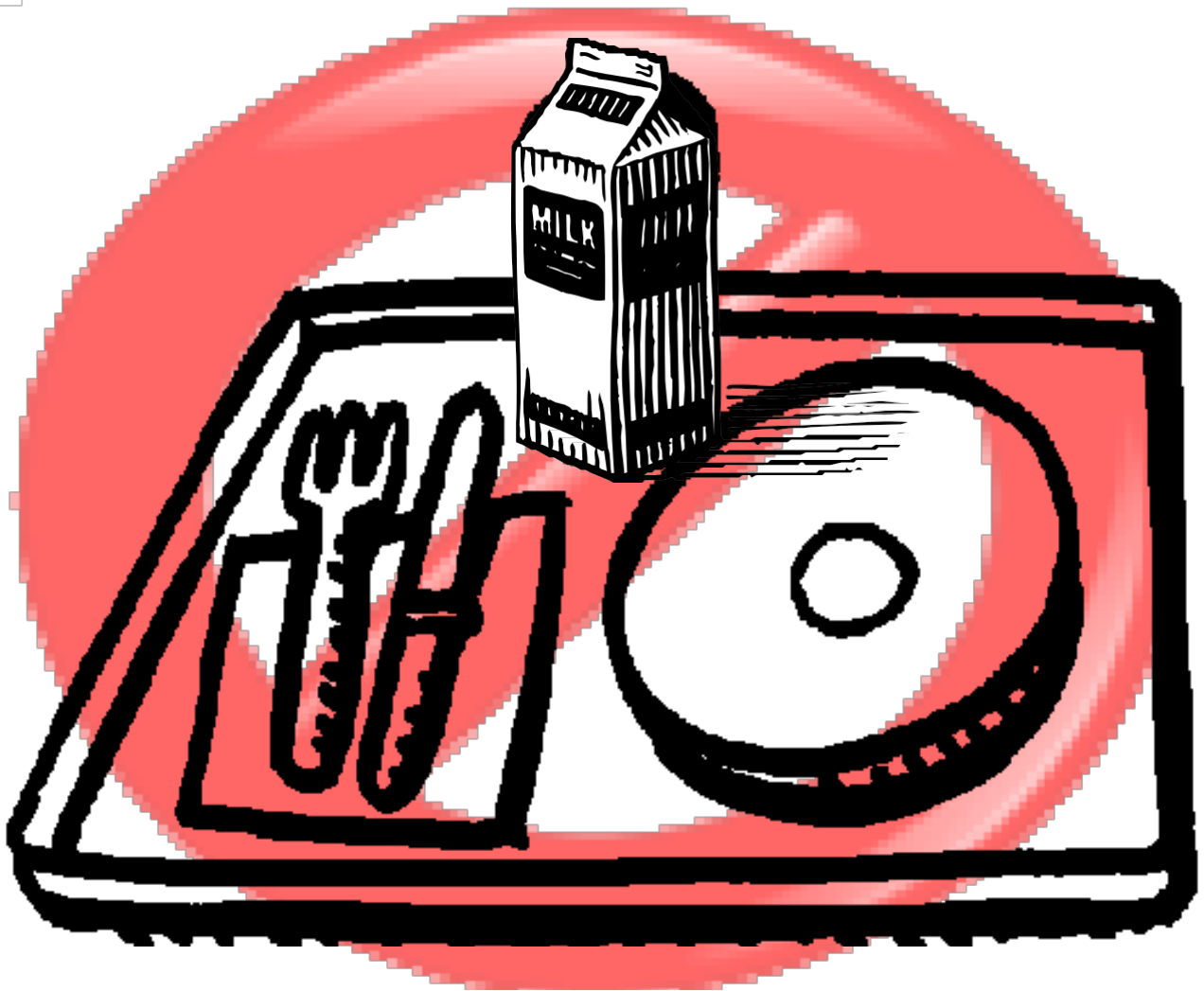
Help Keep Our Allergic Students Safe

PLEASE:

- ☐ NO Peanuts
- ☐ NO Nut Products
- ☐ NO Eggs
- ☐ NO Milk
- ☐ NO Fish
- ☐ Other _____

STUDENT SERVICES
(714)730-7301
(714) 505-2452 FAX

NO FOOD OR UTENSIL SHARING





This is an ALLERGY- CONTROLLED ZONE





This is an
ALLERGY-
CONTROLLED
CLASSROOM



GLOSSARY

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

Adrenaline- A 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.

Allergy Warning Label- A bright colored label placed on the substitute teacher's folder in the classroom alerting the substitute to look for information in the folder regarding the food allergic student.

Anaphylactic Reaction- A synonym for Anaphylaxis.

Anaphylaxis- It is 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 immediately use 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.

Consumer Hotline (for food staff) - Major food distributors toll-free numbers usually found on packaging. Can be used to check for information on ingredients in a food or the foods' processing procedures (e.g., cross-contamination).

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

Emergency Action Plan- This is a written document that evolves from the IHP and provides the educational staff with all necessary information should an emergency occur regarding the student who has a serious health condition. This information should include the physical signs of a health emergency, actions to be taken and emergency contact information.

EpiPen- Is administered by prescription only. It is a device that, once activated, will automatically inject one measured dose of epinephrine when jabbed into the thigh. It looks like a black magic marker. The EpiPen is contained in an orange cylindrical container as the medicine is light sensitive. **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. The newer EpiPen Jr. has green packaging which distinguishes it from the yellow EpiPen. **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.**

FAAN- Acronym for the Food Allergy and Anaphylaxis Network that has educational material on food allergies. Each school nurse has access to FAAN's School Food Allergy Program online. Available at www.foodallergy.org.

504 Plan- The Rehabilitation Act of 1973 contains Section 504 Regulations, 34 C.F.R. Part 104. This section states that a recipient of Federal financial assistance cannot discriminate, excluded from participation in, or deny the benefits of any program or activity on the basis of an individual's handicap. As it relates to the educational setting, this is a regular education issue not a special education issue. Procedural safeguards are handled through due process or the Office of Civil Rights and discrimination court case. A person is defined as handicapped if they have a mental or physical impairment that significantly limits the following major life activities: caring for one's self, walking, seeing, hearing, speaking, breathing, learning, working or performing manual tasks.

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.

Periodic Anaphylaxis Drill- Practice in procedures that would be carried out if there were an anaphylactic emergency. The drill may include but is not limited to: who helps the student, who retrieves the EpiPen or Twinject or administers it, who calls 9-1-1, and who directs the paramedics to the child.

Definition of School Nurse- California Education Code 49426 – A school nurse is a registered nurse currently licensed under Chapter 6 (commencing with Section 2700) of division 2 of the Business and Professions code, and who has completed the additional requirements for and possesses current credential in, school nursing pursuant to Section 44877.

School Nurses- strengthen and facilitate the educational process by improving and protecting the health status of children and by identification and assistance in the removal or modification of health-related barriers to learning in individual children. The major focus of school health services is the prevention of illness and disability, and the early detection and correction of health problems. The school nurse is especially prepared and uniquely qualified in preventive health, health assessment, and referral procedures.

Twinject- An auto-injector that delivers epinephrine rapidly and easily. If symptoms reappear before emergency help arrives, Twinject provides a built-in second dose of medication. Epinephrine, the active ingredient in Twinject, is the recommended treatment for severe anaphylaxis. It is administered by way of injection through the skin into the thigh, and begins working immediately. Epinephrine helps you breathe by relaxing constricted airways in the lungs. It also reverses dropping blood pressure by constricting small blood vessels. **Always call for emergency personnel when epinephrine is administered.**

Twinject Jr. - It operates the same as the Twinject. It has the same medicine as in the Twinject but at a lower dose for lighter weight children. Twinject provides a built-in second dose of medication. The newer Twinject Jr. has green packaging which distinguishes it from the blue Twinject. **Always call for emergency personnel when epinephrine is administered.**