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.)
IUSD 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.

IUSD 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 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 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 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 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

This food is too spicy
My tongue is hot (or burning)
It feels like something is poking my tongue
My tongue (or mouth) itches
It (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)
It (my throat) feels thick
It feels like a bump is on the back of my tongue (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 Plan
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 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. 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 and physical education, food service/cafeteria, art, science, and 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 should 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:

- Avoid trading or sharing foods.
- Wash hands or use Wet Ones disposable wipes (Wet Ones is the only recommended brand. Traditional diaper wipes do not have the proper chemical composition to remove allergens from the skin) 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.

• Notify supervisors of before and after school activities regarding your child’s allergy and provide necessary medication.

• Introduce your child to the head cafeteria worker to explain your child’s allergy.

• 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.
• 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 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 and epinephrine injector for an emergency.
  • Special training for food service personnel and recess/noon duty staff.
If medically necessitated, arrange for an allergy free table in the school.

Have disposable Wet Ones wipes available for student use in the classroom as needed.

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.

Administrator Guidelines for the Substitute Teachers

- Make sure a contingency plan is in place for substitute teachers. (See Appendix)

- Include the following statement in the sub folder, (red folder at most sites given to sub by front office staff), "If this is your first-time in this classroom, see the school nurse or appropriate personnel for training in implementing the emergency response in the Individual Health Care Plan and how to administer an epinephrine injector." (See Appendix)

- The school nurse and/or administrator should be responsible for discussing with the substitute teacher students’ food allergy conditions and should make sure the substitute teacher is qualified to handle the situation.

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.

- Conduct and track attendance of in-service training for staff that work with the child at beginning of school and after mid-year break.

- 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.

- 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 both student teacher and classroom aides 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.
- Secure disposable wipes (Wet Ones) from the parents or “classroom supply list” for “in class” hand washing, anytime students come in contact with food in the classroom.
- 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.
- Provide two disposable Wet Ones wipes with each meal (for cleaning hands before and after meals).
• 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.

• Disposable Wet Ones wipes should be used by students and staff after consuming food.

• 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.

• Work with administration to determine if peanut and other nut-containing products are on the menu, and if so, consider removing them.

• Meet with parent/guardian to discuss student’s allergy.

• Review the Individual Health Care Plan and a photograph of the student with life-threatening allergies (per parent permission).

• 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.

• All food service staff should be trained on how to read product labels and recognize food allergens.
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 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.

Guidelines for School Bus Drivers

- Maintain policy of no food eating allowed on school buses with the exception made only to accommodate special needs under federal or similar laws.
- School bus drivers shall be trained by appropriate personnel in risk reduction procedures, recognition of allergic reaction, administration of emergency medications and implementation of bus emergency plan procedures.
- The school bus driver must have a walkie-talkie or other means of communication for emergency calls.
- Administer the epinephrine injector or other prescribed medications when an allergic reaction is suspected and the call 911.
Appendix
Date:

Dear Parent/Guardian,

One or more of the children in our school has an allergy to nuts. This allergy can be fatal. 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 nuts or items containing nuts to school as much as possible. This includes containers that used to have nuts or peanut butter in them.**
- **Talk to the teacher before sending food to school for parties.**
- **If your child eats peanut butter before school, please make sure they wash their hands before coming to school**
- **Peanut butter and nuts may not be served by the cafeteria at our schools. Some children bring their lunch to school. Peanut butter sandwiches may be brought to school. There will be a special table for children who have food allergies. Peanut butter sandwiches and nuts will not be allowed at that table.**

Thank you for your help. Attached you will find some suggestions for preparing nutritional lunches that do not contain peanuts or other nut products. If you have any questions about food allergies, please contact your School Nurse at _______________________________. The School Nurse will be happy to help you.

Please fill out the bottom of this letter, and return it to your child’s teacher.

Sincerely,

___________________________________
School Nurse

----------------------------------------------------------
I have read the food allergy letter. I agree to do my part for the health of the children with food allergies.

My child’s name: ________________________________

Parent/Guardian signature: ___________________________ Date: __________
ATTENTION SUBSTITUTE TEACHERS:

Medication in Classroom

PLEASE read this information BEFORE the students enter the room.

If this is your first time in this classroom see the School Nurse or appropriate personnel for training in implementing the emergency response in the Individual Health Care Plan and how to administer an Epi-Pen injector.

_________________________ is extremely allergic to all peanut products. They cannot inhale, touch, or ingest any peanut products. Have student show you where I keep an extra Epi-pen and emergency medication for him/her. There is a red laminated red cross on the cabinet where his/her medications are kept in this room. In the event of an allergic reaction immediately initiate the emergency procedures in the students’ Individual Health Care Plan (attached).

After every recess, all students and the teachers MUST wash their hands or use Wet Ones handi-wipes before entering the classroom.

On rainy days, student is to eat in the pod area near his/her classroom and away from the common trash bins. Parents received letters requesting no peanut products be sent into the classroom and everyone is on the “honor system”.

*If you have not been trained in Epi-pen administration, or if you use the Epi-Pen or emergency medication, call the front office by pushing the “urgent” button on the wall phone for assistance. If no one answers, dial “911” from the phone—no need to dial “9” first. Send a student to the front office immediately stating you have an emergency in your classroom.

*Individual Health Care Plan attached
ATTENTION SUBSTITUTE TEACHERS:

Medication in Health Office

PLEASE read this information BEFORE the students enter the room.

If this is your first time in this classroom see the School Nurse or appropriate personnel for training in implementing the emergency response in the Individual Health Care Plan and how to administer an Epi-Pen injector.

____________________ is extremely allergic to all peanut products. They cannot inhale, touch, or ingest any peanut products. If student says he/she is not feeling well, send him/her with a buddy to the front office for further evaluation.

After every recess, all students and the teachers MUST wash their hands or use Wet Ones handi-wipes before entering the classroom.

On rainy days, student is to eat in the pod area near his/her classroom and away from the common trash bins. Parents received letters requesting no peanut products be sent into the classroom and everyone is on the “honor system”.

If you have not been trained in Epi-pen administration, call the front office by pushing the “urgent” button on the wall phone for assistance. If no one answers, dial “911” from the phone—no need to dial “9” first. Send a student to the front office immediately stating you have an emergency in your classroom.
ATTENTION SUBSTITUTE SCIENCE TEACHERS:

Medication in Health Office

PLEASE read this information BEFORE the students enter the room.

If this is your first time in this classroom see the School Nurse or appropriate personnel for training in implementing the emergency response in the Individual Health Care Plan and how to administer an Epi-Pen injector.

_________________________ is extremely allergic to all peanut products. They cannot inhale, touch, or ingest any peanut products. If student says he/she is not feeling well, send him/her with a buddy to the front office for further evaluation.

After every recess, all students and the teachers MUST wash their hands or use Wet Ones handi-wipes before entering the classroom.

On rainy days, student is to eat in the pod area near his/her classroom and away from the common trash bins. Parents received letters requesting no peanut products be sent into the classroom and everyone is on the “honor system”.

If you have not been trained in Epi-pen administration, call the front office by pushing the “urgent” button on the wall phone for assistance. If no one answers, dial “911” from the phone—no need to dial “9” first. Send a student to the front office immediately stating you have an emergency in your classroom.
**EpiPen® and EpiPen® Jr. Directions**

- Pull off gray activation cap.

- Hold black tip near outer thigh (always apply to thigh).

- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

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**Twinject™ 0.3 mg and Twinject™ 0.15 mg Directions**

- Pull off green end cap, then red end cap.

- Put gray cap against outer thigh, press down firmly until needle penetrates. Hold for 10 seconds, then remove.

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

- Unscrew gray cap and pull syringe from barrel by holding blue collar at needle base.

- Slide yellow or orange collar off plunger.

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

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**Once EpiPen® or Twinject™ is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.**

**For children with multiple food allergies, consider providing separate Action Plans for different foods.**

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**“Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission”**

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**IUSD**
**EPIFEN Auto-Injector and EPIFEN Jr Auto-Injector Directions**

- First, remove the EPIFEN 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 EPIFEN Auto-Injector and massage the area for 10 more seconds.

**Twinject® 0.3 mg and Twinject® 0.15 mg 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.

**Adrenaclip™ 0.3 mg and Adrenaclip™ 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.

Once epinephrine is used, call the Rescue Squad and request an ambulance equipped with epinephrine and a responder trained to administer this medication. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.

**Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.**

Feb. 2010
In support of the Irvine Unified School District **Severe Food Allergy Practices**, these are some suggestions for preparing nutritional lunches that do not contain peanuts or other nut products:

### SANDWICH FILLINGS
- Chicken or turkey - can be spiced, smoked or made into a chicken salad
- Lean beef or ham - minced/sliced
- Pork – sliced or chopped; add applesauce or relish
- Lean luncheon or deli meats
- Tuna or Salmon
- Cheese with apple, crumbled bacon, or pickles
- Cream cheese with chopped olives
- BLT – bacon/lettuce/tomato
- Sliced meatloaf
- Cucumber or any vegetable

### COLD FOODS TO PACK IN A WIDE-MOUTH THERMOS
- Potato or pasta salad with cubes of meat and/or cheese
- Chef Salad
- Garden Salad
- Fruit with cottage cheese

### WARM FOODS TO PACK IN A WIDE-MOUTH THERMOS
- Pastas such as spaghetti, macaroni, or many other varieties
- Rice dishes
- Soups
- Stews
- Casseroles
- Leftovers

### "ANY TIME" FAVORITES
- Pizza
- Nut-free muffins with yogurt or cheese
- Cold Cereal (pack the milk separately in a cold thermos)

### KEEPING FOODS FRESH & COLD
- Pack sandwich components such as tomato and lettuce separately. Your child can put the sandwich together before eating.
- Freeze 100% fruit juices, water and individual lunch portions ahead of time. Most will thaw by lunchtime.
- Refrigerate all snacks and lunch overnight, including cookies and muffins. They will help keep other food cool all morning, but suitable temperature for eating by lunchtime.
- Use a small lunch-size freezer pack.

### IDEAS IN PLACE OF PLAIN BREAD
- Whole wheat
- Oatmeal bread
- Rye bread
- Pumpernickel bread
- Pita Pockets
- Soft Tortilla Shells
- Tea Biscuits
- Rice Cakes
- Croissants
- Bagels
- Crackers
- English Muffin or Crusty Roll
- Hotdog or Hamburger buns

### OTHER SUGGESTIONS FOR SNACKS OR HEALTHY WAYS TO FILL UP A LUNCHBOX
- Raw vegetables such as carrots, celery sticks and broccoli, served with dip
- Rice cakes, bread sticks, melba toast, soda crackers and reduced fat snack crackers
- Cubes of lean meat or cheese
- Multi-grain bars
- Nut-free, non-sugar dry cereal such as Corn Bran or Mini Wheats
- Raisins
- Jello
- Popcorn
- Yogurt
- Applesauce
- Fresh fruits such as apples, oranges, bananas, peaches, plums, grapes, and melons
Lunch Suggestions

Here are some ideas for lunch.

As always, read the labels on everything. Ingredients in commercially prepared foods sometimes change without warning.

For milk-restricted diets, use caution with deli meats. Often milk is used as a binder, or the meat is contaminated with cheese that has been sliced on the same machine.

Slice chicken breast thinly into rectangle shapes. Wrap each piece around a cherry tomato and attach with a toothpick.

Flatten four allowed refrigerator biscuits. Place ham in the center of each and roll the biscuit up. Place seam side down on ungreased baking sheet; bake 8 to 10 minutes at 400 degrees.

Combine melon balls (cantaloupe and honeydew) with cherry tomatoes and chicken chunks.

Add just enough tomato sauce to cooked pasta to add color and some flavor. Use a thermos to keep it warm.

Make a chilled pasta salad with your choice of pasta shape and color, the dressing of your choice, and one of the following combinations:

- thinly sliced carrots, snow peas, cucumbers, and tomatoes
- broccoli and tuna or ham chunks
- zucchini, broccoli, cherry tomatoes, and lima beans or frozen green peas
- chicken and snow peas
- corn and lima beans

Mix thinly sliced cooked potatoes with crisp-tender peas and carrots. Add meat slices or bacon pieces.

Combine lettuce, apple chunks, kidney beans or chick peas, and tuna or chicken.
Lunch Suggestions continued……

Mix rice, corn, and papaya or cantaloupe chunks. Chicken may be added, too.

Cut an apple into chunks; add pork cubes, seedless grapes, and celery slices.

Cut up vegetables, such as celery, carrots, broccoli, cauliflower, and cucumbers, and pack with a container of dressing or dip.

Pack taco salad ingredients (without the cheese) in separate containers, and let your child put them together at school.

Pack miniature lamb, beef, or turkey meatballs in a thermos. Rice can be added if you wish.

Adapted from FAAN's booklet, *Off to School with Food Allergies: A Guide for Parents.*
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. 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.

5. Gather accurate information about the reaction, including who assisted in the medical intervention and who witnessed the event.

6. Save food eaten before the reaction, place in a plastic Ziploc bag and freeze for analysis.

7. If food was provided by school cafeteria, review food labels with cafeteria manager.

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 Individual Health Care Plan as needed. Specify any changes to prevent another reaction.
Help Keep Our Allergic Kids Safe

**PLEASE**

☐ NO Peanuts
☐ NO Nut Products
☐ NO Eggs
☐ NO Milk
☐ NO Fish
☐ Other ____________________

Irvine Unified School District Health Services
(949) 936-7520
(949) 936-7539 fax
NUT FREE TABLE

“Nut Free Table” signs are available through Maintenance and Operations, x5321.
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.

**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**- Syn. 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 “unsafe”. Often this is done in the cooking process –using contaminated utensils, pans, frying oils, grills, etc.

Disposable Wipes- Wet Ones brand only. Traditional diaper wipes do not have the proper chemical composition to remove allergens from the skin.

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- 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 FAAN’s School Food Allergy Program. It is recommended that each school nurse has FAAN’s School Food Allergy Program.
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- 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.

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.