

## **Student Allergy Management Guidelines**

Management of a student's medical condition is a shared responsibility. Parents / guardians are obligated to inform the school of any health condition that could potentially present a problem and provide the school nurse with current medical documentation and required authorization as delineated in the District medication policy. The District will follow applicable laws that apply to students with disabling dietary needs and implement a medical management plan as indicated by the student's health care provider. Students are encouraged to be proactive in the care and management of their food allergy based on their developmental level.

### **Creating an Allergy Aware Environment**

The goal of these guidelines are to provide a safe environment for children with life threatening allergies. It is not possible to reduce the risk to zero. The following list of precautions offers ways to minimize the risk and allow the student with anaphylaxis to attend school with relative confidence. Each school should make every reasonable effort to provide the student with food allergies a safe environment by eliminating the use of food allergens in the allergic student's meals, educational tools, arts and crafts projects, and incentives.

In general, the younger the child, the greater the responsibility of school staff to control the environment. Most young children are aware of their health condition and understand the need to eat foods that are safe. However, young children cannot be depended upon to possess the skills necessary to avoid offensive foods and respond in an emergency. These children require an adult controlled and adult supervised environment at all times. The classroom teacher and all special teachers should be aware of the students with food allergies and trained to manage the daily routine to keep food allergy students safe and to recognize and respond to an emergency. Middle and high school students may be better equipped to protect themselves but the risk of accidental ingestion and unintentional exposure through cross contamination is extremely high in this age group. If a student requires additional environmental safety precautions to avoid the risk of exposure through inhalation or skin contact of an offending food, a 504 accommodation plan should be developed.

These recommendations are made in the context of the student's age and maturity. As children mature they will be expected to take increasing personal responsibility for avoidance of their specific allergen and having available their emergency medication.

### **General School Precautions: Elementary**

- To the extent practical, all classrooms should be peanut / nut safe including music, art rooms, gymnasium, activity centers and library / computer lab.
- Surface wipes should be available for student to wipe down shared surfaces prior to use (keyboards, net books, art table, community supplies).
- The recommended school snack list is to be peanut / nut safe.
- Students with known food allergies are encouraged to eat only food sent from home.
- Sharing or exchanging food is not permitted.
- At least 2 tables in the cafeteria should be identified as peanut / nut safe.

- To the extent practical, foods served through district food service will be peanut / nut safe.
- Eating should not take place in the hallways.
- Eating is not permitted on the school buses.
- After school programs are advised of peanut / nut precautions.
- Community facility users are advised of peanut / nut precautions through Community Education.
- Home baked goods are strongly discouraged due to the inability to control ingredients and cross contamination. Any home baked goods brought into the classroom should be individually bagged and eaten out of the classroom (cafeteria, outside).
- Students with known allergies should not use public drinking fountains, but rather carry their own labeled water bottle.
- Parents of students with severe food allergies are encouraged to be actively involved with the classroom teacher in planning class celebrations, field trips, and other events that may involve food.
- Parents may be asked to accompany their student on a field trip.

## **General School Precautions: Middle School and High School Campus**

### **Adolescents and young adults are at greatest risk for severe allergic reaction.<sup>1</sup>**

- To the extent practical, all instructional areas should be peanut / nut safe. Each school should make every reasonable effort to provide the students with known food allergies a safe environment by eliminating the use of food allergens in the meals, educational tools, arts and crafts projects, or incentives. It is essential that staff read labels on all products.
- Students should be encouraged to inform an adult immediately if they are aware of accidental exposure or an impending reaction, enabling staff to assist.
- Students should be encouraged to inform their close friends who can respond and get help if a reaction is occurring.
- Most reactions that result in death in this group of students can be related to the fact that the student was not carrying an auto-injector. The student should be encouraged to carry an Epi Pen and have a back-up in the office. On a large campus, the time it requires to recover the Epi pen in an emergency is an important consideration in developing an emergency action plan.
- Anaphylactic students need to know they have the support of school staff, and that all complaints should be taken seriously.
- See KMORR 443.71, Bullying Prohibited

### **Precautions for allergic reaction other than food**

**Latex Allergy:** Allergic reactions to latex include contact dermatitis and immediate allergic reactions. Contact dermatitis can occur on any part of the body that has contact with latex products, usually after 12-36 hours. Immediate and severe anaphylactic reactions can also be triggered by exposure to latex products especially in children who have had exposure through multiple medical procedures and surgeries. Precautions may include:

- Students with known latex allergy should be identified and have an environmental safety plan discussed with parent.
- Latex balloons should not be brought into the school environment .

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<sup>1</sup> Bock SA, Muñoz-Furlong A., Sampson H. Further fatalities caused by anaphylactic reactions to food, 2001- 2006. *J Allergy Clin Immunol.* 2007; 119(4): 1016-8.

- Supplies used in the school health rooms and first aid kits are latex free.

**Insect sting:** Most insect stings produce a painful localized reaction with swelling and redness confined to the sting site. However, some people have an allergy to insect stings that can lead to a life-threatening systemic or anaphylactic reaction. In these cases, prompt identification of the insect and management of the reaction are needed in a timely manner. Insect avoidance is advised for students and staff at risk for systemic, large localized or anaphylactic reactions. Precautions may include:

- Regular safety checks on playground and the exterior of the building insect nests should be removed as soon as they are discovered .
- Garbage and trash receptacles should be covered containers, and emptied regularly.
- Eating areas should be restricted to inside school buildings for students and staff at risk.
- An alternative to outdoor recess / PE should be provided to students with history of severe allergic reaction if stinging insects pose a threat on the playground or athletic fields.
- A student with an Epi Pen prescribed for allergic reaction to insect sting should have the Epi Pen with them at all times.
- The supervising adult should always be aware if students with known allergic reaction are participating in outdoor activities.

## Training and Education

1. School district will make available yearly training on food allergy and epinephrine administration .
2. Staff education will include the following components of allergic reaction:
  - a. Basic understanding of the differences between food intolerances and food allergies.
  - b. Recognizing signs and symptoms of allergic reaction as an urgent or emergency situation.
  - c. First aid response to possible ingestion of potential food allergen and insect sting.
  - d. Knowing what steps to follow in an emergency.
  - e. Understanding the risk for biphasic and protracted reactions and the need to call 911 and transport to emergency department.
3. Educate and train school staff on the medications used to treat allergic reaction including epinephrine and oral antihistamines.
4. Staff will have competency training on the epinephrine auto injector devices that are brought in by students.
5. Educate school staff that student's emergency plan may call for a second dose of epinephrine if a person having anaphylaxis responds poorly to the initial dose of epinephrine or has ongoing or progressive symptoms; repeated dosing may be required after 5 to 15 minutes. Staff should follow student's emergency preparedness (anaphylactic plan) or the non-patient specific standing order.
6. Educate school staff on reading labels including foods and items used in craft and classroom projects.
7. Educate school staff on strategies to manage student privacy/confidentiality while maintaining an inclusive class environment, rather than one that might ostracize students with allergies .
8. Will coordinate with the transportation company to offer school bus driver training that includes allergy symptom awareness and response to allergic reaction including administration of epinephrine if available and activation of emergency response.

9. Provide school staff CPR/AED training.
10. Maintain documentation of school staff training including attendee names, dates and topics.
11. School nurse documents competence of staff that are designated to administer epinephrine.

## **Maintenance/Storage/Administration of Epinephrine**

Use of Epinephrine Auto-injectors WI statute 118.29; 118.292; 118.2925  
See KMORR 453.4 Administering Medications to Students