

*The superintendent or superintendent's designee shall develop, periodically review and revise as necessary or appropriate administrative guidelines to help ensure that student food allergies and anaphylaxis in the District's schools are properly managed. District employees interacting with students who have food allergies shall comply with such administrative guidelines, including the PSD Guidelines for Students with Severe Food Allergies and Intolerances, and shall faithfully implement the student's Section 504 Plans, IEPs and Health Plans. (Policy JLCD)*

### **Principal and School Site Responsibilities**

Be knowledgeable about applicable [laws, policies and guidelines](#)

- Federal laws: ADA, IDEA, Section 504 of the Rehabilitation Act, and FERPA
- State laws: Colorado School Children's Food Allergy and Anaphylaxis Management Act
- PSD policies and guidelines:
  - JLCD-Administering Medicine to Students/Asthma, Food Allergy and Anaphylaxis Health Management
  - ACE-Nondiscrimination on the Basis of Disability
  - JB-Nondiscrimination/Equal Educational Opportunities
  - PSD Guidelines for Students with Severe Food Allergies and Intolerances

### **Identification of Students with Food Allergies**

1. Develop, monitor and follow the process to identify and support students with food allergies by providing health services in accordance with state and federal privacy/confidentiality laws. Strategies to obtain this information include PreK-12 registration, outreach through school newsletters, new or revised student health history forms, and communication with local preschools.
2. When a student with a food allergy is identified, inform the parent or guardian of PSD's management of student's with food allergies process, policies and guidelines; supply them with the appropriate medication forms and establish an individual allergy management plan.

### **Essential Staff and Parent Collaboration**

1. Following student identification, form a team of essential staff members to collaborate with the parent to develop and implement a Health Care Action Plan (HCAP) and if applicable, a 504 Plan to address the healthcare needs of the student.
2. The team may include, but is not limited to the principal, school nurse, health tech, teachers, 504 coordinator, parents, student, medical physician, food service manager and child nutrition services, recess and lunch room monitors, transportation staff, custodians, coaches, and counselor.

### **Individual Allergy Management Plans**

1. The Health Care Action Plan (HCAP) - A type of nursing care plan that fulfills both administrative and clinical purposes for students with health management needs. It details the student's medical needs and the measures the school team will take to reduce the risk of allergen exposure, recognize symptoms of an allergic reaction and promptly intervene with the appropriate emergency treatment. Every student with prescribed Epinephrine should have a HCAP.

2. The 504 Plan –The 504 Plan takes its name from Section 504 of the Rehabilitation Act of 1973, a federal law that prohibits schools that receive federal funding from excluding or otherwise discriminating against a student with a “disability” solely on the basis of that disability. This plan is created when the standard school policies and procedures do not meet the needs of the student. It outlines accommodations in the classroom and other locations or activities that achieve the goal of providing a safe educational environment. It details the roles and responsibilities of the school educators, parent and student. [View sample plan](#)
3. Ensure the individual plan(s) created are comprehensive by taking into account all areas of the school environment and include building-wide, classroom and individual approaches for prevention and allergy management.
4. Discuss protocols and form contingency plans for substitute staff including teachers, nurses, office staff, nutrition services, recess/lunch room monitors, bus drivers and other specialists. Include any responsibilities expected of these individuals to implement specifics of the plan(s).
5. Ensure essential staff members and parents understand their roles and responsibilities within the plan(s).
6. Support and monitor essential staff members who are responsible for establishing, monitoring and implementing the individual plan(s).
7. Provide input about the development and implementation of related district and school policies and procedures.
8. Maintain communication channels between essential staff members and parents to address changes or questions in the plan(s).
9. Plans may be revised as needed but changes should only be made with essential staff members and parent participation.
10. Ensure parents and students are informed of their procedural/due process rights should they object to any food allergy policies and procedures implemented by the school/district.
11. Ensure that students with food allergies are not excluded from school activities due to their health condition.
12. In the event of a reaction, debrief and review the policies/guidelines/plans with the HCAP/504 team.

### **Awareness, Prevention, and Training for School Personnel.**

1. Upon request, attend food allergy training by the school nurse and participate in a practice drill for an [anaphylaxis emergency](#).

### **School Environments: A Comprehensive and Coordinated Approach**

Assess the school environment to identify and address possible allergen exposure risks and barriers to emergency treatment. A comprehensive plan for individual students should include consideration of the following:

#### **Classrooms**

*Studies show that the majority of allergic reactions at school take place in the classroom.* Discuss strategies to be implemented to prevent allergen exposure.

1. Inform and provide training for teachers and other staff members as far in advance as possible when they will be assigned or supervising a student with a food allergy.

2. Implement protocols and contingency plans for substitutes and ensure they are informed of the student's allergies, HCAP/504 Plan, and are prepared to handle an [anaphylactic reaction](#).
3. Designate the student's classroom as an 'Allergen Aware' zone.
  - a. Reduce the risk of exposure by eliminating the presence of identified allergens. Hidden allergens can be present in materials for projects/activities, academic rewards or incentives and foods brought into the classroom during parties, celebrations or special events.
  - b. Support non-food classroom celebrations, projects and academic rewards.
  - c. Allow only commercially prepared pre-packaged food items with ingredient labels for classroom projects, activities and celebrations, so that potential allergens can be identified (in accordance with PSD's food safety and preparation practices according to Colorado Department of Public Health and Environment). <http://www.psdschools.org/child-nutrition/child-nutrition-information/food-safety>.
  - d. Promote hand washing before and after snack and lunch as well as activities that utilize food products such as projects, celebrations and activities. Discourage the trading of food or sharing of utensils.
  - e. Preferential seating may be arranged or desks designated to be 'Allergen-Aware'. Extra precautions may include washing of desk surface to remove allergens, restriction of desk use by other students to prevent cross-contamination etc.
  - f. Collaborate with the school nurse, teacher, and parent to create and send an allergy letter home to classroom parents.
  - g. Post signs outside or within classrooms to remind staff, students, volunteers and visitors of specified allergens and necessary avoidance.
  - h. Encourage the student's parent to volunteer as a 'classroom parent' to assist with planning activities and help the teacher monitor the student's exposure to potential allergens.
  - i. Classroom Animals: special attention must be paid to ingredients in food and bedding, as many animal feeds contain peanuts and other top allergens.
4. Ensure classrooms are conducted in such a way as to be inclusive of all students.

### **Field trips**

1. Consider allergen exposure risks when determining field trips.
2. Collaborate with the school nurse and parent to allow time for necessary preparation to address student-specific needs. (i.e. special meals, medication storage/transportation)
3. Ensure the student is assigned to a designated school staff member who has received food allergy training, medication delegation and is aware of emergency protocols.
4. Ensure a communication device is taken on the field trip.
5. Encourage the student's parent to attend field trips/activities as added support. [If a school holds a lottery for parent chaperones, consider exempting the parent of a child with food allergies from the lottery.]

## **Cafeteria**

1. Develop confidential procedures to identify students with food allergies (e.g., with parental consent, post current student photograph behind the food service counter for the use of school nutrition staff only, being sure not to compromise confidentiality).
2. Enforce responsibilities of school nutrition and food service staff to review menu items, identify potential allergens, follow procedures to avoid cross-contamination during food handling and distribution, plan for food substitutions and make appropriate accommodations as outlined in diet orders for meals served to students with food allergies.
3. When a change occurs to the daily menu, notify parent and student as soon as possible and work with nutrition services to find a safe alternative meal.
4. Ensure lunch room monitors are trained in food allergies and epinephrine administration/delegation.
5. Identify specific tables or areas to be 'Allergen Aware'. Implement the purpose, expectations and monitoring of the 'Allergen Aware' table:
  - a. Post sign of allergen not allowed at the table
  - b. Ensure and discourage the trading of food or sharing of utensils.
  - c. Provide adequate spacing between students to help avoid exposure.
  - d. Utilize methods to avoid cross-contamination. Ensure staff clean hands prior to helping a student with food allergies.
6. Promote hand washing before and after breakfast, lunch and snacks and discourage the trading of food or sharing of utensils.
7. Monitor and ensure surfaces are cleaned according to district policy/procedures to avoid exposure by cross-contamination.

## **Buses**

1. Work with district transportation to ensure school bus driver training includes allergic reaction symptom awareness and actions to take when a reaction occurs. Recommend the bus driver be equipped with a communication device such as a cell phone or radio.
2. Enforce a "no eating" expectation on school buses with exceptions made only to accommodate special needs under federal or similar laws, or school district policy. Discuss appropriate management of food allergy with family.
3. With parent permission, provide bus drivers with a copy of the student's HCAP.

## **Playground – Recess**

*Studies show that more allergic reactions take place on the playground than in the cafeteria.*

1. Ensure playground monitors have received food allergy training and delegation of epinephrine administration, are in possession of or have access to a communication device and an epinephrine auto-injector is readily accessible.

## **Enrichment Activities and Community Use of Facilities**

1. School sponsored enrichment activities must be consistent with school policies and procedures regarding food allergies and provide a continuum of the student's HCAP/504 Plan. PSD staff can and should be delegated epinephrine administration.

- PSD staff serves as safety officers for all school sponsored enrichment activities and are directly responsible for maintaining a safe learning environment.
- a. Notify parents when school sponsored events will include the provision of meals or food and encourage parents to provide safe food alternatives.
  - b. Ensure the presence of designated staff who have received food allergy training, medication delegation and are assigned responsibility for emergency medications. Medications shall be kept in a secure but easily accessible location. With parental permission, provide a copy of the student's HCAP to staff in charge.
  - c. If bake sales or food related fundraisers are held on school grounds, consideration should be given to students with food allergies. Food should be tightly wrapped or sealed. Wash display table after use.
2. Private vendor sponsored enrichment activities are contractual relationships with vendors who operate outside normal school hours and rent space from PSD. The vendors are directly responsible for safety of the students involved. Vendors cannot be delegated or trained by PSD nursing staff. Instead the vendors must work with the parents directly to receive food allergy management information to provide a safe environment for the student.
  3. Inform parents of the differences among school sponsored and private vendor sponsored enrichment activities regarding food allergy management.
  4. Communicate with PTO members, parent volunteers, visitors, outside community members and organizations authorized to use school facilities to ensure compliance of food allergy policies, procedures, plans and risk reduction strategies.
  5. Restrict the use of foods that are known allergens in classrooms during before or after-school activities when that classroom will be used by a student with a food allergy during the day.

### **Professional Training and Development**

Develop, monitor, and evaluate a school wide approach for prevention.

1. Ensure annual training and education for all faculty and staff, especially those interacting with the student, includes:
  - a. Food allergies
  - b. Symptoms of an allergic reaction and anaphylaxis
  - c. Epinephrine administration
  - d. High-risk areas and steps to prevent exposure to allergens
  - e. Label reading and hidden allergens
  - f. Emergency procedures \*refer to the [Emergency Response example provided](#)
  - g. Cafeteria management and food preparation
  - h. Applicable laws, district and school policies, PSD's Guidelines for Students with Severe Food Allergies and Intolerances document, and the definitions and importance of the HCAP and 504 Plan. <http://www.psdschools.org/documents/guidelinesforstudentswithseverefoodallergies2009-10pdf>

2. In collaboration with the school nurse, designate school personnel to be trained and delegated to administer medications. Assure medications are in a secure but unlocked and easily accessible location containing a PSD Authorization and Release form for epinephrine. And that those students who are permitted to carry and self-administer medications are in compliance with district policies.
3. Implement protocols for training substitute staff including teachers, nurses, office staff, nutrition services, recess/lunch room monitors, bus drivers, and other specialists. Contingency plans must be in place if a substitute cannot be trained to handle an emergency.
4. Provide support for students with food allergies by maximizing inclusion and minimizing harassment, discrimination, isolation and endangerment. Communicate rules and expectations about bullying related to food allergies, including appropriate conduct, consequences and related disciplinary actions. PSD Bullying Prevention-  
<http://www.psdschools.org/node/6330>

### **Communication and Awareness**

1. Follow federal/state/district laws and regulations regarding confidentiality and the sharing medical information about the student while maintaining an inclusive school environment.
2. Communicate with PTO members, parent volunteers, visitors, outside community members, and organizations authorized to use school facilities to ensure compliance of food allergy policies, procedures, plans, and risk reduction strategies. Consider strategies such as:
  - a. Provide general information about food allergies, school policies, allergen-aware zones, student conduct including bullying related to food allergies and the related consequences and disciplinary actions. This information could be provided through newsletters, schools assemblies, and PTA meetings.
  - b. Post food allergy information on the school website, post signs in conspicuous locations at school entrances and within cafeterias.

### **Emergency Preparedness and Response**

*'Each school shall have a plan in place for communication with emergency medical services. The plan shall include but not be limited to the provision of information on student Food Allergy Forms to emergency medical responders.'* Policy JLCD

1. Practice drills for anaphylaxis should be conducted periodically, as a part of the district's emergency response plan.
2. Know your school's emergency response protocol and develop additional steps to address the safety of students with food allergies and procedures for managing life-threatening allergic reactions.
3. Plan for fire drills, lockdowns, or shelter in place, with considerations for access to medications or allergy-free foods, etc.
4. Have a plan in place for a student with a food allergy who does not have epinephrine at school.
5. Have staff members, who are properly trained to administer medications, available during the school day, regardless of time or location.
6. Provide emergency communication devices (two-way radio, intercom, walkie-talkie, cell phone) for all school activities, including transportation.

7. Post a list of Cardio Pulmonary Resuscitation (CPR) certified staff and a system for communicating with them to elicit an immediate response in emergencies.

### **Example Protocol for Emergency Response**

Include in the school's emergency response plan, a written plan outlining emergency procedures for managing allergic reactions.

1. Follow written individual HCAP and emergency action plans, as a part of a school's overall comprehensive emergency management plan.
2. Identify roles and responsibilities of staff who will:
  - Remain with the student and remove the allergenic food from the mouth or skin.
  - Administer epinephrine. Do not hesitate. Delayed administration of epinephrine has been associated with deaths due to anaphylaxis. A second dose of epinephrine may need to be administered within 5-15 minutes to control symptoms; thus two doses of epinephrine should ideally be available for the student. Place the student in a reclining position (if tolerated).
  - Call 9-1-1 and activate emergency responder staff
  - Retrieve the HCAP from the student's record
  - Contact the student's parent or guardian
  - Notify the school nurse and school administration
  - Manage crowd control and attend to classmates
  - Meet EMS at school entrance and direct EMS to the student
  - Accompany the student to the hospital
  - Document food allergy incidents in the student's file and, as needed, identify and maintain information for possible insurance and liability purposes.
  - Review record of any event to provide feedback to staff and identify areas for improvement, including professional development and training

### **Considerations after an Allergic Reaction**

Students who have experienced an allergic reaction at school need special consideration upon their return to school. The approach taken by the school is dependent upon the severity of the reaction, the student's age and whether their classmates witnessed the event. A mild reaction may need little or no intervention other than speaking with the student and parents and re-examining the HCAP.

In the event that a student has a moderate to severe reaction, the following actions should be taken:

- Obtain as much accurate information as possible about the allergic reaction.
- Identify those who were involved in the medical intervention and those who witnessed the event.
- Meet with the adults to discuss what was seen and dispel any rumors.
- Provide factual information. Although the school may want to discuss this with the parents, factual information that does not identify the individual student can be provided

to the school community without parental permission (e.g., a letter from the principal to parents and teachers that doesn't name names but reassures them the crisis is over, if appropriate.)

- If an allergic reaction is thought to be from a food provided by the school food service, request assistance of the Food Service Director and Child Nutrition Services to ascertain what potential food item was served/consumed.
- Review and/or amend the student's HCAP; if a student does not have an HCAP then consider initiating one.
- Review changes needed to prevent another reaction; do not assign blame.
- The student and parent(s) shall meet with the nurse/staff who were involved in the allergic reaction and be reassured about the student's safety, what happened and what changes will be made to prevent another reaction.
- If a student demonstrates anxiety about returning to school, checking in with the student on a daily basis would be indicated until his/her anxiety is alleviated.
- If a child has a prolonged response to an anaphylactic event, strategies should be reviewed and clinical interventions may be recommended.
- Keep in mind that a student will continue to need to access help if another allergic reaction should occur; therefore, make sure a student feels comfortable enough to seek help if needed.
- Other students with food allergies in the school system may be in particular need of support.
- In the rare event of a fatal reaction, the school's crisis plan for dealing with the death of a student should be implemented, including having adults with knowledge of food allergies available for questions - [crisis response](#).

## Resources

<http://www.psdschools.org/child-nutrition/child-nutrition-information/food-safety>

<http://www.kidswithfoodallergies.org>

Young MC, Munoz-Furlong A, Sicherer SH. Management of Food Allergies in Schools: A Perspective for Allergists. *J Allergy Clin Immunol*. 2009; 124:175-82.