

# FOOD ALLERGEN MANAGEMENT AND EDUCATION PROGRAM (FAME)

Regulation H-2

## OXFORD CENTRAL SCHOOL PROTOCOL MANUAL

2016- 2017



This Protocol Manual has been developed with the FAME guidelines, the OCS School Nurse, the Guidelines for the Management of Life-Threatening Food Allergies in Schools, the National Association of School Nurse's, *et al*

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(FAAP/ ECP)  
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Field Trip Risk Assessment  
Classroom Food Activities Checklist  
Classroom Posters  
“The Food Allergy Book”

# INTRODUCTION

## Welcome!

Food allergy is a growing safety and public health concern. Inside this tool-kit you will find resources to help you better understand and manage life-threatening food allergies (LTFA) in the school setting.

This tool-kit is designed to be easy to use.

Please, review the following steps

Step 1: Review the general food allergy awareness information (listed below)

Step 2: Review the emergency preparedness/response section.

Step 3: Review the documents that pertain to your role in the school

Step 4: Use the information contained in this protocol manual for education, training, and increasing general awareness on LTFA.

### Food Allergy— General Awareness

Estimated to affect between 4-6% of US children.

- 3 million children under 18 years
  - Food allergy increased 18% among children < 18 years old from 1997 through 2007
  - Highest incidence in children under age 3
  - 29% of children with food allergies also have asthma which increases risk of anaphylaxis
- THERE IS NO CURE! Strict avoidance is key.

#### Food Allergy

- Immune system response
- Antibodies are created to certain food(s)
- Symptoms severe and life-threatening
- Symptoms: see potential signs & symptoms table

#### Food Intolerance

- No immune system response
- Deficiency in certain digestive enzyme (i.e. Lactose intolerance)
- Symptoms normally non life-threatening
- Potential symptoms: gas, bloating, abdominal pain, headaches

8 foods account for 90% of all reactions (note: any food can cause an allergic reaction)

- |        |       |         |           |
|--------|-------|---------|-----------|
| • Milk | Eggs  | Peanuts | Tree Nuts |
| • Soy  | Wheat | Fish    | Shellfish |

#### What is anaphylaxis (pronounced ana-fil-axis)?

This is an allergic emergency. It is a rapid, severe allergic reaction that occurs when a person is exposed to an allergen (an allergy-causing substance). When the allergen enters the bloodstream, the body releases chemicals to “protect” itself from the allergen. This is

an adverse immunologic response to food protein. These chemicals can cause dangerous symptoms including breathing difficulty, swelling, dizziness, low blood pressure, shock, and even death.

#### Potential signs and symptoms of an allergic reaction

Mouth: Itchy, swelling of tongue and/or lips

Throat: Itchy, tightness/closure, hoarseness, trouble breathing/swallowing

Skin: Itchy, hives, redness, swelling, red watery eyes

Gut: Nausea, vomiting, cramps, diarrhea

Lung: Short of breath, wheeze, repetitive cough

Heart: Pale or blue skin color, dizzy/faint, weak pulse

Neurological: Sense of “impending doom,” irritability, change in alertness, mood change, confusion

Other: Itchy, red, watery eyes

Be aware there are other allergens such as insect venom, medication, and latex that can cause anaphylactic reactions. Please see the school nurse for further information.

#### General Guidelines on Managing Life-Threatening Food Allergies (LTFA) in the School Setting

- Every child at risk for anaphylaxis will have one or more of the following: Emergency Care Plan (ECP)/ Food Allergy Action Plan (FAAP), and/or an Individual Health Plan (IHP) to include a specific classroom plan
- The school will contact the local Emergency Medical Service (EMS) to inform them that a student with LTFA is enrolled (note: not all ambulances carry epinephrine)
- Staff will be trained on food allergy prevalence, symptoms and reaction prevention at least annually and as needed. Drills should also be practiced
- All necessary staff should be trained in epinephrine auto-injector administration
- All necessary staff should be aware of epinephrine auto-injector location (unlocked)
- Develop an emergency shelter-in-place (disaster) plan
- “Best Practice” recommendations
  - Read food labels every time
  - No food sharing or trading
  - Practice good hand washing before and after eating (note: hand sanitizer alone does not destroy/remove the food — soap/water and/or hand wipes are okay)
  - Prevent cross contamination/cross contact of foods, utensils, eating areas, classroom surfaces, etc.
  - Clean and disinfect all surfaces
  - Substitute food items in classroom lesson plans and special events

# EMERGENCY RESPONSE TEAM

Goal: To quickly recognize, respond and appropriately provide treatment and management of an allergic reaction.

For an allergic reaction, contact the School Nurse (or designee) immediately – PHONE EXTENSION: “2106” OR Main Office at “0” or “2101” USE DESIGNATED CLASSROOM WALKIE TALKIE.

AND refer to the child’s Food Allergy Action Plan OR Emergency Care Plan

THE EMERGENCY RESPONSE TEAM WILL RESPOND. Members:

1. School Nurse
2. All administrators – or head teacher
3. Custodian on duty
4. Classroom teacher

**IF ANAPHYLAXIS DOES OCCUR (OR THE FAAP DIRECTION STATES) THE PERSON WITH THE CHILD SHALL:**

- 1. Inject epinephrine immediately**
- 2. Call 911**
- 3. Remain with the student and stay calm. Have second dose readily available.**
- 4. Place the student in a reclining position, raise lower extremities and do not move them.**
- 5. Contact parents/ guardians/ emergency contacts**

Things to consider:

1. One administrator will remove all students to adjacent classroom and where possible a paraprofessional or other homeroom teacher will stay with students
2. Pull shades down in classroom
3. Main Office will call 911
4. The Main Office will contact parent’s/ guardians
5. Custodian on duty will meet emergency responders at the front door and direct them to the accompany them to the area
6. If parents are not available, an administrator will accompany child to emergency care facility.
7. The school nurse will complete all necessary follow-up paperwork
8. The Emergency Response Team will meet within 24 hours of the event to review process
9. The CSA will contact the School Board

# YOUR CLASSROOM/ STUDENTS

## Teaching Staff Checklist

(This includes but is not limited to classroom and special area teachers, paraprofessionals, and counselors)

- Comply with federal and state laws
- Follow school district food allergy policy and procedure
- Participate in team planning meeting for food allergy students

Be aware of:

- Food Allergy Action Plan (FAAP) or Emergency Care Plan (ECP) – from School Nurse
- Individual Health Plan (IHP) – from school nurse
- 504 or Individualized Education Plan (IEP) – from Director of Special Services

Practice “best practice”

Avoid food in your lesson plans/classroom supplies; for special projects evaluate for possible food allergens

Include food allergy education in classroom lesson plans or activities – see appendix for ideas

Consider food allergies when planning for field trips (Field Trip Risk Assessment)

Notify substitute teachers and provide a copy of student’s ECP/FAAP in the substitute’s folder

Have students wash hands or use hand wipes before/after eating

Educate children not to share food

Don’t use food as an incentive or reward. If this is done, be sure to check with the school nurse first!

Eliminate/Minimize the use of food in class parties or events

In the event meals/snacks are permitted in the classroom, designated staff will wash all tables/ chairs before and after use for students with life-threatening food allergies, using separate cleaning supplies (consult Classroom Checklist)

Eliminate/minimize the use of animals in the classroom. If animals are permitted, consider possible allergies to the animals, its food, and its habitat needs

Be sensitive to the social and emotional needs of the child with food allergies

Monitor peer interactions

### Prevention

Educate/training (at least annually and as needed)

Learn the symptoms of an allergic reaction – staff training at start of school year/ SAIF quiz

What to do if an allergic reaction occurs?

Review of high-risk areas

School district's emergency response protocol

How to use an epinephrine auto-injector

### Review

What food(s) the student cannot eat

Students Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP)

School's emergency protocol

Time scheduled for training and drills

Location of epinephrine auto-injector

# IN-SERVICE TRAINING / SAIF

## In-Service Training / SAIF

At the beginning of each school year, all staff will be provided with annual training about food allergens, the possibility of anaphylaxis and the protocols here in school. This training will be provided by the school nurse. All Staff are expected to complete the on-line training session through the School Alliance Insurance Fund (SAIF) website. All SAIF training is annually mandated in the Oxford Township School District as a companion training to the annual training provided by the OCS school nurse.

In-Service training will cover the following topics:

- Food Allergy Information
- Food Allergies and Social Factors
- Cross Contamination/ Cross Contact
- School Policy 5141.7
- Food Allergy Resources
- Classroom Resources
- Anaphylaxis
- Epi-Pen Use
- Emergency Care Plan
- Food Allergy Action Plan

# INDIVIDUALIZED HEALTH PLAN

The Individual Health Care Plan is developed to provide a full picture of the student's needs, history and to provide our staff with information that will allow us to better manage the student's allergies. The IHP will include the following:

Identifying Information

Medical Overview

Medications

Necessary Health Care Procedures for School

Healthcare Plan

Medical History

Social/ Emotional Concerns

Academic Achievement

Diet

Transportation Concerns

Classroom and School Modifications

Equipment (emergency meds, first aid kits, cleaning supplies, snacks)

Safety Measures (Emergency Care Plans/ 504 or IEP)

Substitute Teacher Plan

Possible Problems: (resistance to plans, understanding the reason for ECP)

Training (annual and refreshers before field trips)

Review Dates

Documents to be signed for Participation/ Parent Involvement

# THE SUBSTITUTE TEACHER

## To Be Included in Your Sub Plan Folder

Remember: When you call in, remind the Main Office of the location of your sub folder.

1. The Substitute Personnel Plan
  - a. Student picture will be included
  - b. Personal Information
  - c. Allergy History
2. Any relative information you would like to include

## Administrative Responsibilities

1. Train Substitute teachers on Anaphylaxis/ Allergens
2. Provide SAIF training
3. Review Emergency Protocols with Substitute Teacher
4. Sign-off on training verification

# FIELD TRIPS

## BEFORE

A child's food allergy should not prevent him/her from attending field trips and participating in extracurricular activities. The following are questions to ponder before setting up the field trip:

1. Who will be responsible for recognizing anaphylaxis signs and symptoms, carrying the child's emergency medications? Assigned student groups to the Epi-Pen delegate(s)?
2. Invited parents to attend?
3. Do the individuals in charge know how to recognize the symptoms of a life-threatening allergic reaction and respond should one occur?
4. Will we be bringing our own food?
5. Have you alerted the nurse to the trip at least two weeks prior?
6. Where will the students be eating? Who will be responsible for the safety of the eating area?
7. What type of transportation will be provided?
8. Have all parents been notified about food allergen concerns?
9. **HAVE YOU COMPLETED THE FIELD TRIP RISK ASSESSMENT SHEET (APPENDIX)**
10. Determine who will be the Epi-Pen Delegate (s). Refresher course with school nurse or designee taken?
11. Secured all emergency contacts from school nurse (CSA phone #/ Parents, etc.)

## DURING

1. Have you reminded children that there is no eating on the bus?
2. Taken all lunches and secured them in one area?
3. Kept allergen-free student lunches separated from others and marked them clearly.
4. Given all children wipes for hands prior to meal.
5. Wiped down table and surfaces for Allergen-Free Zone on the trip?
6. Have all students use soap and water to clean up after meal?

## AFTER

1. Debrief school nurse and administrator on the trip.
2. Present any difficulties you encountered to school nurse and administrator in writing after the trip returns to the school. **Provide a short email that outlines positive and negatives about the trip to the school administration.**

# SHELTER IN PLACE/ LOCKDOWN/ EVACUATION

Every room is equipped with a white emergency bucket. This bucket should contain the following:

1. ALL class lists for students
2. Snacks as provided by the district
3. First aid kit
4. Emergency protocols
5. Red/ Green cards for exterior windows
6. Any emergency medications for the student (s)

In the event of an emergency, please consult your protocols for the correct response. In an evacuation of the building, bring your classroom bucket with you!

## Shelter in Place

If a student has experiences an emergency during a SIP, please contact the Main Office immediately.

## Lockdown

In the case of a Lockdown and a classroom emergency, please consult your protocols in the white bucket. If an imminent medical emergency occurs, place the red card in the window of your classroom so emergency responders can see it.

## Evacuation

If we need to evacuate the building, please take ALL medications for students AND your white bucket with you to the rendezvous point.

# HALLWAY/ CAFETERIA MONITORS

## Hallways

The following should always be in place before, during and after school. Staff should be regularly monitoring the hallways in between periods to ensure the hallways and lockers areas:

1. Are free from all food items
2. Students are not bringing food out of the cafeteria or eating at lockers
3. Are free of all aerosols...sprays of any kind (deodorant, perfume, cologne)

Please discuss the issue with any student found to be doing one of the above. If needed, consult with administration.

## Cafeteria

All cafeteria monitors will have specific duties....

A staff member must clean the allergen-free table with a separate cleaner and separate, disposable paper towels. This should be the same person at the end of each lunch period. Benches must also be wiped down.

A staff member should be designated for the allergen-free table. That staff member should:

1. Have a walkie talkie
2. Have Epi-Pen delegate training
3. Ensure that students are eating allergen-free products
4. Ensure that students are not sharing food
5. Be familiar with food allergy anxiety, peer pressure, teasing or bullying
6. Check the food brought to the table by those selected to be "peer guests"
7. Be familiar with symptoms and responses to allergic reactions
8. Take all complaints seriously from students with life-threatening food allergies

# BEFORE / AFTER CARE PROVIDERS

HAVE ALL EMERGENCY CONTACT INFORMATION READILY AVAILABLE.

Prior to and after school the directors will all be Epi-Pen trained delegates.

Have two-way communication devices available at all times (walkie-talkies, cell phone)

All Before and After care providers must ensure no other food is eaten for snack time.

Tables will be cleaned prior to the start of Before or After care.

A staff member should be designated for the allergen-free students during snack. That staff member should:

1. Have a walkie talkie
2. Have Epi-Pen delegate training
3. Ensure that students are eating allergen-free products
4. Ensure that students are not sharing food
5. Be familiar with food allergy anxiety, peer pressure, teasing or bullying
6. Check the food brought to the table by those selected to be "peer guests"
7. Be familiar with symptoms and responses to allergic reactions
8. Take all complaints seriously from students with life-threatening food allergies

In the event of an emergency dial 911 immediately and contact administration. If administration is not available, wait with student and:

**IF ANAPHYLAXIS DOES OCCUR (OR THE ECP DIRECTION STATES) THE PERSON WITH THE CHILD SHALL:**

- 1. Inject epinephrine immediately**
- 2. Call 911**
- 3. Remain with the student and stay calm. Have second dose readily available.**
- 4. Place the student in a reclining position, raise lower extremities and do not move them.**
- 5. Contact parents/ guardians/ emergency contacts**
- 6. Use walkie talkie to have custodian or other care providers assist with the other students.**