

# GUIDELINES

## FOR ALLERGY PREVENTION AND RESPONSE



PREVENTION  
EDUCATION  
AWARENESS  
COMMUNICATION  
EMERGENCY RESPONSE

[health.mo.gov](http://health.mo.gov)

## ACKNOWLEDGMENTS

This manual was reviewed and revised based upon valuable input from the following:

Cherie Chambers, BSN, RN  
Blue Springs School District

Kathy Ellermeier, MSN, RN  
Liberty Public Schools

Debra Funk, BSN, RN  
Practice Administrator  
Missouri State Board of Nursing

Anne Meredith Kyle, BSN, RN  
Coordinator of School Health  
Willow Springs R-IV School District

Katherine Park, BSN, RN, NCSN  
Parkway School District

Tammy Teeling, MSN, RN, NCSN  
Springfield Public Schools, R-XII  
Missouri Association of School Nurses,  
Former President

Debbie Tuitasi, RN, MS(N), PCNS-BC  
Special School District of St Louis County

Sue VanPatten, RN  
Bayless School District

This manual was adapted from the Washington State Office of Superintendent of Public Instruction (OSPI) March 2009 “*Guidelines for Care of Students with Anaphylaxis.*”

Missouri Department of Health and Senior Services  
AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER  
Services provided on a nondiscriminatory basis.

## TABLE OF CONTENTS

INTRODUCTION	1
PURPOSE	1
SECTION 1 – Overview of Allergies and Anaphylaxis	3
SECTION 2 – State and Federal Laws	8
SECTION 3 – Model School District Policies and Procedures	10
SECTION 4 – Roles and Responsibilities	19
SECTION 5 – Sample Forms	29
SECTION 6 – Resources	58
SECTION 7 – Frequently Asked Questions (FAQs)	60
SECTION 8 – References	64
SECTION 9 – Common Definitions	65
APPENDIX – How to Read Food Labels	67



# **GUIDELINES FOR CARE OF STUDENTS WITH LIFE THREATENING ALLERGIES AND ANAPHYLAXIS**

## **INTRODUCTION**

Missouri legislators, the Missouri Department of Elementary and Secondary Education (DESE), Missouri School Boards Association (MSBA), and Missouri Department of Health and Senior Services (DHSS) understand the increasing prevalence of life threatening allergies among school populations. Missouri State law (RSMo 167.208), enacted in August 2009, required each school district to adopt a policy on allergy prevention and response, with priority given to addressing potentially deadly food-borne allergies by July 1, 2011. Recognizing the risk of accidental exposure to allergens can be reduced in the school setting, DESE, MSBA, and DHSS are committed to working in cooperation with schools, parents, students, and physicians, to minimize risks and provide a safe educational environment for all students. Pursuant to RSMo 167.208, they have worked in collaboration to develop model policy and procedures intended for use by any public school/school district regardless of its size or location. A school board may choose to adopt these model policies and procedures (Section 3) exclusively, use it in conjunction with other allergy prevention and response policies and procedures, or develop its own to meet the requirements of Missouri law RSMo 167.208. The Centers for Disease Control developed Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs (2013) in response to the 2011 FDA Food Safety Modernization Act (FSMA). The purpose of the FSMA is to shift the focus from response toward prevention.

The focus of allergy management shall be on prevention, education, awareness, communication, and emergency response. This manual has included best practice and evidence based guidelines and recommendations from a variety of expert sources in order to provide a resource for school districts to use in creating their individual policies to address allergy prevention and response.

## **PURPOSE**

The purpose of this educational guide is to provide families of students with life-threatening allergies, school personnel, and medical providers with the information, recommendations, forms, and procedures necessary to provide students with a safe learning environment at school and during nonacademic school-sponsored activities. A comprehensive plan led by the school nurse should be cooperatively developed with families, school staff, and the families' health care provider.

The guidelines address only students with acute life-threatening allergies that could precipitate an anaphylactic reaction during the school day or any time the student is in the custody of the school, such as a field trip or after-school sport.

Schools have a responsibility to students with life-threatening health conditions, including allergies and anaphylaxis under state law and to students with disabilities under federal law. Schools may have a responsibility to address other health concerns (non-anaphylactic reactions) impacting students during the school day.

The guidelines provide:

- General information about allergies and anaphylaxis (Section 1).
- Information concerning state and federal laws (Section 2).
- Guidelines for school districts to use in developing policies and procedures regarding allergies and anaphylaxis (Section 3).
- Suggested roles and responsibilities of school staff (Section 4).
- Sample forms and tools to use in schools and communities (Section 5).
- Resources (Section 6).
- Frequently Asked Questions (Section 7).
- References (Section 8).
- Common Definitions (Section 9).

### **What the Law Says (RSMo 167.208)**

1. By July 1, 2011, each school district shall adopt a policy on allergy prevention and response, with priority given to addressing potentially deadly food-borne allergies. Such policy shall contain, but shall not be limited to, the following elements:
  - (1) Distinguishing between building-wide, classroom, and individual approaches to allergy prevention and management;
  - (2) Providing an age-appropriate response to building-level and classroom-level allergy education and prevention;
  - (3) Describing the role of both certified and non-certificated school staff in determining how to manage an allergy problem, whether it is through a plan prepared for a student under Section 504 of the Rehabilitation Act of 1973 for a student with an allergy that has been determined to be a disability, an individualized health plan for a student who has allergies that are not disabling, or other allergy management plans;
  - (4) Describing the role of other students and parents in cooperating to prevent and mitigate allergies;
  - (5) Addressing confidentiality issues involved with sharing medical information, including specifying when parental permission is required to make medical information available; and
  - (6) Coordinating with the school health advisory council, local health authorities, and other appropriate entities to ensure efficient promulgation of accurate information and to ensure that existing school safety and environmental policies do not conflict.

Such policies may contain information from or links to school allergy prevention information furnished by Food Allergy Research and Education (FARE) or an equivalent organization with a medical advisory board that has allergy specialists.

2. The Department of Elementary and Secondary Education shall, in cooperation with any appropriate professional association, develop a model policy or policies by July 1, 2010.

## SECTION 1

### OVERVIEW OF ALLERGIES AND ANAPHYLAXIS

#### ALLERGY

Several million Americans suffer from allergies. According to the American Academy of Allergy Asthma and Immunology (AAAAI), approximately 50 million Americans have some form of allergic disease and note that the incidence is rising. Allergy is an immune response that causes antibodies (Immunoglobulin E or IgE) to respond to allergens. Allergens are substances that trigger an allergic response such as dust mites, animal dander, pollens, and mold.<sup>1</sup>

#### ANAPHYLAXIS

Some allergens such as food, medication, insect stings, and latex can trigger a severe, systemic allergic reaction called anaphylaxis. Anaphylaxis is a life-threatening allergic reaction that may involve systems of the entire body. Anaphylaxis is a medical emergency requiring immediate medical treatment and follow-up care by an allergist/immunologist. **Deaths have occurred in schools because of delays in recognizing and responding to symptoms with immediate treatment and further medical interventions.**

#### FOOD ALLERGY

Food allergy is a growing concern in the United States and creates a significant challenge for children in school. Increasing numbers of children are diagnosed with life-threatening food allergies (6 to 8 percent) that may result in a potentially life-threatening condition (anaphylaxis). Currently, there is no cure for life-threatening food allergies. The only way to prevent life-threatening food allergies from occurring is strict avoidance of the identified food allergen. Critical to saving lives are plans that include life-threatening food allergy education and awareness, avoidance of allergens, and immediate treatment of anaphylaxis.

Food allergies are a group of disorders distinguished by the way the body's immune system responds to specific food proteins. In a true food allergy, the immune system will develop an allergic antibody called Immunoglobulin E (IgE), sensitive to a specific food protein. Children with moderate to severe eczema have about a 35 percent chance of having food protein specific IgE. Manifestations of food allergies range from mild skin reactions to life-threatening reactions.<sup>2</sup> Children with allergies to environmental agents such as pollens and dust mites are more likely to develop food allergies; and those with asthma and food allergies are at the highest risk of death from food allergies. Thirty-eight percent of children with food allergies have a history of severe reaction and 30.4% of children with a food allergy are allergic to multiple foods.<sup>2</sup>

Ingestion of the food allergen is the principal route of exposure leading to allergic reactions. In some instances, even very minute amounts of food particles (for example, a piece of a peanut), can quickly lead to fatal reactions unless prompt treatment is provided. Research indicates exposure to food allergens by touch or inhalation is extremely unlikely to cause a life-threatening

reaction. However, if children with life-threatening food allergies touch the allergen and then place their fingers in their mouth, eye, or nose, the allergen is absorbed and could lead to anaphylaxis. The amount of allergen capable of triggering a life-threatening reaction is dependent upon the sensitivity level of each individual child.

The top eight most common food allergens are: milk, eggs, peanuts, tree nuts (such as pecans and walnuts), shellfish, fish, wheat, and soy; although an individual can have an allergy to any food. The most prevalent food allergens for children are milk, eggs, and peanuts; while for adults the most prevalent allergens are shellfish and peanuts. Children will frequently outgrow an allergy to eggs, milk, and soy. However allergies to peanuts, tree nuts, fish, and shellfish usually continue into adulthood. **Not eating the foods the child is sensitive to is the only proven therapy at this time.**

## INSECT ALLERGY

Insect allergy is an underreported event that occurs every year to many adults and children. Approximately three percent of adults and one to two percent of children may be at risk for anaphylaxis from insect stings. Stinging insects commonly include bees, hornets, yellow jackets, paper wasps, and fire ants. For most, complications include pain and redness at the bite site. However, some people have a true allergy to insect stings that can lead to life-threatening systemic reactions (anaphylaxis). In these cases, prompt management of the reaction is needed. Immunotherapy (allergy shots) is available for some types of stinging insects. Allergy shots reduce the risk of severe reactions.

## LATEX ALLERGY

Latex products such as balloons, gloves, and gym equipment are a common cause of allergic-type reactions. Two common types of reactions include contact dermatitis and immediate allergic reactions. Contact dermatitis, a type of localized allergic reaction to the skin, can occur on any part of the body that has contact with latex products, usually after 12-36 hours. Immediate allergic reactions however, are potentially the most serious form of allergic reactions to latex products. Exposure can lead to anaphylaxis depending on the amount of allergen exposure and the degree of sensitivity. Students with latex allergies may also need to avoid certain foods including many fruits such as bananas, kiwi, avocado, and papaya. Students and staff at risk for anaphylaxis should avoid latex. Since the reactions caused by latex vary, the student's healthcare provider should evaluate each student at risk.

## OTHER CAUSES OF ANAPHYLAXIS

Other causes of anaphylaxis may include: medications (such as penicillin, aspirin, and muscle relaxants), exercise, temperature extremes, certain medical procedures, and psychological, as well as other unknown causes.

## SYMPTOMS OF ANAPHYLAXIS

In some individuals, symptoms may appear in only one body system such as the skin or lungs, while in others, symptoms appear in several body systems. The symptoms range from mild to life-threatening and may quickly become life-threatening depending upon the sensitivity of the individual and the amount of allergen exposure.

Life-threatening anaphylaxis symptoms usually happen within the first 20 minutes of exposure. Sometimes, however, the symptoms subside, then return hours later. In some cases, serious reactions might take hours to become evident. **Food is the leading cause of anaphylaxis in children. Children who have asthma and food allergies are at a greater risk for anaphylaxis and may often react more quickly requiring aggressive and prompt treatment.**

Signs and symptoms of harmful reactions may include any or several of the following and may require immediate emergency treatment:

### **Skin**

- Hives, skin rashes, or flushing
- Itching/tingling/swelling of the lips, mouth, tongue, throat
- Nasal congestion or itchiness, runny nose, sneezing
- Itchy, teary, puffy eyes

### **Respiratory**

- Chest tightness, shortness of breath, wheezing, or whistling sound
- Hoarseness or choking

### **Gastro-Intestinal**

- Nausea, vomiting, dry heaves
- Abdominal cramps or diarrhea

### **Cardiovascular**

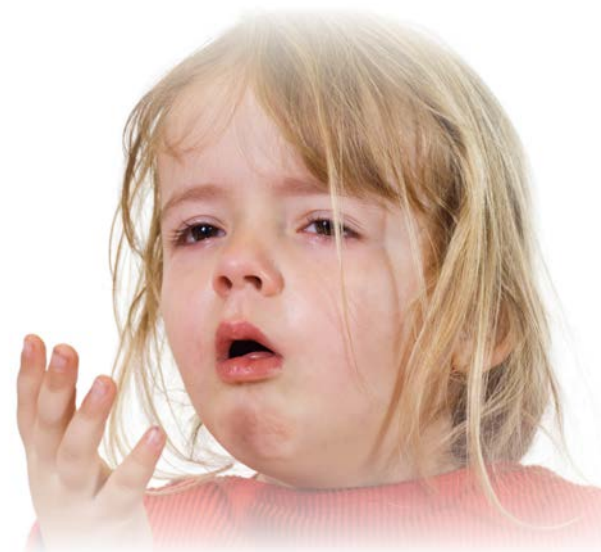
- Dizziness, fainting, loss of consciousness
- Flushed or pale skin
- Cyanosis (bluish circle around lips and mouth)

### **Mental/Psychological**

- Changes in the level of awareness
- A sense of impending doom, crying, anxiety
- Denial of symptoms or severity

### **More subtle symptoms of a severe reaction may include:**

- Screaming or crying
- Very young children will put their hands in their mouth or pull at their tongues





## Or will say:

- This food's too spicy. It burns my mouth or lips.
- There's something stuck in my throat.
- My tongue and throat feel thick.
- My mouth feels funny. I feel funny or sick.
- It feels like something's poking my tongue.
- My tongue [or mouth] is tingling [or burning].
- My tongue [or mouth] itches.
- It [my tongue] feels like there is hair on it.
- There's a frog 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 feels like a bump is on the back of my tongue [throat].<sup>3</sup>



## TREATMENT

Anaphylaxis is a potentially life-threatening condition, requiring immediate medical attention. **Most fatalities occur due to delay in delivery of the needed medication.** Although many medications may be used for treating anaphylaxis, **epinephrine is the life-saving medication that must be given immediately to avoid death.**

*“Epinephrine has long been regarded as the treatment of choice for acute anaphylaxis. This is true despite the recognition of its potential hazards. Alternative treatments - such as antihistamines, sublingual isoproterenol, inhaled epinephrine, and corticosteroids without epinephrine - have failed to prevent or relieve severe anaphylactic reactions. It is therefore inappropriate to use them for the first-line treatment or prevention of anaphylaxis.”<sup>4</sup>*

Epinephrine, also known as adrenaline, is a natural occurring hormone in the body. It is released in the body in stressful situations known as the “fight or flight syndrome.” It increases the heart rate, diverts blood to muscles, constricts blood vessels, and opens the airways. Administering epinephrine by injection (such as an Epi-Pen® auto-injector) quickly supplies individuals with a large and fast dose of the hormone. An injection of epinephrine will assist the student temporarily. Sometimes, a second dose is needed to prevent further anaphylaxis before the student is transported to a medical facility for further emergency care. **If a child is exhibiting signs of a life-threatening allergic reaction, epinephrine must be given immediately and the Emergency Medical Services (EMS) 911 called for transport. There should be no delay in the administration of epinephrine.** Section 4 covers additional information regarding epinephrine training.

All students will require the help of others, regardless of whether they are capable of epinephrine self-administration. The severity of the reaction may hamper their attempt to self-inject. **Adult supervision is mandatory.**

The American Academy of Allergy Asthma and Immunology (AAAAI) notes, “*all individuals entrusted with the care of children need to have familiarity with basic first-aid and resuscitative techniques. This should include additional formal training on how to use epinephrine devices...*”<sup>5</sup>

## RISK REDUCTION

Prevention is the most important method to manage anaphylaxis. Avoidance of exposure to the allergen is the best way to prevent a reaction. Each school district shall distinguish between building-wide, classroom and individual approaches to allergy prevention and management. See Section 3 for a list of risk reduction strategies.

Most (but not all) anaphylactic reactions in schools are caused by accidental exposure to food allergens. **Schools are a high-risk setting due to the large number of students and staff, increased exposure to offending allergens, and possibility of cross-contamination.** However, schools should strive to maximize inclusiveness to the greatest extent possible without sacrificing safety.

### **Areas or activities requiring special attention:**

#### **Substitute or Guest Teacher Training**

- No student with a diagnosed allergy and known history of moderate to severe reaction (or the potential) should be left in the care of untrained staff during school day or after school activities.

#### **Cafeteria**

- Establish appropriate cleaning protocols to remove allergens and avoid contamination of tables where food allergic students will be eating.
- When possible, keep cafeteria windows closed and outdoor garbage storage away from eating, studying, and play areas.
- Encourage and facilitate students to wash their hands before AND after eating.

#### **Food Sharing**

- Establish a school rule to prevent sharing of food throughout the school day.

## SECTION 2

### STATE AND FEDERAL LAWS

State and federal laws provide protection for students with life-threatening allergies. School districts are legally obligated by these laws to ensure students with life-threatening allergies are safe at school. School districts must have and follow their own policies and procedures for the health and well-being of such students.

### MISSOURI STATE LAWS

[Section 167.208, RSMo](#), requires each school district to adopt a policy on allergy prevention and response with priority given to addressing potentially deadly food-borne allergies; the policy and procedure must be in place by July 1, 2011.

[Section 167.627, RSMo](#), addresses possession and self-administration of medications in schools.

[Section 167.621, RSMo](#), addresses the authorization of medications in schools. Persons providing health services under sections 167.600 to 167.621 shall obtain authorization from a parent or guardian of the child before providing services as provided by section 431.061, RSMo.

[Section 167.630, RSMo](#), addresses the ability to obtain and maintain an adequate supply of epinephrine pre-filled auto syringes for emergency use by school nurses.

### FEDERAL LAWS AND REGULATIONS

#### **Section 504 of the Rehabilitation Act of 1973 (Section 504)**

Under this law, public school districts have a duty to provide a free and appropriate public education (FAPE) for students with disabilities. A student with a life-threatening food allergy qualifies as a disabled student under Section 504. This section of the federal law protects disabled public school students from discrimination. See 504 information at <http://www.ed.gov/about/offices/list/ocr/docs/edlite-FAPE504.html> or Frequently Asked Questions (FAQs) and further information from the Office for Civil Rights at <http://www.ed.gov/about/offices/list/ocr/504faq.html>.

#### **The Americans with Disabilities Act (ADA) of 1990**

The ADA law also prohibits the discrimination of individuals with a disability. A life-threatening food allergy is identified as a physical disability that substantially limits one or more major life activities. See <http://www.eeoc.gov/policy/ada.html>.

#### **The Individuals with Disabilities Education Act of 1976 (IDEA)**

IDEA is a federal law that governs how states and public agencies provide early intervention, special education, and related services. IDEA district procedures must be followed if the student is determined to be eligible for special education services. For additional information, visit <http://dese.mo.gov/se/IDEA2004.htm>.

**Accommodating Children with Special Dietary Needs in the School Nutrition Programs—Child Nutrition Program Regulations: 7 CFR Part 15b; 7 CFR Sections 210.10(i)(1), 210.23(b), 215.14, 220.8(f), 225.16(g)(4), and 226.20(h)**

The United States Department of Agriculture (USDA) provides guidance for public schools concerning special dietary needs of children. The school must provide a special diet to a student with a nutrition related disability, such as a life-threatening food allergy when supported by a statement signed by a licensed physician. However, the diet must follow USDA guidelines, including a special diet order as defined under the School Nutrition Services on pages 53-54 of this document. If a student does not have a nutrition related disability, such as a life-threatening food allergy, school nutrition services may, but are not required to, make food substitutions. To review the entire federal guide, see

[http://www.fns.usda.gov/cnd/Guidance/special\\_dietary\\_needs.pdf](http://www.fns.usda.gov/cnd/Guidance/special_dietary_needs.pdf).

**The Family Education Rights and Privacy Act of 1974 (FERPA)**

Under FERPA, student information is protected by restricting access to individual student records. The law addresses student confidentiality including the notification of student and parental rights regarding access to student records. In schools, student specific information and records may be shared with school personnel only under certain circumstances. See

<http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>.



## SECTION 3

### SCHOOL DISTRICT POLICIES AND PROCEDURES

School district policies and procedures on anaphylaxis need to address several components, including the multiple allergens that can cause anaphylaxis, the age and developmental stage of students, and the different physical properties and organizational structures of schools.

Pursuant to RSMo 167.208, the Department of Elementary and Secondary Education, in collaboration with the Missouri School Boards Association (MSBA) and the Department of Health and Senior Services (DHSS), developed model policy and procedures intended for use by any public school/school district regardless of its size or location. A school board may choose to adopt these models exclusively, use them in conjunction with other allergy prevention and response policies and procedures, or develop its own policy and procedure to meet the requirements of Missouri law RSMo 167.208. Even though this particular policy and procedure was crafted in MSBA format, it may be used and adapted by any school board regardless of whether the district or school is an MSBA member.

#### [Student Allergy Prevention and Response Policy](#)

#### [Student Allergy Prevention and Response Procedures](#)

#### **Emergency Action Plan and/or an Individualized Healthcare Plan**

Any student diagnosed with a life-threatening allergy must have an emergency action plan (EAP) to assist school personnel in recognizing and providing appropriate intervention during a crisis. Additionally, the EAP should also be considered for students who may not have a life-threatening allergy but may have a documented allergy or history of reaction to an allergen. Previous mild reactions to allergens place children at increased risk for a more severe reaction in the future. The individualized healthcare plan (IHP) is a nursing care plan with student centered goals and objectives. The EAP may be referenced in the IHP, but must be a separate document so it may be readily shared with school personnel as needed. Students may also qualify for a 504 plan if the severity of their allergy(s) reaches the level of a disability. EAP/IHP plans are developed by the professional school nurse (RN) in collaboration with the family, student and student's health care provider as appropriate. When the school nurse is a Licensed Practical Nurse (LPN), the EAP/IHP must be reviewed and given final approval by a supervisory RN or physician. All school staff having responsibility for students with an EAP will be trained annually by the school nurse, regarding their role in the care of the student.

#### **Identification of Students with Severe Allergies**

Prior to the beginning of every school year, the school nurse will review the health history forms submitted by parents in an attempt to identify students with life-threatening allergies (including food allergies) as well as updating existing student health information. During enrollment of new students, the person enrolling the student will be asked to provide information on any

allergies the student may have. The school nurse may request written permission from the parents to communicate with the student's Health Care Provider (HCP) if needed.

### **Developing Individual and Emergency Action Plans – The Team Approach**

To ensure a safe learning environment for the student with a life-threatening allergy, the parents and the student should plan to meet with the school nurse, school officials, school nutrition services, and other school staff as necessary to develop the IHP and/or EAP. This meeting should occur prior to the student attending school, upon returning to school after an absence related to the diagnosis, and any time there are changes in the student's treatment plan.

Parents of students with life-threatening allergies are very concerned about their child's welfare during the school day. Having parents actively involved in the development of the IHP/EAP greatly eliminates many unnecessary concerns and their knowledge can be an important resource in development of these plans.

The IHP and/or EAP are integral parts of the overall school policies and procedures for ensuring a safe learning environment for students with life-threatening allergies. The general guidelines in this manual must be individualized for each student with a life-threatening allergy.

The EAP is distributed to all appropriate school staff needing to be trained to respond to a specific student's anaphylactic emergency. The EAP should have a current picture of the student on the plan to aid in identification. Only staff having direct responsibility for the student will be trained in student specific procedures. All school staff will be regularly trained on the causes and symptoms of and responses to allergic reactions. Training will include instruction on the use of epinephrine premeasured auto-injection devices.

The following activities are recommended for school staff and parents in order to complete an EAP:

- Obtain a medication authorization form signed by both parent and HCP. Obtain a signed release to access information from the student's HCP, if needed.
- Secure medication and other necessary supplies.
  - Parents will provide all supplies.
  - Districts must provide appropriate, secure, accessible storage for supplies as needed. Students may self-carry epinephrine in compliance with board policy. Additional medication, if supplied by the parent, should be stored in a secure designated location.
- Develop disaster preparedness plans to accommodate a minimum of 72 hours without outside access to care.
- Establish an in-service training plan for staff on risk reduction strategies including avoidance prevention, recognizing symptoms of anaphylaxis, administration of epinephrine and other emergency medications, and monitoring of students with life-threatening food allergies. This training should include the student and parents, as appropriate, and will be provided by a licensed professional school nurse or designee. If medication and/or treatment orders are included in the plan, there must be written HCP approval to authorize that portion of the care plan.

- Establish a plan for educating all students generally about allergies and anaphylaxis.

### **District Planning**

The school district policies and procedures must address a communication plan for gathering and dissemination of information of students with food or other allergies who may experience anaphylaxis. The communication plan shall include safeguards to ensure student confidentiality. DESE and MSBA have assigned oversight of the school district’s policy and procedure to the school nurse because allergies are a health issue, however, the district may use another employee. If the district chooses to use an employee other than the nurse to implement these procedures, the nurse should still play a significant role. The plan will include procedures for disseminating information to substitute school staff.

Using the Coordinated School Health (CSH) model helps in planning for students with life-threatening allergies. Many schools and districts have adopted the CSH model in an effort to ensure coordination and collaboration occurs in schools at all levels for the greatest impact.

The [Centers for Disease Control and Prevention \(CDC\)](http://www.healthkidsmo.org/) developed the CSH approach of eight interconnecting components. Each section makes an important contribution to students' well-being and readiness to learn. In a coordinated approach, the components complement each other and have a greater impact than each piece could have by itself. See <http://www.healthkidsmo.org/> for additional information.

When a student comes to school with a life-threatening allergy, reasonable accommodations are implemented across the school system from the classroom and lunchroom to the playground and on the bus. The CSH structure better ensures staff in the school system communicate and work across silos together with families and communities. Below is a sample using the CSH system for students with life-threatening allergies.

#### **Health Education**

Integrate information about allergies into curriculum.

#### **Physical Education**

Promote acceptance of individual differences and capabilities.

#### **Health Services**

Coordinate allergy management among all components; develop and implement IHP/EAP.

#### **Nutrition Services**

Work with student, parents, and school nurse to provide safe school meals.

#### **Counseling**

Promote a supportive environment through education and communication.

#### **Healthy Environment**

Provide an accepting and allergen-safe environment.

#### **Health Promotion**

Increase allergy awareness through education.

#### **Family/Community**

Welcome and inform family and community members to help make schools safer.

### **Emergency Medical Response (EMS/911)**

The school district policy and procedural guidelines must address emergency responses identifying:

- When 911 is to be called.
- Who will call 911.
- What kind of medical response is needed (Medic with epinephrine\*).
- Who is to be notified of the 911 call including notification of parents.
- Who is assigned to meet the EMS first responders.
- What paperwork must be completed and by whom.
- What paperwork is to accompany the student in EMS transport to a medical facility.
- What to do with the used epinephrine injector.
- What are the debriefing procedures.

**\*Schools should check with their local EMS, as to whether epinephrine is available on all ambulances and carried by first responders.**

If epinephrine is administered, an emergency response (911) must be activated. The standard practice is to transport the student to the local medical facility regardless of the student's status at the time of the EMS arrival. A second dose of epinephrine may be necessary.

When an emergency response (911) has been activated, incident debriefing should occur at school among those who implemented the EAP. Input may be sought from the parents, the student, the first responders, and the student's HCP. The EAP must be reviewed and revised, if needed. Subsequent training must then follow to address the revised EAP.

### **All School Staff Training**

Health care professionals recommend annual training. The model procedure developed to address allergy prevention and response in schools indicates that training will take place within thirty (30) days after the initial adoption of the school policy and staff members hired after the training has been conducted will be provided the information within ten (10) work days of the first day of employment, but this is just a suggestion. The school district may want to train at the beginning of the school year immediately following the adoption of the policy, annually, or on some other schedule. The key is to make sure all staff members are trained quickly and at least once. No school district wants the tragedy of a student dying from an allergic reaction because the district had not trained staff to recognize and respond to the crisis. There are several resources available to assist districts in this process. If a video or online training media is used, it is recommended that a school nurse is present or identified as a resource for staff to direct questions and/or concerns. In addition, AllergyHome provides a self-contained, web-based school staff training program that includes a voice-over PowerPoint module with post-test and certificate of completion. <http://www.allergyhome.org/schools/management-of-food-allergies-in-school-what-school-staff-need-to-know/> See Section 6 for a list of additional resources.

More than one staff person should be trained for each situation or location including, but not limited to, the student's classroom teacher, classroom aides, and other instructional staff members in contact with the student, office staff, bus drivers, and building administrators.



Special attention is needed to ensure trained school staff accompanies the student on field trips. **Protocols should be in place to ensure substitute teachers are informed of the student's life-threatening allergy, the location of the EAP, and duties associated with implementing the EAP.**

### **Student Specific Training**

Each school district will provide age appropriate education on allergies and allergic reactions to students as such education aligns with state Grade-Level Expectations (GLEs) for health education where discussion of allergies can be accommodated. A district may require that information on allergies be included in the curriculum more frequently. Education will include potential causes, information on avoiding allergens, signs and symptoms of allergic reactions and simple steps students can take to keep classmates safe.

### **Emergency Care Plan Training**

Staff designated to implement the student's EAP will be trained by the school nurse in early recognition of anaphylaxis symptoms and the administration of epinephrine and other emergency medications. The student's HCP prescribes the emergency medication which the parent provides to the school. As addressed on the previous page under **All School Staff Training**, the district is expected to set up a training schedule to assure all staff members are trained to respond to an allergic crisis when it occurs. **It is essential to ensure the child's safety while at school by securing HCP orders, developing the EAP, and training designated school staff *ideally* prior to the child attending school.**

EAP training components include:

- Avoidance strategies for the identified allergen(s).
- Recognition of symptoms and what to do if the student is exposed to the allergen or exposure is suspected.
- Instruction on the administration of epinephrine. Epinephrine auto-injector training tools are available through pharmaceutical or product company representatives.
- Instruction on the administration of oral medication as ordered. The student's HCP may also order an oral antihistamine to be administered.
- School notification procedures for calling 911 (EMS), parents, school nurse, and school administration.
- Pertinent blood-borne pathogen information training with emphasis on safe handling of contaminated sharps (after an Epinephrine auto-injector is used the needle is exposed).
- Recording of the incident, including medications administered, the amount of medication administered, time, and by whom.
- Confidentiality of health care information.
- Identification of harassment or teasing situations that may result in a student being exposed to the allergen. All students should be taught bullying, harassing, or intimidating will not be tolerated. It is expected that students found to be subjecting a student with a life-threatening food allergy to such behavior will be disciplined according to district policies.

- Retraining annually, if the student's condition changes, or if there is a change in staff assigned to implement the EAP.
- At least annual practice of EAP procedures.

There is a natural reluctance to wait to administer epinephrine until symptoms worsen and you are sure the student is experiencing an anaphylactic reaction. There is the same reluctance to call 911. Many fatalities occur because the epinephrine was not administered in a timely manner. Practicing implementation of the EAP can be the most effective strategy to overcome the tendency to delay and to decrease the likelihood of a student fatality.

**Important:** It is important to obtain a thorough health history to determine if another health condition could potentially put the child at increased risk of a life-threatening allergy. If the student also has an asthma diagnosis, the reaction may be more life-threatening and require earlier and more aggressive management based on HCP orders. Initial anaphylaxis symptoms may occur and be mistaken for asthma or “an upset stomach” including vomiting and abdominal pain. The mistaken reaction may delay necessary treatment.

### **Risk Reduction Strategies**

Several strategies may be used to reduce the risk of anaphylaxis within the school setting through reasonable efforts to control the exposure of allergens. The following list (although not exhaustive) provides many examples of strategies each building and district should consider:

- **Cleaning and sanitation:** Establish effective sanitation and cleaning measures, such as cleaning lunch tables and classroom surfaces with disposable paper towels and cleaning products known to effectively remove food proteins.
- **Hand-washing:** Promote hand washing practices following eating to prevent cross-contact using recommended procedures of soap and water or hand wipes when soap and water are not available. **Hand sanitizers are not effective for removing food allergens or dirt.**
- **Food sharing:** Prohibit meal/snack swapping, utensil swapping among students, and eating on school transportation.
- **Allergen-aware zones:** Consider options for allergen-aware zones such as the classroom, lunch tables, or cafeteria zone to decrease exposure to allergens, including latex. Consider plans to ensure that common areas (such as libraries, music, and art rooms) are also allergen-aware zones. No student will be *required* to sit at a designated table or area.
- **Staff training:** Substitute, playground or lunchroom monitors, volunteers. Districts should develop and implement strategies to make sure that these students are never with staff, guest teachers, or volunteers who do not know how to respond in an anaphylactic emergency.
- **Celebrations/special events:** Plan for celebrations (birthdays, school parties, holidays, and other school events) that may include alternatives to food for celebrations, provisions for allergy-free foods for celebrations, etc.
- **Science projects/other kits:** Evaluate the safety of these supplies for those with food, latex, and insect allergies.
- **Emergency preparedness:** Plan for fire drills, lockdowns, or shelter in place, which may include considerations for access to medications or allergy-free foods, etc.

- Before and after-school events and activities: When planning school or PTO/PTA sponsored events, reasonable accommodations should be made for students with anaphylaxis.
- Insect allergies: Districts should systematically identify and remove insect nests on or near school grounds before school starts and periodically throughout the school year. Garbage should be properly stored in well-covered containers. Consider restricting eating areas to inside school buildings for students and staff at risk.
- Latex allergies: Identify and remove latex products in the school environment including: balls, gym equipment, first aid gloves, balloons, etc.

## SPECIAL CONSIDERATIONS

### Accommodations

Under Section 504 of the Rehabilitation Act of 1973, students with life-threatening allergies must be provided reasonable environmental accommodations and emergency school health services they need to safely attend school. Such accommodations are the responsibility of the school, not the parent. It is possible a Section 504 accommodation plan would *not* be required for a student with an allergy or intolerance *not* considered a life-threatening condition. If the student is determined to be eligible for services under Section 504, then the district's Section 504 procedures should be followed. If the student is eligible for special education services under IDEA, then IDEA district procedures must be followed.

### Anti-Bullying Policies and Procedures

The unique health needs of students with life-threatening allergies may cause them to become targets for harassment, intimidation, and bullying. Students subjecting another student with a life-threatening allergy to such behavior will be disciplined according to district policies. For additional resources and information regarding bullying visit: <http://www.foodallergy.org/its-not-a-joke#.UxNWSnmVj-Y> or <http://www.olweus.org/public/index.page>.

### Nursing Practice

In the school setting, registered nurses (RNs) are responsible for developing, implementing, and managing student emergency action plans/individualized healthcare plans. This includes the delegation, training, and supervision of student medication administration by non-licensed staff. The [Manual for School Health](#) (pages 63-66) addresses delegation to non-licensed school staff. When the school nurse is a LPN, the EAP/IHP must be reviewed and given final approval by a supervisory RN or physician.

**National Association of School Nurses Position Statement, Allergy/Anaphylaxis Management in the School Setting (2012).** <http://www.nasn.org/Default.aspx?tabid=279>

**Missouri Board of Nursing Practice Guidelines** <http://www.pr.mo.gov/nursing-focus.asp>

Best practice in managing anaphylaxis research reveals many fatalities occur due to the untimely administration of epinephrine. **Deaths have occurred in schools because of delays in**

**recognizing and responding to symptoms with immediate treatment and further medical interventions.** The medical standard of care, written by AAAAI states, “*Epinephrine has long been regarded as the treatment of choice for acute anaphylaxis. This is true despite the recognition of its potential hazards. Alternative treatments - such as antihistamines, sublingual isoproterenol, inhaled epinephrine, and corticosteroids without epinephrine - have failed to prevent or relieve severe anaphylactic reactions. It is therefore inappropriate to use them for the first-line treatment or prevention of anaphylaxis.*”<sup>4</sup>

Furthermore, in July 2008, the World Allergy Organization published the following statements:

*Anaphylaxis is an acute and potentially lethal multisystem allergic reaction. Most consensus guidelines for the past 30 years have held that epinephrine is the drug of choice and the first drug that should be administered in acute anaphylaxis. Some state that properly administered epinephrine has no absolute contraindication in this clinical setting. A committee of anaphylaxis experts assembled by the World Allergy Organization has examined the evidence from the medical literature concerning the appropriate use of epinephrine for anaphylaxis. The committee strongly believes that epinephrine is currently underused and often dosed sub-optimally to treat anaphylaxis, is under prescribed for potential future self-administration, that most of the reasons proposed to withhold its clinical use are flawed, and that the therapeutic benefits of epinephrine exceed the risk when given in appropriate intramuscular doses.*

*Based on available evidence, the benefit of using appropriate doses of intramuscular epinephrine in anaphylaxis far exceeds the risk. Consensus opinion and anecdotal evidence recommend epinephrine administration sooner rather than later, that is, when the initial signs and symptoms of anaphylaxis occur, regardless of their severity, because fatalities in anaphylaxis usually result from delayed or inadequate administration of epinephrine. Experts may differ on how they define the clinical threshold by which they define and treat anaphylaxis. However, they have no disagreement whatsoever that appropriate doses of intramuscular epinephrine should be administered rapidly once that threshold is reached. There is no absolute contraindication to epinephrine administration in anaphylaxis, and all subsequent therapeutic interventions depend on the initial response to epinephrine.*<sup>6</sup>

## **Current Practice**

Many HCPs agree if a student known to have a history of anaphylaxis has an exposure to an allergen, epinephrine is to be given immediately and the EMS (911) system activated. However, if a student has an allergen exposure and does not have a history of anaphylaxis, oral antihistamines may be prescribed as an initial treatment for mild symptoms. Once oral medications are given, there must be continual observation and assessment with administration of epinephrine if the student shows signs of anaphylaxis.

Based upon the current medical standards of practice and student safety, epinephrine is recommended as the optimal treatment for anaphylaxis followed by the initiation of the EMS (911). This information may assist school nurses in discussions with district staff and

community providers about school district policies and procedures. Additionally, school district legal counsel should advise the district about the development of policies and procedures.

### **Recommendation**

Life threatening allergies can result in anaphylaxis, which requires an immediate medical response. Epinephrine is the treatment of choice for anaphylaxis and should be administered as prescribed for a specific student with known history, or if the nurse or trained staff member determines that it is necessary to safeguard the health of the student.

## SECTION 4

### ROLES AND RESPONSIBILITIES

Some roles and responsibilities are specific to particular individuals and/or school staff. Others are shared between individuals and/or groups. The following section describes the roles and responsibilities by group.

#### **Family's Responsibility**

- Notify the school of the child's allergies before the student attends classes.
- Work with the school team to develop an individualized healthcare plan (IHP) that accommodates the child's needs throughout the school including in the classroom, in the cafeteria, in after-care programs, during school-sponsored activities, and on the school bus, as well as an Emergency Action Plan.
- Provide current written medical documentation, instructions, and medications as directed by your child's HCP. Include a photo of the child for identification safety if requested. Additional district forms will need to be completed by the student, parent, and HCP if the student self-carries and administers medication(s). These forms must be renewed yearly or more often if changes in your child's condition or HCP orders occur.
- Sign release of information forms to allow communication between the school district and your child's HCP to allow for the best possible care for your child.
- Provide adequate properly labeled medications for your child and backup medication in the school office if your child self-administers their medication. Replace medications after use or upon expiration.
- Educate the child in the self-management of their food allergy including:
  - recognition of safe and unsafe foods
  - recognition of other allergen containing materials such as art or science supplies, band aids, or other school supplies
  - strategies for avoiding allergen exposure such as peer pressure and engaging in high-risk activities that would increase allergen exposure
  - identification, recognizing, and describing symptoms of allergic reactions
  - how and when to tell an adult they may be having an allergy-related problem
  - how to read food and other product labels for allergen identification (age appropriate)
  - knowledge of school policies and procedures, including responsibilities in self-carrying and administration of medications when appropriate
  - practice drills and role-playing
- Provide emergency contact information and keep this up to date when changes occur.
- Notify the school nurse if changes in the IHP/EAP are needed.
- Debrief with school staff, the student's HCP, and the student (age appropriate) after a reaction has occurred.
- Inform school administration, school nurse, or counselor if bullying or teasing occurs.

- Approve a safe classroom treat alternative to ensure student will not be excluded from any classroom or school sponsored activity involving food.
- Submit to food service a signed “Medical Statement for Student Requiring Special Meals” form.

### **School’s/Administrator’s Responsibilities**

- Be knowledgeable about and follow applicable federal laws including ADA, IDEA, Section 504, and FERPA and any state laws or district policies that apply.
- Support and oversee faculty, staff, students, and parent/guardian in implementing all aspects of the management plan.
- Ensure students with allergies are not excluded from school activities due to their health condition.
- Identify a core team of, but not limited to, school nurse, teacher, principal, school food service manager, transportation director, counselor (if available) to work with parents and the student (age appropriate) to establish a prevention plan distinguishing between building-wide, classroom and individual approaches to allergy prevention and management. Changes to the prevention plan to promote revisions in allergy management should be made with core team participation.
- Provide input to the core team in the development and implementation of related policies and procedures. Ensure implementation of these policies and procedures.
- Ensure annual training of all staff interacting with the student on a regular basis to: understand the student’s specific allergy(s), recognize allergic symptoms, and know actions to take in an emergency (including epinephrine administration as directed). Work with school staff to eliminate the use of potential allergens in the student’s meals, educational tools, arts and crafts projects. All school staff are to be annually trained by the school nurse in general information regarding recognition, prevention and response to allergic reactions.
- Ensure protocols are in place for training substitute staff who may have responsibility for a student with a life-threatening allergy including teachers, school nurses, nutrition services, recess and/or lunch aides, bus driver, and other specialists.
  - Include any responsibilities expected of these individuals to implement specific IHP/EAP or school-specific food allergy policies. Contingency plans must be in place if a substitute cannot be trained to handle an allergy emergency.
- Assure for the age-appropriate education of all students including potential causes of allergic reactions, information on avoiding allergens, signs and symptoms of allergic reactions and simple steps students can take to keep classmates safe.
- Provide for practice of the Emergency Action Plan before an allergic reaction occurs to assure the efficiency/effectiveness of the plans.
- Coordinate with the school nurse to assure medications are appropriately stored, and an emergency kit(s) is available and accessible containing a current standing order for epinephrine from an HCP (as allowed by school district policy).
- Assure that protocols permit students to carry their own epinephrine after approval from the student’s HCP, parent, and school nurse.

- Work with the school nurse in designation of school personnel who are properly trained to administer emergency medications in accordance with all applicable state laws and school district policy during the school day and all school activities (including field trips).
- Ensure posting of a list of Cardio Pulmonary Resuscitation (CPR) certified staff in the building and a system for communicating with them and eliciting an immediate response in emergencies.
- Ensure systems are in place to inform the parent/guardian(s) if any student experiences an allergic reaction at school.
- Review policies/prevention plan with the core team members, parents/guardians, student (age appropriate), and HCP as appropriate after a reaction has occurred.
- Work with the district transportation director to assure that school bus driver training includes symptom awareness and actions to be taken if a reaction occurs.
- Recommend that all buses have communication devices in case of an emergency.
- Enforce a “no eating” policy on school buses with exceptions made only to accommodate special needs under federal or similar laws, or school district policy.
- Encourage a “no sharing” policy in lunchrooms and provide for the identification of “allergy-aware” tables. Ensure surfaces are cleaned according to district policy/procedures to avoid exposure by cross contamination.
- Discuss field trips with the family to decide appropriate strategies for managing the student’s allergy(s).
- Follow federal/state/district laws and regulations regarding sharing medical information about the student.
- Provide safe environments, both physically and emotionally (develop and enforce strict anti-bullying policies).
- Ensure after-hours users of the school building are informed of and following all restrictions and rules impacting the use of common spaces and individual classrooms.
- Discourage school staff from the use of food or other allergen products such as latex balloons as a reward for school activities. The building administrator must approve any food preparation or consumption in any instructional area.

### **Student’s Responsibility**

- Know what your allergens are.
- Avoid exposure to known allergens.
- Learn to recognize symptoms of an allergic reaction.
- Notify an adult immediately if any symptoms suggestive of an allergic reaction begin to develop.
- Notify an adult immediately if exposure to an allergen has occurred.
- Avoid eating anything with unknown ingredients or known to contain any allergen.
- Do not trade food or eating utensils with others.
- Wash hands before and after eating.
- Avoid eating outside during high insect activity.
- Avoid eating near areas that attract insects.
- Avoid wearing heavily scented products that may attract insects.



- Be proactive in the care and management of their food allergies and reactions based on their developmental level.
- Notify an adult immediately if they eat something they believe may contain the food to which they are allergic.
- Know and follow school district policies and procedures regarding medications for the safety of self and others.

### **School Nurse**

- Schedule a meeting or at minimum make contact with the student and parent, prior to initial school entry and/or prior to each subsequent school year, to develop/update a current and complete EAP/IHP in coordination with the student's HCP as needed for necessary medication orders and/or treatments.
- Provide annual training, on-going supervision, and monitoring of school staff designated as responsible to implement the student's specific IHP/EAP.
- Present a general district-wide training for **all district staff** involved in the care of the student during any school-sponsored activity including:
  - Life-threatening allergy awareness.
  - Allergen avoidance and prevention.
  - Recognizing symptoms of anaphylaxis.
  - Administration of epinephrine and other emergency medication.

**Note: Each school district is required to have a system in place to assure ALL staff is trained to recognize and respond to an allergic response. Systems for training of substitute staff in schools should also be addressed.**

- Communicate and review with the district's nutrition services the student's meal program in cases of food allergy. Jointly develop a communication process for students receiving school meals.
- Review the EAP/IHP and medication orders at least annually and when changes in the student's health condition or HCP orders occur.
- Collaborate with local EMS for systems to provide for care and/or transport of students with life-threatening anaphylactic reactions, ask whether ambulance personnel and/or first responders will be equipped with epinephrine.
- Ensure medications are accessible and non-expired including the medication(s) needed for a lockdown, evacuation, or catastrophic event.
- Communicate with the student, staff, and parents on a regular basis.
- Coordinate debriefing and planning for the student's re-entry to school after an anaphylactic reaction.

### **Classroom Teachers/Para-Professionals/Coaches/After-School Staff**

**Note:** The classroom is the most common area students in school are reported to experience an allergic reaction.<sup>5</sup>

- Identify students with life-threatening allergies and understand symptoms and emergency action plans for students.
- Have an accessible, but confidentially placed, copy of the EAP and emergency medications.
- Have a communication plan to contact the school nurse, the building office, and EMS in the case of after school activities.
- Receive training from the school nurse to implement the EAP including:
  - Allergens causing life-threatening anaphylactic reactions.
  - Prevention.
  - Recognition of student symptoms indicating an anaphylactic reaction.
  - Management of emergency anaphylactic reactions by implementing the student specific EAP that may include the administration of epinephrine and contacting 911.
- **Never send a student who is feeling ill and has had a known allergen exposure to the school office or health room alone.** If necessary, request assistance from staff outside the classroom. **Note:** It is **not** appropriate to send another student to the office with the student experiencing symptoms of a life-threatening allergic reaction.
- Ensure student confidentiality and privacy as appropriate per law.
- Require all staff, substitutes, and volunteers working with the student to be familiar with the student's allergies and EAP.
- Coordinate with the school nurse and obtain parent and student permission before providing age appropriate classroom instruction about life-threatening allergies.
- Educate all classroom students about anti-bullying policies and monitor students appropriately.
- Coordinate with school nurse and school administrator to (and when appropriate) obtain written permission from the parent of the student with life threatening allergies to educate the parents of all students about life-threatening allergies and provide information to maintain an allergen-aware classroom.
- Inform parents of any school events and activities where food will be served other than during regularly established meal/snack times or when other allergens may be present. Prepackaged food items used in classroom activities must have a list of ingredients available.
- Do not offer foods or other allergens to students without parental approval.
- Do not interpret food and product labels.
- Permit parents of students with allergies to substitute safe alternatives.
- Avoid using foods or other allergens for activities such as arts and crafts, projects, science, counting, holidays, and other celebrations.
- Encourage non-allergen and non-food activities, rewards, and treats.
- Participate in planning for the student's re-entry to school after an anaphylactic reaction (i.e. if involved with recent implementation of the EAP or currently having direct responsibility for the student).

### School Nutrition Services

The school nutrition services department is an essential member of the team contributing to the development and implementation of the IHP for the student with life-threatening food allergies. The school nutrition services administrator has access to educational resources and is responsible for all aspects of meal production and service. The role of the food services manager is to

clearly communicate his/her department's capabilities with the school nurse, principal, and parent regarding food allergy accommodations for students at school.

Refer to the [Student Allergy Prevention and Response Procedures](#).

### **Lead Nutrition Services Staff:**

- Ensure nutrition services policies and procedures for students with life-threatening food allergies are aligned with district policies and procedures.
- Develop a protocol for communication equipment maintenance.
- Work with school nurse, family, student, and administrator to review potential food allergen exposure risks:
  - Communicate menu information to parents, students, and staff and inform the school nurse when menu changes occur.
  - Make food labels available for parents as requested. Keep a file of food labels and recipes in the nutrition services department.
  - Designate and train specific and appropriate staff to read food labels and to answer food ingredient questions.
  - Maintain current contact information with food vendors and other industry resources.
  - Train production workers and servers on the prevention of cross-contamination of allergenic food products during production and in the cafeteria line.
  - Identify areas in the kitchen to be allergen-safe for food preparation.
  - Ensure thorough cleansing of surfaces or use surface protection barriers to provide an allergen-safe preparation area.
  - Plan ahead for safe meals on field trips (see forms in Section 5—Sample Sack Lunch Request).
- Work with school nurse, family, student, and administrator to develop EAP/IHP, obtain treatment orders, and provide for trainings.
  - Ensure all nutrition services staff and substitutes receive allergy awareness education in order to recognize and respond to signs and symptoms of an allergic reaction.
  - Ensure student specific care plans (IHP/EAP) are accessible to all nutrition services staff that need access. Confidentiality policies are reviewed annually.
  - Participate in student specific EAP training provided by school nurse, including implementing EAP protocols and administration of epinephrine, if applicable.
  - Designate and train staff on how to accommodate diet orders authorized by the HCP.
  - Train staff not to accommodate a diet without a diet order which has been reviewed by the nutrition services manager/supervisor.
  - Take all student complaints seriously and respond as trained.
- Collaborate with custodial staff to arrange for the cleaning of all tables, chairs, and floors after each meal.
- Avoid using latex gloves at all times.
- Avoid open doors and windows around food areas during times of high insect activity.
- Review the signed diet prescription form for adequate detail to clearly identify appropriate food substitutions. The physician must identify the student's disability as defined under USDA guidelines. "When in the licensed physician's assessment, food allergies may result

in severe, life-threatening (anaphylactic) reactions, the child's condition would meet the definition of "disability," and the substitutions prescribed by the licensed physicians must be made."<sup>7</sup> See [http://www.fns.usda.gov/cnd/Guidance/special\\_dietary\\_needs.pdf](http://www.fns.usda.gov/cnd/Guidance/special_dietary_needs.pdf).

- Please note **only the student's HCP** may make the life-threatening determination for the purposes of a school diet prescription.
- For students with life-threatening food allergies, a diet prescription form must identify:
  - The student's disability.
  - An explanation of why the disability restricts the child's diet.
  - The major life activity affected by the disability.
  - The food or foods to be omitted from the child's diet, and the food or choice of foods that must be substituted.

### **Lunchroom/Playground Assistants**

- Follow district policies and procedures regarding students with life-threatening allergies.
- Receive training from the school nurse on life-threatening allergy awareness and, if applicable, student specific IHP/EAP training for the implementation of student specific EAP/IHP:
  - Maintain confidential access to EAP/IHP for reference if needed.
  - Take all complaints seriously and respond appropriately (follow the IHP/EAP as indicated per training by the school nurse).
  - Assist lunchroom staff in the identification of students who have special diets provided by nutrition services.
  - Do not interpret food labels or advise children on allergen content.
- Maintain properly functioning emergency communication equipment and understand use of such equipment.

### **School Custodial Services**

- Clean all tables, chairs, and floors after each meal with cleaning products that meet allergen removal standards, if applicable.
- Clean any allergen-safe tables per district policy using a separate cleaning cloth/sponge or appropriate disposable wipes effective in removing allergen traces (using non-latex gloves).
- Ensure school dumpsters are not in areas close to student activity.
- Ensure food and food waste is covered when possible.



### **Transportation Director or Supervisor:**

- Participate in the development of the student's IHP/EAP as needed.
- Provide training for all bus drivers in emergency preparedness planning and district specific policies and procedures. Such district policies and procedures would include some process and notification system for students who have a specific health requirement.
- Know local EMS procedures and train all bus drivers on accessing EMS in an emergency.
- Ensure all bus drivers and substitute drivers attend annual anaphylaxis awareness training.
- Arrange for bus drivers' participation in emergency drills.
- Assure properly functioning communication equipment and a procedure for out-of-service areas.
- Collaborate with school nurse to ensure the transportation dispatcher has knowledge of all students with life-threatening allergies by bus number/route and instructions for activating EMS.
- Arrange with the school nurse for training of the drivers transporting the students with life-threatening allergies to receive student specific EAP training.
- In the case of students with a diagnosed allergy(s) and a history of anaphylaxis (or the potential of), collaborate with school nurse and individual bus drivers to ensure provisions are made for the student's epinephrine to be on the student's person as well as a copy of the EAP when prescribed by the student's HCP. It is not safe to store epinephrine on the bus for reasons such as temperature variances and substitution buses.
- Have a backup copy of the EAP on the bus.
- Have procedures for implementing EAPs addressing:
  - Calling 911.
  - Location of the epinephrine and/or other emergency medications.
  - Contacting district administration and requesting the administrator to contact school nurse and parents. Buses used to transport teams to extracurricular and sports events may require some adaptation of this procedure.
- Provide a safe environment on the bus for students with life-threatening allergies:
  - When possible have a "no eating" policy on buses. Exceptions to this rule will occur for some students that medically require access to food (such as students with diabetes) and during certain trips where extenuating circumstances allow for meal consumption on the buses.
  - Clean bus surfaces, including seats and handrails per district policy and procedure (using non-latex gloves).
  - Be aware of periods of high insect activity and remind/alert bus drivers with students who have sting allergies.
  - Require dedicated seating to students with life-threatening allergies or all students might leave their backpacks and/or lunches and snacks at the front of the bus in order to avoid allergen exposure.
  - Be aware of any reported or observed bullying of students. Treat any report as serious.

## COOPERATIVE RESPONSIBILITIES

### Emotional Health and Well-Being

Administrators, school nurses, school counselors, and others:

- Work in cooperation to address the anxiety of students, staff, and families.
- Act as a resource regarding anxiety, stress, and normal development.
- Educate staff to avoid endangering, isolating, stigmatizing, or harassing students with life-threatening allergies.
- Consider starting a small support group where multiple students with life-threatening conditions can express their feelings and concerns.
- Conduct debriefing if an anaphylactic reaction occurs during the school day.

### During Meals/Snacks

- Establish procedures to ensure all students eat only their own food—no sharing!
- Encourage parents to send “safe” snacks for their child.
- Provide eating areas that are safe from allergens:
  - In the classroom if food allergens are consumed in the room.
  - Arrange food containers to avoid cross-contamination.
  - Designate a knowledgeable adult to monitor eating areas or limit the areas in a building where food is consumed.
- Avoid cross-contamination by enforcing hand-washing and clean all eating surfaces before and after eating.
- Clean per district policy/procedure, any allergen-aware tables and surrounding areas, using a separate cleaning cloth or disposable wipe and by vacuuming or sweeping the floor.
- Consider establishing a snack fund as a resource for parents of children with life-threatening food allergies to provide safe snacks for the whole class.

Consider establishing “Be a PAL (Protect A Life)” programs and/or allergy-aware rooms, zones, or tables. See <http://www.foodallergy.org/resources/kids> for more information.

- Designate eating areas where students are allowed to eat highly allergenic foods.

### Field Trips

Various school staff members may prepare and participate in field trips away from the school. Field trips require additional planning and coordination in order to ensure a safe trip for all students. **Systems must be in operation in schools to provide for adequate notification and time for collaboration to ensure student safety.**

#### Field trip coordinator responsibilities:

- Prior to going on a field trip, collaborate with all staff or departments involved with the student going on the field trip prior to going on a field trip. Five days notice to both the school nurse and food service department (if sack lunches are needed).
- Identify students with life-threatening allergies.

- Notify parents about field trips (dates/length of time, location, activities, and anticipated food consumption).
- Ensure the student specific EAP, HCP orders, and emergency medications are taken on field trip. School staff who supervise students with life-threatening allergies during the field trip and back to school must carry the student's medications and EAP and be trained by the school nurse or designated HCP in the student specific EAP procedures.
- Avoid high-risk places (some sites may be too far away from the EMS access or too dangerous), ensure site safety, and attempt to have allergen-aware areas.
- Provide for a designated allergen-aware area during meals.
- Encourage parents to attend the field trip. Parents are not required to accompany the student on field trips. School staff are ultimately responsible for the safety of students.
- Make plans for students to wash their hands before and after eating (studies have shown hand sanitizers to be ineffective in removing all food allergens).
- Label sack lunches provided by nutrition services (for students with life-threatening food allergies) as allergen safe.
- Verify meals labeled for students with allergies are distributed to the appropriate student(s). **If in doubt, do not give the student the meal.**
- Instruct the student to avoid allergens and to inform an adult immediately if the student believes he/she may have ingested or had contact with an allergen or is not feeling well.
- Inform staff to assist the student in avoiding possible contact with allergens during the field trip.
- Ensure mobile devices, if used, are available and in working order. The transportation department will ensure the communication devices are available on the bus and work.



## SECTION 5

### SAMPLE FORMS

This section of the guidelines offer various sample forms and tools districts may use to provide for the care of students with life-threatening food allergies. The forms are samples. School districts are encouraged to modify the forms to incorporate district and student specifics as needed.

The following forms are available:

- Sample Student Health Registration Form
- Sample Food Allergy Assessment Form
- Sample Bee or Insect Allergy Assessment Form
- Sample Authorization for Exchange of Medical Information
- Sample HCP Letter Regarding Unlicensed Staff Administering Emergency Medication at School
- Sample Authorization for Administration of Medication at School
- Sample Allergy Individual Healthcare Plan (IHP)
- Sample Training Program
- Pre-Assessment for Allergy and Anaphylaxis Training
- Sample Allergy and Anaphylaxis Training Assessment
- Post Assessment for Allergy and Anaphylaxis Training
- Sample Food Allergy Action Plan [from Food Allergy Research and Education (FARE)](Epi-pen Training Instructions Included)
- Sample Anaphylaxis Emergency Action Plan [From American Academy of Allergy, Asthma, and Immunology (AAAAI)]
- Sample Emergency Epi-pen® Medication Administration at School Skills Checklist
- Sample Registered Nurse Checklist for Students with Life-Threatening Food Allergies
- Sample Sack Lunch Request Form
- Sample Substitute Teacher Letter
- Sample Classroom Letter
- Sample School Letter to All Parents
- Sample Emergency Plan for Non-Medical Staff (from Manual for School Health)
- Sample Medical Statement for Student Requiring Special Meals (USDA)



## Student Health Registration Form

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

*This questionnaire is designed to aid school staff in anticipating any health concerns that might affect your child's safety or learning.*

### **MEDICAL**

Does your child have a doctor or nurse practitioner? Yes \_\_\_ No \_\_\_

Name of child's doctor or nurse practitioner \_\_\_\_\_ phone number \_\_\_\_\_

In the past 12 months, did you have problems obtaining medical care for your child? Yes \_\_\_ No \_\_\_

### **DENTAL**

Does your child have a dentist? Yes \_\_\_ No \_\_\_ Name of child's dentist \_\_\_\_\_ phone number \_\_\_\_\_

Did your child receive a dental exam in the last 12 months? Yes \_\_\_ No \_\_\_ Don't know \_\_\_

Describe the condition of your child's teeth? Good \_\_\_ Fair \_\_\_ Poor \_\_\_ Don't know \_\_\_

In the past 12 months, did you have problems obtaining dental care for your child? Yes \_\_\_ No \_\_\_

### **INSURANCE**

Does your child have medical insurance coverage? Yes \_\_\_ No \_\_\_ Don't know \_\_\_ Name of provider \_\_\_\_\_

Does your child have dental insurance coverage? Yes \_\_\_ No \_\_\_ Don't know \_\_\_ Name of provider \_\_\_\_\_

Does Medicaid (Mo HealthNet) insure him/her? Yes \_\_\_ No \_\_\_ Don't know \_\_\_

### **MEDICAL HISTORY**

*Have you ever been told by a physician or health care professional that your child has:*

\_\_\_ Asthma                      \_\_\_ Seizure disorder                      \_\_\_ Bleeding disorder                      \_\_\_ ADD/ADHD  
\_\_\_ Diabetes                      \_\_\_ Bone/muscle disease                      \_\_\_ Skin condition                      \_\_\_ Learning disability  
\_\_\_ Heart condition                      \_\_\_ Mental health condition (i.e., depression, anxiety, eating disorder)                      \_\_\_ Other \_\_\_\_\_

*Does your child experience any of the following?*

\_\_\_ Nose bleeds                      \_\_\_ Frequent ear aches                      \_\_\_ Overweight for age                      \_\_\_ Physical disability  
\_\_\_ Poor appetite                      \_\_\_ Frequent stomach aches                      \_\_\_ Frequent headaches                      \_\_\_ Fainting spells  
\_\_\_ Tires easily                      \_\_\_ Emotional concerns                      \_\_\_ Underweight for age                      \_\_\_ \_\_\_\_\_

Other \_\_\_\_\_ Do any of the above condition(s) limit/effect your child at school? \_\_\_\_\_

### **LIFE-THREATENING CONDITIONS**

Does your child have a life-threatening health condition? Yes\* \_\_\_ No \_\_\_ Describe: \_\_\_\_\_

### **ALLERGIES**

Plants \_\_\_ Animals \_\_\_ Food \_\_\_ Molds \_\_\_ Drugs \_\_\_ Bees \_\_\_ Other \_\_\_\_\_

Please describe the allergic reaction and the treatment for **each** checked allergy \_\_\_\_\_

Do you plan for your child to receive school prepared meals? Yes \_\_\_ No \_\_\_

Will your child require food substitutions? Yes\*\* \_\_\_ No \_\_\_

\*\*The Medical Statement for Student Requiring Special Meals form must be completed to allow food substitutions.

### **MEDICATION**

Does your child take any medication? Yes \_\_\_ No \_\_\_ If yes, name of medication(s): \_\_\_\_\_

Purpose \_\_\_\_\_ Will medication be needed at school? Yes\* \_\_\_ No \_\_\_

**\*If the answer to any of these questions is yes, please call to schedule a time to meet with the school nurse.**

### **HEARING/VISION**

Do you have concerns about your child's hearing? Yes \_\_\_ No \_\_\_ Does your child wear hearing aids? Yes \_\_\_ No \_\_\_

Do you have concerns about your child's vision? Yes \_\_\_ No \_\_\_ Does your child wear glasses or contacts? Yes \_\_\_ No \_\_\_

### **SPEECH/LANGUAGE**

Do you have concerns about your child's speech and/or language? Yes \_\_\_ No \_\_\_

Do others have difficulty understanding your child? Yes \_\_\_ No \_\_\_ If yes, please explain \_\_\_\_\_

### **AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

I understand the information given above will be shared with appropriate school staff to provide for the health and safety of my child. If either I or an authorized emergency contact person cannot be reached at the time of a medical emergency, I authorize and direct school staff to send my child to the most easily accessible hospital or physician. I understand I will assume full responsibility for payment of any transport or emergency medical services rendered.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Food Allergy Assessment Form

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell/work: \_\_\_\_\_

Health Care Provider (name) treating food allergy: \_\_\_\_\_ Phone: \_\_\_\_\_

Do **you think** your child's food allergy may be **life-threatening**?  No  Yes  
(If Yes, please contact the school nurse as soon as possible).

Did your student's **health care provider tell you** the food allergy may be **life-threatening**?  No  Yes  
(If Yes, please contact the school nurse as soon as possible.)

### History and Current Status

Check the foods that have caused an allergic reaction:

- |   |   |                               |
|---|---|-------------------------------|
| <input type="checkbox"/> Peanuts              | <input type="checkbox"/> Fish/shellfish                             | <input type="checkbox"/> Eggs |
| <input type="checkbox"/> Peanut or nut butter | <input type="checkbox"/> Soy products                               | <input type="checkbox"/> Milk |
| <input type="checkbox"/> Peanut or nut oils   | <input type="checkbox"/> Tree nuts (walnuts, almonds, pecans, etc.) |                               |

Please list any others: \_\_\_\_\_

How many times has your student had a reaction?  Never  Once  More than once, explain: \_\_\_\_\_

When was the last reaction? \_\_\_\_\_

Are the food allergy reactions:  staying the same  getting worse  getting better

### Triggers and Symptoms

What has to happen for your student to react to the problem food(s)? *(Check all that apply)*

- Eating foods  Touching foods  Smelling/Inhaling foods  Other, please explain: \_\_\_\_\_

What are the signs and symptoms of your student's allergic reaction? *(Be specific; include things the student might say.)*

How quickly do the signs and symptoms appear after exposure to the food(s)?

\_\_\_\_\_ Seconds \_\_\_\_\_ Minutes \_\_\_\_\_ Hours \_\_\_\_\_ Days

### Treatment

Has your student ever needed treatment at a clinic or the hospital for an allergic reaction?

- No  Yes, explain: \_\_\_\_\_

Does your student understand how to avoid foods that cause allergic reactions?  Yes  No

What treatment or medication has your health care provider recommended for use in an allergic reaction?

Have you used the treatment?  No  Yes

Adapted from OSPI Anaphylaxis Guidelines

Does your student know how to use the treatment?  No  Yes

Please describe any side effects or problems your child had in using the suggested treatment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you intend for your child to eat school provided meals, have you filled out a diet order form for school?**

- Yes.
- No, I need to get the form, have it completed by our health care provider, and return it to school.

**If medication is to be available at school, have you filled out a medication form for school?**

- Yes.
- No, I need to get the form, have it completed by our health care provider, and return it to school.

**If medication is needed at school, have you brought the medication/treatment supplies to school?**

- Yes.
- No, I need to get the medication/treatment and bring it to school.

What do you want us to do at school to help your student avoid problem foods? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I give consent to share, with the classroom, that my child has a life-threatening food allergy.**

- Yes.
- No.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by RN: \_\_\_\_\_ Date: \_\_\_\_\_

Adapted from OSPI Anaphylaxis Guidelines

## Bee or Insect Allergy Form

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell/work: \_\_\_\_\_

Health Care Provider (name) treating bee allergy: \_\_\_\_\_ Phone \_\_\_\_\_

Do **you think** your student's bee allergy may be **life-threatening**?  No  Yes

(If Yes, please see the school nurse as soon as possible.)

Does your student's **health care provider think** the bee allergy may be **life-threatening**?  No  Yes

(If Yes, please see the school nurse as soon as possible.)

### **History and Current Status**

What type of stinging bee or insect has your student reacted to? \_\_\_\_\_

How many times has your student had a reaction?  Never  Once  More than once, please describe:  
\_\_\_\_\_

When was the last reaction? \_\_\_\_\_

Are the reactions:  staying the same  getting worse  getting better

Has your student ever needed treatment at a clinic or the hospital for an allergic reaction?  No  Yes, please describe:  
\_\_\_\_\_

Has your student ever received or used an Epi-pen® or other injection as treatment?  No  Yes, please describe:  
\_\_\_\_\_

### **Triggers and Symptoms**

What are the signs and symptoms of your student's allergic reaction? *(Be specific; include things your child might say.)*  
\_\_\_\_\_

How quickly do the signs and symptoms appear after the sting? \_\_\_ seconds \_\_\_ minutes \_\_\_ hours \_\_\_ days

### **Treatment**

Does your student understand how to avoid getting a bee sting or insect bite?  Yes  No

What do you do at home if there is a reaction to a bee sting or insect bite? \_\_\_\_\_

What treatment or medication has your health care provider recommended for an allergic reaction?  
\_\_\_\_\_  None

Have you used the treatment or medication?  No  Yes

Does your student know how to use the treatment or medication?  No  Yes

Please describe any side effects or problems your student had in using the suggested treatment or medication.  
\_\_\_\_\_

**If medication is to be available at school, have you filled out a medication form for school?**

Yes

No, I need to get the form, have it completed by our health care provider, and return it to school.

**If medication is needed at school, have you brought the medication or treatment supplies to school?**

Yes

No, I need to get the medication/treatment and bring it to school.

What do you want the school to do in case of a bee sting or insect bite? \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Authorization for Exchange of Medical Information

SECTION I – INFORMATION REQUESTED FROM		
NAME:	NAME OF PERSON DISCLOSING INFORMATION:	
AGENCY:	TITLE:	
ADDRESS: _____ _____ _____		
Name of Student:	Birth Date:	Date:
Specific nature of information to be disclosed: _____ _____ _____ _____ _____		
SECTION II – AUTHORIZATION		
<p>I hereby authorize the release of medical information as described in Section 1 to the individuals who are affiliated with the school/agency indicated in Section III.</p> <p>This authorization expires on: _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%; text-align: center;"> <p>_____</p> <p>Parent Signature</p> </div> <div style="width: 30%; text-align: center;"> <p>_____</p> <p>Date</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%; text-align: center;"> <p>_____</p> <p>Student Signature</p> </div> <div style="width: 30%; text-align: center;"> <p>_____</p> <p>Date</p> </div> </div>		
<p>If the student is a minor authorized to consent to health care without parental consent under federal and state law, only the student shall sign this authorization form.</p>		
SECTION III – AGENCY RECEIVING INFORMATION		
AGENCY/SCHOOL:	<p>This information disclosed to you is protected by state and federal law. You are prohibited from releasing it to any agency or person not listed on this form without specific written consent of the person to whom it pertains. A general authorization for release of medical or other information is not sufficient.</p> <p>Envelope should be marked "CONFIDENTIAL".</p>	
NAME/POSITION (Nurse, Administrator, etc.) _____ _____		
ADDRESS: _____ _____ _____		

## HCP Letter Regarding Unlicensed Staff Administering Emergency Medication at School

Dear: \_\_\_\_\_

Date: \_\_\_\_\_

The *Guidelines for Allergy Prevention and Response* (2010) includes current best practice information from recognized national authorities regarding anaphylaxis and administering epinephrine (see attached). Based on the attached information, the guidelines provide the following recommendations for Missouri schools:

1. If a student, known to have anaphylaxis, has an exposure or a suspected exposure to an allergen, epinephrine is to be given immediately and the EMS (911) system activated as stated in the student's emergency action plan (EAP).
2. Address the unique circumstances for each student while retaining adherence to the scope of nursing practice.
3. The school nurse may designate and train unlicensed staff to carry out the EAP.

Given the attached information and the above recommendations, the emergency procedure for this student when experiencing possible anaphylaxis will be to:

- 1. Administer Epinephrine**
- 2. Call 911**
- 3. Call Parent/Guardian**

Additional contributing circumstances:

1. In most situations non-licensed school staff (health clerks, secretaries, principals, teachers, coaches, bus drivers, etc.) will be the front line adults on site when the student has a contact to the specific allergen causing potential anaphylaxis.
2. For the safety of the student, epinephrine will be administered immediately as ordered by the health care provider.

Thank you for your assistance in implementing this requirement. Please contact me if you have any questions.

Sincerely,

\_\_\_\_\_  
School Nurse

\_\_\_\_\_  
Phone

Adapted from OSPI Anaphylaxis Guidelines

## Authorization for Administration of Medication at School

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**THIS PORTION TO BE COMPLETED BY A LICENSED HEALTH PROFESSIONAL (LHP)  
PRESCRIBING WITHIN THE SCOPE OF THEIR PRESCRIPTIVE AUTHORITY  
(Please clearly print legible instructions)**

<u>Name of Medication</u>	<u>Dosage</u>	<u>Method of Administration</u>	<u>Time(s) to Be Taken</u>
_____	_____	_____	_____

Diagnosis or reason for medication: \_\_\_\_\_

If given PRN, specify the minimum length of time between doses: \_\_\_\_\_

I request and authorize this student to carry their medication. \_\_\_\_\_ Yes \_\_\_\_\_ No

I request and authorize this student to self-administer their medication. \_\_\_\_\_ Yes \_\_\_\_\_ No

This student has been instructed and has demonstrated the ability to properly manage self-administration of medication.

Possible medication side effects: \_\_\_\_\_

Emergency procedure in case of serious side effects: \_\_\_\_\_

I request and authorize the above-named student be administered the above identified medication in accordance with the instructions indicated above from \_\_\_\_\_ (date) to \_\_\_\_\_ (date) **(not to exceed current school year)**. There exists a valid health reason which may make administration of the medication advisable during school hours.

\_\_\_\_\_  
Date of Signature Licensed Health Professional (LHP)

\_\_\_\_\_  
Telephone Number Name **(please print)**

---

---

### THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN

- ◆ I request this medication to be given as ordered by the licensed health professional.
- ◆ I give Health Services Staff permission to communicate with the medical office about this medication. I understand oral medications may be administered by non-licensed staff members who have been trained and are supervised by a Registered Nurse.
- ◆ Medication information may be shared with school staff working with my child and 911 staff, if they are called.
- ◆ All medication supplied must be brought to school in its original container with instructions as noted above by the licensed health professional.

I request and authorize my child to carry and/or self-administer their medication. \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Date of Signature Parent/Guardian Signature

Telephone Numbers: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

Reviewed by Registered Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

## Sample Allergy Individual Healthcare Plan (IHP)

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent/Guardian: Day/Work Phone: \_\_\_\_\_

Healthcare Provider: \_\_\_\_\_ Provider's Phone: \_\_\_\_\_

IHP Written By/Date: \_\_\_\_\_ Reviewed by/Date: \_\_\_\_\_

<b>Nursing Assessment</b>	<b>Nursing Diagnosis</b>	<b>Goals</b>	<b>Nursing Interventions</b>	<b>Expected Outcomes/ Evaluation</b>
<p>Review student's condition. Include assessment of developmental history, current status and management of diagnosis, student's psychosocial status and academic performance past and present. Talk with student, family, teacher, providers as appropriate</p>	<p>NANDA (North American Nursing Diagnosis Association) Nursing Diagnosis</p>	<p>The student will:</p>	<p>Nursing Interventions Classification (NIC)</p>	<p>Nursing Outcomes Classification (NOC)</p>



<p>Current Concern: Student has experienced 2 prior severe allergic reactions following ingestion of peanut butter.</p> <p>Functional Impact: Significantly affects daily life functioning.</p> <p>Functional Impact: potentially life-threatening</p>	<p>Potential for alteration in respiratory function related to allergic reaction/anaphylaxis NANDA (1.5.1.3)</p> <p>Risk for allergy response related to increased potential for exposure to allergen, peanut, while at school (NANDA 3)</p>	<p>Student will remain safe at school and during school-related activities as evidenced by no allergic reaction</p> <p>Student will be protected by school staff that understands and implements prevention and emergency response plans as evidenced by allergen avoidance and quick response</p> <p>Student will feel safe in school cafeteria and in classroom when food is served</p>	<p>In-service school staff about allergic reactions/anaphylaxis (N.D. 1,2,4)</p> <p>School staff will have information on the student Severe Allergy Action Plan and Severe Allergy Response Plan (see attachments; copies of plans to staff with “need to know”) (N.D. 1-5)</p> <p>Work with cafeteria personnel (N.D. 1,2,5)</p>	<p>Symptom Control Behavior (NOG)</p> <p>Scale: 3-Consistently 2-Sometimes 1-Never</p> <p>—School staff has knowledge of food or insect allergens, symptoms of mild to severe reactions</p> <p>—School staff with “need to know” review, recognize and respond as per the student’s Allergy Emergency Action Plan</p> <p>School staff, parent/guardian and student (if applicable) verbalize roles and responsibilities of Emergency Care Plan (update annually) (N.D. 4)</p> <p>—School cafeteria manager and personnel will establish a safe environment for the student with food allergies (N.D. 4)</p>
--	--	---	--	---

	<p>Readiness for enhanced self-health management</p> <p>Knowledge deficit related to developmental level</p>	<p>Student will have correct medication available and accessible in the event of an allergy emergency</p> <p>Student will participate in planning and implementation of allergy prevention and response care plan and emergency care plan appropriate to developmental level.</p> <p>Student will verbalize understanding of allergen, signs and symptoms of an allergic reaction, and how to get assistance</p>	<p>Check Medications/authorization (N.D. 1,2 3)</p> <p>Encourage student participation in self-care (depending on student's cognitive and/or physical ability) (N. D. 3, 5)</p>	<p>__School nurse and/or designee, at least monthly, verify the correct dosage per order and expiration date (request new supply if expired or used)</p> <p>__Student knows his/her allergen Student knows how/when to report any signs/symptoms of an allergic reaction (N.D. 3,5)</p>
--	--	--	---	---

## Training Program

### Teaching Plan Objectives

#### The learner will:

1. Identify (name) \_\_\_\_\_'s allergies.
2. Identify the signs and symptoms of an allergic reaction and anaphylaxis.
3. Be able to initiate treatment for an allergic reaction and specifically carry out an emergency allergy treatment plan.
4. Demonstrate how to use the Epi-pen® or Epi-pen® Jr./epinephrine effectively as a treatment for an allergic reaction and anaphylaxis.
5. Understand the potential for cross-contamination of identified allergens.
6. Be able to communicate to students, caregivers, and other staff information about allergies and precautions.
7. Understand how Section 504 may apply to the student with allergies.

#### Methods of Training Delivery

The learner will complete the pre-assessment prior to the initial training session. At the initial training session, (student's name)'s allergy(s) and treatment will be identified and explained, emergency action plan discussed, and use of Epi-pen®/epinephrine demonstrated. The learner will demonstrate knowledge of (student's name)'s allergy(s), knowledge of location of allergy supplies, and proper use of Epi-pen®/epinephrine. Any questions will also be answered.

At a follow-up training session, the learner will demonstrate knowledge of (student's name)'s allergy(s), knowledge of location of allergy supplies, and proper use of Epi-pen®/epinephrine. In addition, the learner will demonstrate knowledge of anaphylaxis, cross-contamination, and Section 504 if it applies to the student with allergies. Knowledge will be demonstrated through use of Epi-pen® Trainer, discussion, and completion of both the training assessment and post-assessment.

#### Instructional Media

[Epi-pen Instruction Video from Epi-pen.com](#)

#### Epi-pen® Trainer

This is a duplicate of the actual Epi-pen® used to treat allergic reactions and anaphylaxis. It does not contain a needle or epinephrine, and can be reset and used repeatedly for instruction and demonstration. Trainers are available from most medical supply catalogs/websites.

Adapted from OSPI Anaphylaxis Guidelines

## Pre-Assessment for Allergy and Anaphylaxis Training

Please rate the following statements using the number scale from 1 to 5

1 = strongly agree 2 = somewhat agree 3 = neither agree nor disagree 4 = somewhat disagree 5 = strongly disagree

Name/Position: \_\_\_\_\_ Date: \_\_\_\_\_

I know the signs and symptoms of an allergic reaction.

1      2      3      4      5

I know how to initiate treatment for an allergic reaction and anaphylaxis.

1      2      3      4      5

I know how to use an epinephrine auto-injector.

1      2      3      4      5

I am confident in using an epinephrine auto-injector.

1      2      3      4      5

I know about cross-contamination and allergens.

1      2      3      4      5

I know how Section 504 pertains to students with allergies.

1      2      3      4      5

I am confident being responsible for the well-being of student with allergies.

1      2      3      4      5

Adapted from OSPI Anaphylaxis Guidelines

**Allergy and Anaphylaxis Training Assessment**  
(Red font indicates correct answers)

Name/Position: \_\_\_\_\_

Date: \_\_\_\_\_

1. What is anaphylaxis?
  - An allergic reaction
  - A sudden, life-threatening allergic reaction
  - An asthma attack
  
2. Signs and symptoms of an allergic reaction include (check all that apply):
  - Itchy, red rash
  - Hives
  - Sneezing
  - Itching, swelling, or hoarseness of the throat
  - Shortness of breath, cough, and/or wheezing
  - Weak pulse or loss of consciousness (“passing out”)
  - Hyperactivity
  - Abdominal pain/discomfort
  
3. Signs and symptoms of anaphylaxis include (check 1 of the following):
  - Extreme agitation, restlessness
  - Itching and swelling of the lips or tongue, hives, difficulty breathing, vomiting
  - Lethargy, drowsiness
  
4. If a child with a food allergy complains of any of the above symptoms, it is best to wait and be sure rather than provide emergency treatment.            True    **False**
  
5. A food allergy reaction or anaphylaxis only occurs after the food-allergic person eats a large amount of the allergy food.            True    **False**
  
6. If not treated immediately, a food allergy reaction can cause death.            **True**    False
  
7. Epinephrine does not need to be given for a bee sting unless the student complains of difficulty breathing, even if the nursing care plan documents a history of anaphylaxis.            True    **False**

8. Which of the following are possible side effects of epinephrine?
- Elevated blood pressure, itching
  - Headache, nausea
  - Heart palpitations, anxiousness, headache
  - Drowsiness, lethargy
9. If the allergy symptoms are relieved after giving epinephrine, Emergency Medical Services (911) do not need to be called.        True    False
10. If a food doesn't have a label, it is better not to give it to a student with food allergies even if he/she says they think they have had it before.        True    False
11. Everyone experiencing a life-threatening allergic reaction will have hives.        True    False
12. I have demonstrated I am able to use the epinephrine auto-injector.        Yes    No
13. The epinephrine auto-injector should be given only if an allergy reaction is severe, otherwise treatment should begin with an antihistamine while waiting for emergency personnel or doctor's advice.    True    False
14. Stops the symptoms of the allergic reaction.
- (circle one) Epinephrine    Antihistamine
15. Lessens the effect of the allergic reaction.
- (circle one) Epinephrine    Antihistamine
16. When using the epinephrine auto-injector, it must be held in place for 10 seconds for all the medication to be released.
17. A child with a latex allergy can experience a latex allergen exposure from \_\_\_\_\_. **Balls, gym equipment, balloons, and first aid gloves.**
18. A child eats a sandwich containing peanut butter and a classmate has a peanut allergy, cross-contamination can be reduced by (check 1 of the following):
- Thoroughly washing hands with soap and water after eating and thoroughly washing the eating surface with soap and water.**
  - Using a paper towel to clean up any peanut butter that falls out of the sandwich
19. Craft activities that use foods known to cause allergic reactions in students are safe to do because they won't be eaten.
- True    False
20. Schools are not considered a high risk setting for exposure to allergens and cross-contamination for students with life-threatening allergies.        True    False
21. Life-threatening allergy is classified as a disability under Section 504.        True    False

22. The classroom is the most common area students in school are reported to experience an allergic reaction.

**True**   False

23. In order to implement a child's emergency care plan a staff person needs to know (check one of the following):

- The name of the allergen, where the emergency care plan is kept, and how to administer the epinephrine auto-injector.
- The student's name, how to activate emergency medical services (911), and cardio-pulmonary resuscitation (CPR).
- The symptoms of anaphylaxis, how to give the epinephrine auto-injector and other necessary medication, and how to activate emergency medical services (911).**
- The name of the allergen, the symptoms of anaphylaxis, and where the epinephrine auto-injector is stored.

24. A child complains of continued asthma symptoms even after using a rescue medication inhaler. You know this student has a life-threatening allergy to peanuts and it has been 30 minutes since the student finished eating lunch. You suspect this student may have been exposed to peanut butter at lunch. Describe the next steps you would take.

Adapted from OSPI Anaphylaxis Guidelines

## Post-Assessment for Allergy and Anaphylaxis Training

Please rate the following statements using the number scale from 1 to 5

1 = strongly agree 2 = somewhat agree 3 = neither agree nor disagree 4 = somewhat disagree 5 = strongly disagree

Name/Position: \_\_\_\_\_ Date: \_\_\_\_\_

I know how to use an epinephrine auto-injector and am confident in using it.

1      2      3      4      5

I am confident being responsible for the well-being of a student with allergies.

1      2      3      4      5

I understand and feel confident in following the Emergency Action Plan for a student with anaphylaxis.

1      2      3      4      5

I found the training session(s) to be very effective.

1      2      3      4      5

The training time was adequate.

1      2      3      4      5

Comments:

Adapted from OSPI Anaphylaxis Guidelines



Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs.








**Asthma:**  Yes (higher risk for a severe reaction)  No

**For a suspected or active food allergy reaction:**

**PLACE  
STUDENT'S  
PICTURE  
HERE**

FOR ANY OF THE FOLLOWING  
**SEVERE SYMPTOMS**

If checked, give epinephrine immediately if the allergen was definitely eaten, even if there are no symptoms.

			
<b>LUNG</b>	<b>HEART</b>	<b>THROAT</b>	<b>MOUTH</b>
Short of breath, wheezing, repetitive cough	Pale, blue, faint, weak pulse, dizzy	Tight, hoarse, trouble breathing/ swallowing	Significant swelling of the tongue and/or lips
			<b>OR A COMBINATION</b> of mild or severe symptoms from different body areas.
<b>SKIN</b>	<b>GUT</b>	<b>OTHER</b>	
Many hives over body, widespread redness	Repetitive vomiting or severe diarrhea	Feeling something bad is about to happen, anxiety, confusion	





**NOTE:** Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. **Use Epinephrine.**

- ↓ ↓ ↓
1. **INJECT EPINEPHRINE IMMEDIATELY.**
  2. **Call 911.** Request ambulance with epinephrine.
    - Consider giving additional medications (following or with the epinephrine):
      - » Antihistamine
      - » Inhaler (bronchodilator) if asthma
    - Lay the student flat and raise legs. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
    - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
    - Alert emergency contacts.
    - Transport student to ER even if symptoms resolve. Student should remain in ER for 4+ hours because symptoms may return.

**NOTE: WHEN IN DOUBT, GIVE EPINEPHRINE.**

**MILD SYMPTOMS**

If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.

		
<b>NOSE</b>	<b>MOUTH</b>	
Itchy/runny nose, sneezing	Itchy mouth	
		
<b>SKIN</b>	<b>GUT</b>	
A few hives, mild itch	Mild nausea/discomfort	
↓	↓	↓

1. **GIVE ANTIHISTAMINES, IF ORDERED BY PHYSICIAN**
2. Stay with student; alert emergency contacts.
3. Watch student closely for changes. If symptoms worsen, **GIVE EPINEPHRINE.**

**MEDICATIONS/DOSES**

Epinephrine Brand: \_\_\_\_\_

Epinephrine Dose:  0.15 mg IM  0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if asthmatic): \_\_\_\_\_

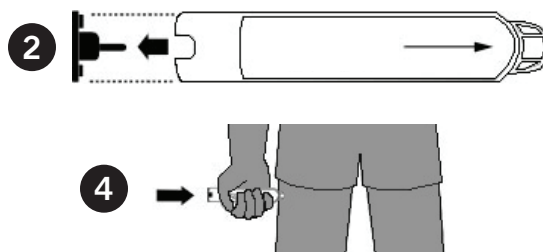
\_\_\_\_\_

PARENT/GUARDIAN AUTHORIZATION SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ PHYSICIAN/HCP AUTHORIZATION SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



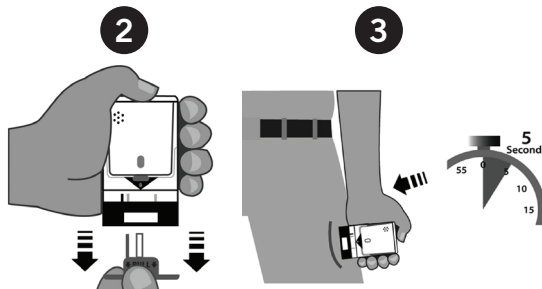
## EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



## AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



## ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.



## OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat student before calling Emergency Contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

### EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

### OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

# Anaphylaxis Emergency Action Plan

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies: \_\_\_\_\_

Asthma  Yes (*high risk for severe reaction*)  No

Additional health problems besides anaphylaxis: \_\_\_\_\_

Concurrent medications: \_\_\_\_\_

	Symptoms of Anaphylaxis
MOUTH	itching, swelling of lips and/or tongue
THROAT*	itching, tightness/closure, hoarseness
SKIN	itching, hives, redness, swelling
GUT	vomiting, diarrhea, cramps
LUNG*	shortness of breath, cough, wheeze
HEART*	weak pulse, dizziness, passing out

*Only a few symptoms may be present. Severity of symptoms can change quickly.  
\*Some symptoms can be life-threatening. ACT FAST!*

## Emergency Action Steps - DO NOT HESITATE TO GIVE EPINEPHRINE!

1. Inject epinephrine in thigh using (check one):
- |  |   |
|--|---|
| <input type="checkbox"/> Adrenaclick (0.15 mg)               | <input type="checkbox"/> Adrenaclick (0.3 mg) |
| <input type="checkbox"/> Auvi-Q (0.15 mg)                    | <input type="checkbox"/> Auvi-Q (0.3 mg)      |
| <input type="checkbox"/> EpiPen Jr (0.15 mg)                 | <input type="checkbox"/> EpiPen (0.3 mg)      |
| Epinephrine Injection, USP Auto-injector- authorized generic |   |
| <input type="checkbox"/> (0.15 mg)                           | <input type="checkbox"/> (0.3 mg)             |
| <input type="checkbox"/> Other (0.15 mg)                     | <input type="checkbox"/> Other (0.3 mg)       |

Specify others: \_\_\_\_\_

**IMPORTANT: ASTHMA INHALERS AND/OR ANTIHISTAMINES CAN'T BE DEPENDED ON IN ANAPHYLAXIS.**

2. Call 911 or rescue squad (before calling contact)

3. Emergency contact #1: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Emergency contact #2: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Emergency contact #3: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Doctor's Signature/Date/Phone Number

\_\_\_\_\_  
Parent's Signature (for individuals under age 18 yrs)/Date

## School Staff Emergency EpiPen® Medication Administration Checklist

Name of student for whom training is needed: \_\_\_\_\_

Skills List	Demonstration Date	Review Date	Rev Date	Rev Date
Review signs and symptoms of life-threatening allergic reaction/anaphylaxis (See Emergency Action Plan).				
Locate student's Emergency Action Plan (EAP).				
Locate student's Epi-pen® (as noted on EAP).				
Review criteria on EAP for giving Epi-pen®.				
If administration of Epi-pen® is indicated, direct another adult to implement school Emergency Procedures* or send two students to office for assistance at site. (*Review district/school plan).				
Perform <b>Five "Rights:"</b> 1. Right <b>person</b> —ask student's full name and compare with Epi-pen® label. 2. Right <b>drug</b> —check Epi-pen® label for correct student. 3. Right <b>amount</b> —check both EAP directions and Epi-pen® label. 4. Right <b>time</b> —review criteria in EAP. 5. Right <b>method</b> of administration—follow procedure in EAP.				
Perform Epi-pen® injection procedure: 1. Pull off <u>blue safety cap</u> . 2. Place <u>orange tip</u> on upper outer thigh. 3. Using a quick motion press hard into upper outer thigh. 4. Hold in place and count to 10. 5. Remove Epi-pen® and hold safely away from student and staff. 6. Massage the injection area for 10 seconds. 7. Carefully place the used auto-injector (without bending the needle), needle-end first, into the storage tube of the carrying case that provides built-in needle protection after use, then screw the cap of the storage tube back on completely and send with student to ER.				
Reassure and calm student.				
Record time Epi-pen® was given on EAP, initial, and send a copy of EAP with ambulance.				
Continue to observe student for breathing difficulties or further deterioration of consciousness and breathing.				
Administer CPR if no signs of life, e.g., no breathing, gagging, coughing, or chest movement.				
Reviewed self-advocacy.				

**I voluntarily received this training for anaphylaxis and Epi-pen® use. In the event there are no licensed personnel to administer this life saving medication in an emergency, I will follow the above protocol.**

School Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The above faculty/staff has received the above training and demonstrates sufficient knowledge to act in an emergency.**

R.N. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Registered Nurse Checklist for Students with Life-Threatening Food Allergies

**Student:** \_\_\_\_\_ **Allergen:** \_\_\_\_\_ **School:** \_\_\_\_\_  
**Birthdate:** \_\_\_\_\_ **Grade/Teacher:** \_\_\_\_\_  
**Allergist or HCP Name and Phone Number:** \_\_\_\_\_  
*Age of onset:* \_\_\_\_\_ *Brief history:* \_\_\_\_\_  
*Date(s) of hospitalization(s)/ER visits:* \_\_\_\_\_  
*Concurrent illness or disability or related social/emotional factors:* \_\_\_\_\_

**Purpose:** *To provide a safe environment, promote student food allergy self-management, recognize signs of anaphylaxis, and provide appropriate assistance and emergency care.*

**Activities to be reviewed:**

1. **Field trips** – All treatment supplies are taken and care is provided:  
 By accompanying parent.  
 By school staff trained in student’s emergency action plan (EAP).
2. **In the event of classroom/school parties, food treats will be handled as follows:**  
 Student will eat treat if ingredients listed are approved by parent.  
 Parent supplies all snacks and treats for student stored in a marked container kept by the teacher.
3. **After-school activities:** \_\_\_\_\_
4. **Special eating arrangements:** \_\_\_\_\_

**Activities student can self-manage:**

1. **Student responsibility:**  
 Will not trade food with others.  
 Will not eat anything with unknown ingredients or known allergen.  
 Will notify an adult immediately if eats something they believe may contain food allergen.  
 Will wear a medic alert bracelet or dog tag necklace.  
 Yes  No: Wants the Protect a Life (PAL) or similar education program for schoolmates.  
 Yes  No: Will self-carry Epi-pen®/epinephrine with medical authorization form; location: \_\_\_\_\_
2. **Epinephrine injections:**  
 Yes  No: Administers independently (trained/authorized by HCP and reviewed by school nurse), if able to do so.  
 Trained school staff should be available to supervise and observe.  
 Yes  No: Administration by nurse or trained staff. Location of medication: \_\_\_\_\_

**Teacher Responsibilities:**

- Know the EAP and classroom accommodations.
- Know the location of all emergency information and medications.
- Be trained to administer Epi-pen®/epinephrine.
- Inform substitutes of EAP.
- Set up a plan for student to inform you if they are having a reaction.
- Help educate classroom about allergies.
- Be prepared for special events, parties, field trips (contact parent prior to events).
- Instruct students not to share food and eating utensils.
- Read contents of teaching materials such as science kits to identify potential allergens.

**Parent Responsibilities:**

- Provide Epi-pen®/epinephrine and/or other prescribed medications with the Medication Authorization Form signed by the licensed health care provider (HCP) on or before the first day of school.
- Inform nurse of any changes or allergic/anaphylactic episodes.
- Obtain a medic alert bracelet or dog tag style necklace for the student.
- Complete diet order form information for school prepared meals.
- School menus will be previewed by parent and student to self select foods from school menu (be aware menu items change).

**Nurse/School Responsibilities:**

- Complete EAP and attach to IHP.
- Notify school nutrition services director and cook at school.
- Review eating arrangements if needed, e.g., peanut-safe table, desk wipe down.
- Verify school bus driver received EAP and training.
- Train school staff (awareness of allergens, allergic symptoms and EAP, conduct mock drill).
- Train school staff in location and administration of emergency medications/Epi-pen®.

\_\_\_\_\_  
 Parent Date  
 \_\_\_\_\_  
 Teacher Date

\_\_\_\_\_  
 School Nurse Date  
 \_\_\_\_\_  
 Student Date

Adapted from OSPI Anaphylaxis Guidelines

## Sack Lunch Request Form

Date of Request: \_\_\_\_\_

**(Minimum One Week Notice Required)**

School: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade/Room: \_\_\_\_\_

Date of Field Trip: \_\_\_\_\_ Requested Delivery Date to Kitchen: \_\_\_\_\_

Number of Lunches Requested: \_\_\_\_\_

Time for Sack Lunch Pick-Up in Cafeteria: \_\_\_\_\_

\*Are there student(s) with food allergies/special dietary needs? Yes \_\_\_\_ No \_\_\_\_

List children with food allergies/special dietary needs (*appropriate documentation must be on file with lunchroom manager*):

First Name	Last Name	Specific Food Allergy <u>OR</u> Special Dietary Need

**ATTN. TEACHERS:** If someone other than the student(s) is picking up the sack lunches, the teacher requesting the lunches must provide a roster of the names and pin number or ID#'s of all students for whom sack lunches are being requested. Attach additional sheets if required. The student roster should be used as the official **check off form** for sack lunches when they are distributed at the field trip site. Form cannot be completed (acknowledging receipt of meals) prior to meal distribution.

*Completed forms must be returned to the lunchroom staff after the event has occurred!*



For Nutrition Services Use Only:	
Date Received: _____	Number of Lunches: _____
Date Ordered: _____	Regular: _____
	Vegetarian: _____
	Other (see above): _____

Adapted from OSPI Anaphylaxis Guidelines

## Substitute Teacher Letter

CONFIDENTIAL

Dear Substitute Teacher,

Students in Room \_\_\_\_\_ have life-threatening food allergies or other conditions. Their names are listed below.

If you have not been trained on recognizing anaphylaxis and administering epinephrine for students listed, please see the school nurse or an administrator before taking responsibility for this classroom.

- Familiarize yourself with the care plans (attached) and make sure you are able to identify each of these children in the classroom.
- Locate and identify any medicine stored in the room. Please follow all risk reduction protocols established for the room.
- Do not offer food to the class or to any food allergic student without prior approval of the teacher, nurse, or parent.

If a student experiences an anaphylactic reaction while in your care, quick administration of epinephrine by an auto-injector is critical.

<u>Student</u>	<u>Allergies</u>	<u>Other Conditions</u>	<u>Epi-pen® stored in room?</u>
_____			YES ___ NO ___
_____			YES ___ NO ___
_____			YES ___ NO ___
_____			YES ___ NO ___

Your cooperation in implementing these health plans is vital to our students' safety. This information is **CONFIDENTIAL** and should not be shared.

If you have questions, contact the school nurse or the principal.

\_\_\_\_\_  
Classroom Teacher

Adapted from OSPI Anaphylaxis Guidelines

## Classroom Letter

**Please note you must gain written parental consent to share information with other parents first!**

Dear Parent:

Date:

This letter is to inform you a student in your child's classroom has a life-threatening food allergy to \_\_\_\_\_ . Strict avoidance (not being around the food) is the only way to prevent a life-threatening allergic reaction, which can be caused by eating *or touching* the allergen. We ask for your assistance in keeping this student safe.

To reduce the risk and maintain safety for this child, the classroom will have an allergen-safe zone. *Please do not send any products containing \_\_\_\_\_ with your child to eat in the classroom.* Many foods you would not think contain \_\_\_\_\_ actually do. The best way to determine whether or not the food contains \_\_\_\_\_ is to carefully read the ingredient labels to see if \_\_\_\_\_ is a listed ingredient and the allergy alerts located on the product packaging. For example, the allergy alerts may read:

- . . . may contain traces of \_\_\_\_\_ .
- . . . produced on machinery that also processes \_\_\_\_\_ .
- . . . produced in a facility that processes \_\_\_\_\_ .

**When sending pre-packaged foods to the classroom, please include the ingredient label/nutritional information.**

While we know this is an extra step, your help is needed, due to the seriousness of the consequences.

Any exposure to \_\_\_\_\_ may cause a severe allergic reaction. If your child has eaten \_\_\_\_\_ before school, please be sure your child's hands and face have been thoroughly washed with warm water and soap prior to coming to school. Soap and water is the best way to remove food residue from hands.

During meals there is an allergen-safe or PALS table where any classmate without \_\_\_\_\_ products can sit. If your child sits at this table with a \_\_\_\_\_ product, he/she will be asked to move to another table to reduce the spread of allergens around the room. This plan will help maintain safety in the classroom while allowing non-allergic classmates to enjoy \_\_\_\_\_ products. Following lunch, the children will be required to wash their hands with warm water and soap to reduce the risk of contamination by touching playground and classroom surfaces.

Please complete and return this form so we know every family has received this information. If you have any questions, please contact us at \_\_\_\_\_ .

Sincerely,

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Teacher

---

I have read and understand this letter. I agree to do my part in keeping the classroom and school safer for all students.

Child's Name: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Adapted from OSPI Anaphylaxis Guidelines



## School Letter to All Parents

Dear Parents:

Date:

This letter is to inform you that there are several students at our school (insert name) who have life-threatening food allergies. These students are allergic to the following foods:

---

---

---

Eating these foods, even in trace amounts, may cause a severe reaction (anaphylaxis) that can lead to death. The following symptoms may occur: hives, difficulty breathing, vomiting and diarrhea, swelling of the lips, mouth, and throat, itching and sneezing, loss of consciousness, and death due to shock. Even touching contaminated surfaces may cause a reaction. School staff have been trained to recognize such a reaction and to administer medication (epinephrine) in an emergency.

You can help staff and the school by taking advantage of opportunities to learn more about food allergies and by helping your child understand the foods they freely enjoy can be dangerous to others. Equally important, however, is to let them know they can support their classmates by eating and handling food responsibly.

Here are a few suggestions for you as parents:

- Never take food allergies lightly; they can be serious and life-threatening.
- Ask your child's friends what they are allergic to and help them avoid it.
- **Tell your child, "do not share food."**
- Frequent hand-washing reduces the spread of viruses during the school year and helps protect food allergic students. Wash hands thoroughly after eating. Similarly, encourage good hygiene before and after-school. Ask your child to wash up if they have been particularly messy during breakfast. Wash hands and surfaces before handling library or text books or school equipment.
- Tell your child to get help from an adult immediately if a schoolmate has a reaction.

This school may have a "Be a PAL Zone" in the lunchroom/classroom. This is a designated area where students eat meals that do not contain specific food items or products such as peanuts and peanut butter. Additionally, an area may be designated in the lunchroom/classroom where students may only eat certain foods such as a peanut product table.

If you have questions or concerns, please contact the school nurse or the principal. Thank you very much for your understanding and cooperation.

Adapted from OSPI Anaphylaxis Guidelines

## Emergency Plan for Non-Medical Staff

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Teacher: \_\_\_\_\_ Rm/Grade: \_\_\_\_\_

**Emergency Contacts:**

1.	Relationship:	Home Ph:	Work Ph:	Cell Ph:
2.	Relationship:	Home Ph:	Work Ph:	Cell Ph:
3.	Relationship:	Home Ph:	Work Ph:	Cell Ph:

**Medical Contacts:**

Preferred Hospital:		
Physician:	Phone:	Fax:

**Student Specific Emergencies:**

IF YOU SEE THIS	DO THIS

**IF AN EMERGENCY OCCURS:**

1. If the emergency is life-threatening, **immediately call 911.**
2. Do not move student. Stay with student or designate another adult to do so.
3. Call or designate someone to call the school nurse and/or principal.
  - a. State who you are. b. State where you are. c. State Problem.

Documentation of Staff Training

Date:

Trained by:

Staff Trained:

## Medical Statement for Student Requiring Special Meals

Name of Student:	School District:
Birth Date:	School Attended:
Parent Name:	Telephone:
Telephone:	

<b>For Physician's Use</b>						
Identify and describe disability, or medical condition, including allergies that requires the student to have a special diet. Describe the major life activities affected by the student's disability (see back of form).						
<hr/> <hr/> <hr/>						
<b>Diet Prescription</b> (check all that apply):						
<input type="checkbox"/> Diabetic (include calorie level or attach meal plan) <input type="checkbox"/> Modified Texture and/or Liquids <input type="checkbox"/> Reduced Calorie <input type="checkbox"/> Food Allergy (describe): _____ <input type="checkbox"/> Increased Calorie <input type="checkbox"/> Other (describe): _____						
<b>Food Omitted and Substitutions:</b>						
Use space to list specific food(s) to be omitted and food(s) that may be substituted. You may attach an additional sheet if necessary.						
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;">OMITTED FOODS</td> <td style="width: 50%; text-align: center; border: none;">SUBSTITUTIONS</td> </tr> <tr> <td style="border: none;"><hr/><hr/><hr/></td> <td style="border: none;"><hr/><hr/><hr/></td> </tr> </table>			OMITTED FOODS	SUBSTITUTIONS	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
OMITTED FOODS	SUBSTITUTIONS					
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>					
<b>Indicate Texture:</b>						
<input type="checkbox"/> Regular <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed						
<b>Indicate thickness of liquids:</b>						
<input type="checkbox"/> Regular <input type="checkbox"/> Nectar <input type="checkbox"/> Honey <input type="checkbox"/> Pudding						
<input type="checkbox"/> <b>Special Feeding Equipment</b> _____						
Additional comments: _____						
I certify that the above named student needs special school meals as described above, due to the student's disability or chronic medical condition.						
_____ <b>Physician's Signature</b>	_____ <b>Telephone Number</b>	_____ <b>Date</b>				
_____ <b>Signature of Preparer or Other Contact</b>	_____ <b>Telephone Number</b>	_____ <b>Date</b>				

I hereby give my permission for the school staff to follow the above stated nutrition plan.	
_____ <b>Parent/Guardian</b>	_____ <b>Date</b>

Revised 6/99

**United States Department of Agriculture**  
Food and Nutrition Service Instruction 783-2  
7 CFR PART 15b

“Handicapped person” means any person who has a physical or mental impairment which substantially limits one or more major life activities, has record of such an impairment, or is regarded as having such an impairment.

“Physical or mental impairment” means (1) any physiological disorder or condition, cosmetic disfiguration, or anatomical loss affecting one or more of the following body systems:

Neurological, musculoskeletal, special sense organs, respiratory, including speech organs, cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic skin, and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term “physical or mental impairment” includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction, and alcoholism.

“Major life activities” means functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

## SECTION 6

### RESOURCES

Accommodating Children with Special Dietary Needs (USDA)

[http://www.fns.usda.gov/cnd/Guidance/special\\_dietary\\_needs.pdf](http://www.fns.usda.gov/cnd/Guidance/special_dietary_needs.pdf)

Allergy and Asthma Foundation of America <http://www.aafa.org/>

AllergyHome.org <http://www.allergyhome.org/schools/>

American Academy of Allergy, Asthma, and Immunology <http://www.aaaai.org/>

American Academy of Pediatrics <http://www.aap.org/>

American Dietetic Association <http://www.eatright.org/cps/rdc/xchg/ada/hs.xsl/index.html>

American Latex Allergy Association <http://www.latexallergyresources.org/>

Center for Chronic Disease Prevention and Health Promotion: DASH Healthy Youth Food Allergies <http://www.cdc.gov/HealthyYouth/foodallergies/>

Epi-pen Training Information

<http://www.epipen.com/how-to-use-epipen>

Food Allergy Research and Education (FARE) <http://www.foodallergy.org/>

FARE Sample Food Allergy and Anaphylaxis Emergency Care Plan

<http://www.foodallergy.org/document.doc?id=234>

FARE Resources for Schools <http://www.foodallergy.org/resources/schools?>

Liberty Public School District Life Threatening Allergy Policy and Guidelines

[http://www.schoolnutrition.org/uploadedFiles/School\\_Nutrition/104\\_CareerEducation/ContinuingEducation/Webinars/FoodAllergyWebinar-Allergy\\_policy\\_guidelines.pdf?n=9295](http://www.schoolnutrition.org/uploadedFiles/School_Nutrition/104_CareerEducation/ContinuingEducation/Webinars/FoodAllergyWebinar-Allergy_policy_guidelines.pdf?n=9295)

National Association of School Nurses <http://www.nasn.org/>

National Library of Medicine-“Medlineplus”

<http://www.nlm.nih.gov/medlineplus/foodallergy.html>

National School Boards Association (NSBA) [http://www.nsba.org/board-](http://www.nsba.org/board-leadership/schoolhealth/food-allergy-schools.aspx)

[leadership/schoolhealth/food-allergy-schools.aspx](http://www.nsba.org/board-leadership/schoolhealth/food-allergy-schools.aspx)

Safe@School Partners <http://www.kidswithfoodallergies.org/resourcespre.php?id=81&>

St. Louis Children's Hospital Food Allergy Management & Education (FAME) Toolkit  
<http://www.stlouischildrens.org/health-resources/advocacy-outreach/food-allergy-management-and-education>

Washington FEAST (Food Education and Allergy Support Team) <http://www.wafeast.org/>

Washington State Office of Public Instruction (OSPI) Guidelines for Care of Students with Anaphylaxis <http://www.k12.wa.us/HealthServices/Publications/09-0009.aspx>



## SECTION 7

### FREQUENTLY ASKED QUESTIONS (FAQS)

#### From Parents:

**1. How do I ensure my child’s safety during before and after-school activities?**

Students may be involved in a number of school-sponsored activities throughout the year. It is extremely important that parents talk to the supervising staff of any activity occurring before or after-school. School District Allergy Prevention and Response Policies are to include plans for all school sponsored activities.

**2. Can food be restricted from a classroom?**

In some situations it may be reasonable on a case-by-case basis, to request that students do not bring foods containing an allergen into the classroom, especially for younger children who eat meals in the classroom.

**3. Does the health care provider need to sign off on each and every accommodation detailed in a child’s Emergency Action Plan (EAP) and/or accommodation plan?**

The health care provider plays a significant role on the team by providing accurate and current medical information, providing the emergency protocol, and signing the appropriate medication administration forms. The health care provider, however, is often unfamiliar with the day to day operations of the school and may not be in the position to recommend or sign-off on each and every accommodation especially since some accommodations are more educational in nature rather than medical.

**4. Must the school team accept all recommendations from a health care provider?**

Medical/therapeutic recommendations should be accepted by the school team unless they are outside the acceptable standard of care. Suggestions and recommendations that affect the educational program and school operations from the health care provider should be welcomed and considered carefully; however they need to be decided on by the school team. Open communication between the family, the school staff and health care provider is recommended to develop a plan that meets the individual student’s need and takes into consideration each school’s unique environment. However, consideration should be given to any suggestions and requests the provider has concerning the student.

**5. When a classroom is designated as a “peanut alert” or “allergen-aware” area and a parent complains that his/her child likes peanut butter crackers for snack, how should I respond?**

All children have the right to learn in an environment that is safe. It is sometimes necessary to designate a classroom as “peanut or other allergen-aware” area (thus asking that food items containing the allergen not be brought into the classroom) to reduce the risk of accidental exposure for a particular student. Some children will react if they ingest the particular allergen and others will react in varying degrees by touching or inhaling it. Even a young child with an ingestion-only allergy might react if he/she

touches the allergen and subsequently puts his/her fingers in his mouth, nose, or eyes. Early elementary classrooms are busy places with many centers such as sand/water tables, puppet theaters, and toy kitchens where the risk of exposure is great. Although the peanut-alert designation may be difficult for another child, it does present an opportunity for you to teach all children about understanding and cooperation in meeting the needs of their peers.

The terminology, “peanut-free” may be misleading and provide a false sense of security. It is impossible to provide an absolute allergen free environment at all times in the school setting and therefore preferable to use terms such as “PALS” tables, “allergen aware” areas, etc.

**6. Who can administer an epinephrine auto-injector in schools?**

If any trained staff member determines that an allergic reaction is potentially life-threatening, the staff member will administer epinephrine at the direction of the school nurse (or designee) and according to the standing order and/or emergency action plan (EAP) for the student. School policy states that ALL school staff will be trained in recognition of the signs and symptoms of an allergic response, and in the safe and proper use of epinephrine premeasured auto-injection devices. This training must be reviewed and updated at least yearly.

**7. What paperwork must be in place for a student to possess/self-administer medication at school or school sponsored activities?**

Although individual school district forms, policies, and procedures may vary, Missouri Revised Statute, Section 167.627 (Safe Schools Act) regarding possession and self-administration of medication in school requires:

- a. Current physician prescription.
- b. Written treatment plan from the physician including a statement that the pupil is capable of self-administering the medication under the treatment plan.
- c. Signed documentation by the school nurse which states the student has demonstrated the skill level necessary to self-administer the medication safely and follow school medication policies.
- d. Signed statement by the parent/guardian releasing the school and school staff of any liability resulting from the student self-administering medication at school. This does not release the school or staff of negligent action(s).

These documents must be renewed yearly, or as any changes in the student’s treatment plan are made.

**8. Can the school district tell students they cannot carry their epinephrine auto-injector during school or school related events?**

If the family does not provide the required paperwork listed in 7 above or the student fails to follow school policies regarding possession and self administration of medication, the student may be denied the right to carry and self-administer medication at school. Safety of all students is the ultimate goal.



**9. What happens when a child goes on a field trip?**

It is critical to include collaborative planning for field trips when accommodations are discussed with school team members to ensure that he or she will be able to fully participate. The accommodations can include provisions that require the teacher to notify parents and the school nurse in advance of upcoming field trips and for the teacher, parent and school nurse to collaborate in preparing for the trip. Advance notice allows staff and parents time to investigate the destination, to identify safety risks, plan for meals and snacks, and ensure that the same or comparable safety provisions as in school are in place on the field trip. In addition, the child's group should be assigned to an adult who is trained in epinephrine auto-injector administration. The epinephrine auto-injector should remain with that child at all times including during transportation to and from the fieldtrip destination. Parents may want to volunteer to be a chaperone on trips that are more complicated in terms of safety issues, but should never be required to be a chaperone.

**10. Is it appropriate to discuss accommodations in the student's plan in front of other parents and students?**

NO. Schools should maintain the confidentiality of student information. Parents should be informed of the general food allergy management plan without any reference to a particular child. With permission from the parent of the student with life-threatening food allergies, it may be appropriate in specific situations to share certain aspects of a student's plan, such as the need for allergy-alert classrooms, or alternatives to food celebrations in the classroom. However, it is important to protect the family and student with life-threatening food allergies from discrimination and harassment due to accommodations that may be made.

**11. If a child unexpectedly brings in a treat for the class, and it is unclear as to whether or not the treat contains allergens, should the treat be given to a child with an allergy?**

Never serve any food item to a student with a severe allergy that has not been approved or provided by the student's parent or guardian. The teacher, other parents, or school staff should not determine that food items are acceptable to be served to students with severe food allergies.

**12. Is it appropriate to use classroom manipulatives that involve food allergens?**

Using classroom manipulatives that contain allergens may prevent a particular child from safely and **equally** participating in a class activity. As a result, teachers should work with students and parents to ensure that all students can fully participate in the activity. This may require the teacher to utilize manipulatives free from any offending allergens. The extent of the child's allergy, and his/her age and maturity level should be taken into consideration. District science kits include allergy alerts for a variety of allergens for each unit.

**13. How can a child safely participate in school meal programs (breakfast and lunch)?**

Collaboration with food service staff is essential to assist the student with life-threatening food allergies to participate in the school meal program. With documentation from the student's health care provider, meal substitutions can be made to ensure that students are provided with food choices that avoid certain foods.

**14. Can hand sanitizer be used to clean student's hands?**

Hand sanitizers may not remove all food proteins and may in fact spread these more easily. Rigorous hand-washing with soap and water is the most effective method for students.



## SECTION 8

### REFERENCES

1. American Academy of Allergy Asthma and Immunology (AAAAI), “Tips to Remember: What is an Allergic Reaction?” 2013  
<http://www.aaaai.org/patients/publicedmat/tips/whatisallergicreaction.stm>  
Accessed on March 2, 2014.
2. AAAI, Allergy Statistics <http://www.aaaai.org/about-the-aaaai/newsroom/allergy-statistics.aspx> Accessed March 2, 2014.
3. “How a Child Might Describe a Reaction,” <http://www.foodallergy.org/symptoms>  
Accessed on March 2, 2014.
4. AAAAI Press Room, “Position Statement on the Use of Epinephrine for the Treatment of Anaphylaxis.” <http://www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Practice%20and%20Parameters/Epinephrine-in-treating-anaphylaxis-2002.pdf>  
Accessed on March 2, 2014
5. AAAAI Board of Directors, “Position Statement Anaphylaxis in Schools and Other Child-Care Settings,” 2008,  
[http://www.aaaai.org/media/resources/academy\\_statements/position\\_statements/ps34.asp](http://www.aaaai.org/media/resources/academy_statements/position_statements/ps34.asp)  
Accessed on February 26, 2008.
6. “Epinephrine: The Drug of Choice for Anaphylaxis—A Statement of the World Allergy Organization.” World Allergy Organization Journal, Supplement 2, July 2008.
7. USDA, Food, and Nutrition Service, Fall 2001, p. 5. Accommodating Children with Special Dietary Needs in the School Nutrition Programs. Guidance for School Nutrition Services Staff.

## SECTION 9

### COMMON DEFINITIONS

**Allergen** - A substance that triggers an allergic reaction.

**Allergic Reaction** - An immune system response to a substance that itself is not harmful but that the body interprets as being harmful. Allergic reactions trigger inflammation in the skin (hives, itching, a rash); in the respiratory system (coughing, wheezing, difficulty breathing); in the gastrointestinal tract (vomiting, diarrhea, stomach pain); and the cardiovascular system (lowered blood pressure, irregular heartbeat, shock). Anaphylaxis is another type of allergic reaction.

**Anaphylaxis** - Anaphylaxis is a life-threatening allergic reaction that may involve systems of the entire body. Anaphylaxis is a medical emergency that requires immediate medical treatment and follow-up care by an allergist/immunologist.

**Diet Order** - A medical statement which documents the special nutritional needs of a child requiring dietary modifications.

**Emergency Action Plan (EAP)** - A written plan for students who have life-threatening conditions, such as an allergy. This plan is designed to inform school district personnel who may be called upon to respond.

**FAPE** - Under the law public school districts have a duty to provide a free and appropriate public education (FAPE) for students with disabilities. See Section 2.

**FERPA** - The Family Education Rights and Privacy Act of 1974 (FERPA). See Section 2.

**Food Allergy** - Food allergy is a group of disorders distinguished by the way the body's immune system responds to specific food proteins. In a true food allergy, the immune system will develop an allergic antibody called Immunoglobulin E (IgE).

**Food Intolerance** - Food intolerance refers to an abnormal response to a food or food additive that is not an Immunoglobulin E (IgE) allergic reaction. See Appendix B.

**HCP** - Health Care Provider.

**IDEA** - The Individuals with Disabilities Act of 1976 (IDEA). See Section 2.

**Individualized Health Plan (IHP)** - A document created by the district school nurse in cooperation with the parents and, when appropriate, a student's licensed health care provider for students who have specific health care needs. It is a nursing care plan that has student-centered goals and objectives, and describes the nursing interventions designed to meet the student's short and long-term goals.

**Life-Threatening Allergy** - An allergic reaction that is severe enough to potentially cause death.

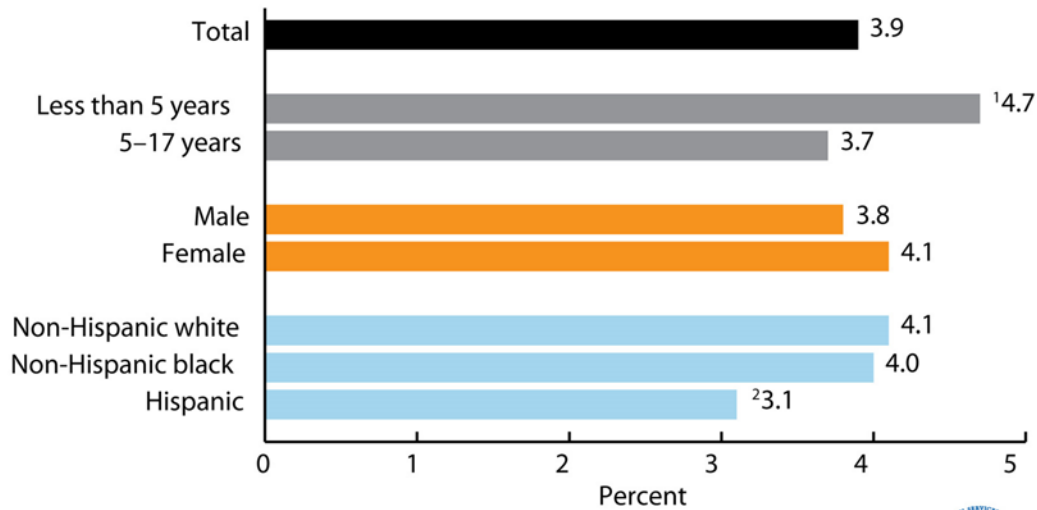
**Section 504 of the Rehabilitation Act of 1973 (Section 504/504 Plan)**

See Section 2.

Four out of every 100 children have a food allergy

<http://www.cdc.gov/nchs/data/databriefs/db10.pdf>

Percentage of children under age 18 years who had a reported food or digestive allergy in the past 12 months, by age, sex, and race and ethnicity group: United States, 2007



<sup>1</sup> Significantly different from children aged 5-17 years.

<sup>2</sup> Significantly different from non-Hispanic white and non-Hispanic black children.

SOURCE: CDC/NCHS, National Health Interview Survey.



## APPENDIX

### HOW TO READ FOOD LABELS

<b>HOW TO READ A LABEL for a MILK-FREE DIET</b>	
Avoid foods that contain milk or any of these ingredients:	
artificial butter flavor	milk ( <i>in all forms including condensed, derivative, dry, evaporated, goat's milk and milk from other animals, lowfat, malted, milk fat, non-fat, powder, protein, skimmed, solids, whole</i> )
butter, butter fat, butter oil	
buttermilk	
casein ( <i>casein hydrolysate</i> )	
caseinates ( <i>in all forms</i> )	
cheese	nisin
cream	nougat
cottage cheese	pudding
curds	rennet casein
custard	sour cream, sour cream solids
ghee	sour milk solids
half & half	whey ( <i>in all forms</i> )
lactalbumin, lactalbumin phosphate	yogurt
lactoferrin	
lactulose	
May indicate the presence of milk protein:	
caramel candies	
chocolate	
flavorings ( <i>including natural and artificial</i> )	
high-protein flour	
lactic acid starter culture	
lactose	
luncheon meat, hot dogs, sausages	
margarine	
non-dairy products	
<b>HOW TO READ A LABEL for an EGG-FREE DIET</b>	
Avoid foods that contain eggs or any of these ingredients:	
albumin ( <i>also spelled as albumen</i> )	
egg ( <i>dried, powdered, solids, white, yolk</i> )	
eggnog	
lysozyme	
mayonnaise	
meringue ( <i>meringue powder</i> )	
surimi	
May indicate the presence of egg protein:	
flavoring ( <i>including natural and artificial</i> )	
lecithin	
macaroni	
marzipan	
marshmallows	
nougat	
pasta	

<b>HOW TO READ A LABEL for a WHEAT-FREE DIET</b>	
Avoid foods that contain wheat or any of these ingredients:	
bran	gluten
bread crumbs	kamut
bulgur	matzoh, matzoh meal ( <i>also spelled as matzo</i> )
couscous	pasta
cracker meal	seitán
durum	semolina
farina	spelt
flour ( <i>all purpose, bread, durum, cake, enriched, graham, high gluten, high protein, instant, pastry, self-rising, soft wheat, steel ground, stone ground, whole wheat</i> )	vital gluten
	wheat ( <i>bran, germ, gluten, malt, sprouts</i> )
	wheat grass
	whole-wheat berries
May indicate the presence of wheat protein:	
flavoring ( <i>including natural and artificial</i> )	
hydrolyzed protein	
soy sauce	
starch ( <i>gelatinized starch, modified starch, modified food starch, vegetable starch, wheat starch</i> )	
surimi	

<b>HOW TO READ A LABEL for a PEANUT-FREE DIET</b>	
Avoid foods that contain peanuts or any of these ingredients:	
artificial nuts	monkey nuts
beer nuts	nutmeat
cold pressed, expelled, extruded peanut oil	nut pieces
goobers	peanut
ground nuts	peanut butter
mixed nuts	peanut flour
May indicate the presence of peanut protein:	
African, Asian ( <i>especially Chinese, Indian, Indonesian, Thai, and Vietnamese</i> ), and Mexican dishes	Mandelonas are peanuts soaked in almond flavoring.
baked goods ( <i>pastries, cookies, etc.</i> )	Studies show that most allergic individuals can safely eat peanut oil ( <i>not</i> cold pressed, expelled, or extruded peanut oil).
candy ( <i>including chocolate candy</i> )	
chili	
egg rolls	Arachis oil is peanut oil.
enchilada sauce	Experts advise patients allergic to peanuts to avoid tree nuts as well.
flavoring ( <i>including natural and artificial</i> )	
marzipan	A study showed that unlike other legumes, there is a strong possibility of cross-reaction between peanuts and lupine.
mole sauce	
nougat	Sunflower seeds are often produced on equipment shared with peanuts.

**HOW TO READ A LABEL for a TREE-NUT-FREE DIET**

Avoid foods that contain nuts or any of these ingredients:

almonds artificial nuts Brazil nuts caponata cashews chestnuts filbert/hazelnuts gianduja ( <i>a nut mixture found in some chocolate</i> ) hickory nuts macadamia nuts marzipan/almond paste nan-gai nuts	natural nut extract ( <i>i.e., almond, walnut</i> ) nougat nut butters ( <i>i.e., cashew butter</i> ) nut meal nutmeat nut oil nut paste ( <i>i.e., almond paste</i> ) pecans ( <i>Mashuga Nuts®</i> ) pesto pine nuts ( <i>also referred to as Indian, piñon,</i> pistachios pralines walnuts
--	--

Mandelonas are peanuts soaked in almond flavoring.

Mortadella may contain pistachios.

Natural and artificial flavoring may contain tree nuts.

Experts advise patients allergic to tree nut butters (i.e., cashew butter) to avoid peanuts as well.

Talk to your doctor if you find other nuts not listed here.

**HOW TO READ A LABEL for a SOY-FREE DIET**

Avoid foods that contain soy or any of these ingredients:

hydrolyzed soy protein natto soy ( <i>soy albumin, soy fiber, soy flour, soy grits, soy milk, soy nuts, soy sprouts</i> ) soya soybean ( <i>curd, granules</i> )	soy protein ( <i>concentrate, isolate</i> ) soy sauce Tamari Tempeh textured vegetable protein (TVP) tofu
--	--

May indicate the presence of soy protein:

Asian cuisine flavoring ( <i>including natural and artificial</i> ) vegetable broth vegetable gum vegetable starch	Studies show most individuals allergic to soy may safely eat soy lecithin and soybean oil.
--	--



**HOW TO READ A LABEL for a SHELLFISH-FREE DIET**

Avoid foods that contain shellfish or any of these ingredients:

abalone clams ( <i>cherrystone, littleneck, pismo, quahog</i> ) cockle ( <i>periwinkle, sea urchin</i> ) crab crawfish ( <i>crayfish, ecrevisse</i> ) lobster ( <i>langouste, langoustine, scampo, coral, tomalley</i> ) mollusks	mussels octopus oysters prawns scallops shrimp ( <i>crevette</i> ) snails ( <i>escargot</i> ) squid ( <i>calamari</i> )
---	--

May indicate the presence of shellfish protein:

bouillabaisse cuttlefish ink fish stock flavoring ( <i>including natural and artificial</i> ) seafood flavoring ( <i>such as crab or clam extract</i> ) surimi	Keep the following in mind:  Any food served in a seafood restaurant may be cross-contaminated with fish or shellfish.  For some individuals, a reaction may occur from cooking odors or from handling fish or shellfish.  Always carry medications and use them as soon as symptoms develop.
---	---

**Nutrition Facts**

Serving Size 3 oz. (85g)

Amount Per Serving As Served

**Calories 38** **Calories from Fat 0**

	% Daily Value
<b>Total Fat</b> 0g	0%
<b>Saturated Fat</b> 0g	0%
<b>Cholesterol</b> 0g	0%
<b>Sodium</b> 0g	2%
<b>Total Carbohydrate</b> 0g	3%
<b>Dietary Fiber</b> 0g	8%
<b>Sugars</b> 0g	
<b>Protein</b> 0g	

**Vitamin A** 270% **¥** **Vitamin C** 10%

**Calcium** 2% **¥** **Iron** 0%

Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:

		Calories	2,000	2,500
Total Fat	Less than		65g	80g
Sat Fat	Less than		20g	80g
Cholesterol	Less than		300mg	300mg
Sodium	Less than		2,400mg	2,400mg
Total Carbohydrate			300g	375g
Dietary Fiber			25g	30g

