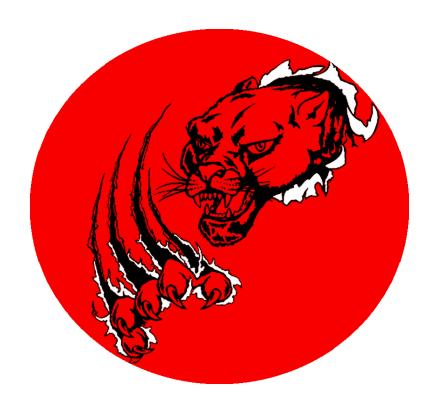
# LAURENS CENTRAL SCHOOL



Food Allergy Action Management Plan

Created February, 2022

#### **Introduction and Intent**

Laurens Central School is committed to providing a safe and nurturing environment for students. We understand the increasing prevalence of life-threatening allergies among school populations. We recognize that the risk of accidental exposure to allergens can be reduced in the school setting, and are committed to working in cooperation with parents, students, and physicians to minimize risks and provide a safe educational environment for all students. In accordance with this, the purposes of this plan is to:

- 1) Provide a safe and healthy learning environment for students with food allergies;
- 2) Reduce the likelihood of severe or potentially life-threatening allergic reactions;
- 3) Ensure a rapid and effective response in the case of a severe or potentially lifethreatening allergic reaction; and
- 4) Protect the rights of food-allergic students to participate in all school activities.

This Food Allergy Management Plan is designed to limit the risk posed to students with food allergies, and includes:

- 1) Specialized training for the employees responsible for the development, implementation, and monitoring of the District's Food Allergy Management Plan;
- 2) Awareness training for employees regarding signs and symptoms of food allergies and emergency response in the event of an anaphylactic reaction;
- 3) General strategies to reduce the risk of exposure to common food allergens; and
- 4) Methods for requesting specific food allergy information from a parent/guardian of a student with a diagnosed food allergy.

Laurens Central School has developed this "Food Allergy Management Plan", which is made available to all parents or guardians of students enrolled in the district. The plan can be accessed on the district website at <a href="http://www.laurenscs.org">http://www.laurenscs.org</a>.

#### **Committee Members**

The following individuals were involved in the development of this plan:

William Dorritie Superintendent
 John Mushtare Building Principal

3. Lindsey Gifford Director of Instructional Support Services

4. Crystal Wust School Nurse

5. Beth VanDeusen/Jackie Tate6. Jennifer WalshCafeteria Team LeadersParent Representative

7. Jessica Gaske, NP School Based Health Center

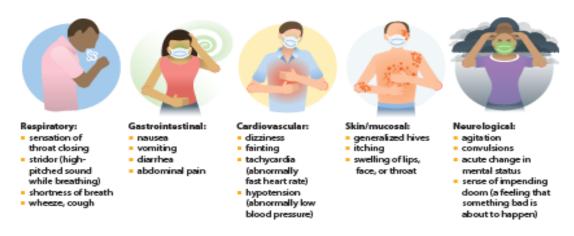
## What Is Anaphylaxis?

Anaphylaxis is an acute and potentially lethal multi-system allergic reaction, which can occur within minutes (most common) to 1-2 hours after exposure to allergenic food protein. Severe food allergic reactions occur when the allergenic protein comes in contact with a mucous membrane through ingestion or in rare cases inhalation. Skin contact with allergens is unlikely to lead to *severe* reactions. The most commonly implicated foods responsible for food-induced anaphylaxis include: peanuts, tree nuts, fish, shellfish, cow's milk, soy, wheat, and egg.

# Recognizing and Responding to Anaphylaxis

## How to recognize anaphylaxis

Healthcare personnel should consider anaphylaxis when patients present with generalized signs or symptoms such as hives, serious or life-threatening symptoms (e.g., hypotension, respiratory distress, or significant swelling of the tongue or lips), or symptoms that involve more than one body system.



## What to do if you suspect anaphylaxis



Detailed information can be found in the Interim Considerations: Preparing for the Potential Management of Anaphylaxis After COVID-19 Vaccination



www.cdc.gov/COVID19

#### **Student Safety Plans**

When the District receives notice that a student has a life--threatening food allergy, they will work with parents/guardians to gather documents, information, and medications to develop and implement an appropriate safety plan. There are a variety of student accommodations and care plans that are appropriate to use for students in our schools who experience health issues that impact the school day and instructional program. While these plans may not be legally required for each student, they should be considered on an individual basis to enhance care given at school. The four plans that are most often seen are:

## 1. Student Emergency Care Plan (ECP)

- This is a plan initiated by the school nurse that is designed for use by both nursing and school personnel for those with life-threatening conditions. It outlines the care that a student might need in an emergency situation, and is written in lay language for any school personnel to understand and use as a guide to respond to a student who is experiencing a potentially critical situation.
- It is best to attach the student's picture to the plan in the event that it needs to be used by a substitute teacher or other staff who might not be familiar with the student.
- Both the parent/guardian and the medical provider should review the plan to be sure that it is in accordance with the prescribed medical emergency plan for that student. The plan should contain a statement saying that the parent/guardian signature on the form indicates their permission to share the information on the plan with staff/volunteers on a "need to know" basis. The plan can then be distributed to teachers, field trip staff, cafeteria workers, and transportation staff on a need to know basis.
- The plan should include emergency contact information for the parent(s)/guardian(s) and the student's medical provider.

#### 2. <u>Individual Healthcare Plan (IHP)</u>

- This is a nursing document based on nursing diagnosis, nursing interventions, and expected student outcomes. This document is usually written in nursing language and outlines the plan of care that the school nurse writes in response to a medical diagnosis by the student's private healthcare provider.
- The IHP is a longer document than the ECP. It includes an outline of the plan of care for the student at school, including patient teaching and development of needed protocols addressing medication and nursing care concerns. It is usually based on nursing diagnosis and discusses interventions or action items that the school nurse is planning to put in place for the student with a health need.

• IHPs are considered a standard of nursing practice, and the school nurse can determine which students would benefit from having an IHP.

#### 3. Section 504 Plan

- This is a legal document that refers to Section 504 of the Rehabilitation Act of 1973 and
  protects individuals with disabilities; that is a physical or mental impairment that
  substantially limits one or more major life activities. A 504 Plan can be a useful tool to
  address accommodations that may be needed in the school setting for students with
  specific health needs/disabilities.
- The 504 Plan addresses required environmental modifications and faculty training, as well as food service for a student who has a disability or medical condition. It may include a copy of the Emergency Care Plan (ECP). Examples of items that may be included in a 504 Plan based on the documented needs of the student are:
  - -Responsibilities of staff members;
  - -Training that will be provided for staff members;
  - -Changes that may need to be made to the classroom environment;
  - -Changes in cafeteria seating, available menu options, etc.
- A 504 Plan is legally binding. The plan must be developed by the 504 Committee (for Laurens the District contact is Mrs. Gifford) in accordance with federal laws. The parents/guardians are also part of this committee.

## 4. <u>Individualized Education Plan (IEP)</u>

- This plan is developed by a school district's Committee on Special Education (CSE) and the parent/guardian to meet the unique educational needs of a student with a disability. A student with a disability is a person who is entitled to attend public schools and who, because of mental, physical, or emotional reasons, has been identified as having a disability and who requires special services and programs approved by the State Education Department.
- A student with allergies is not often considered a student with a disability and therefore an IEP is not developed for the student. However, in cases where the CSE and the parent/guardian feel that the allergy is severe enough to cause acute health problems that affect the student's educational performance, an IEP may be appropriate.
- Additionally, when a student has other disabilities that require special education services, the CSE and parent/guardian might find it helpful to address the allergy in the IEP.

#### **Checklists: Specific Guidelines for Different Roles**

The District has established best practices for individuals who interact with or are involved in caring for students who have food allergies. These guidelines include specific checklists that will help all stakeholders understand their roles and responsibilities:

- 1. Parent/Guardian
- 2. Student with Food Allergies
- 3. School Nurse
- 4. Classroom Teacher and Classroom Support Staff
- 5. Substitute Teacher
- 6. School Administrators
- 7. Custodial Staff
- 8. Cafeteria Staff
- 9. Coach/After School Activity Supervisor

A checklist for each of the individual/s listed above can be found on the following pages.

## **Guidelines for Parents/Guardians of Children With Food Allergies**

Parents are their children's first teachers. It is important for parents and guardians to age-appropriately educate their food allergic child as well as to communicate information received from doctors, etc. Preparing, role--playing and practicing procedures in advance will help everyone feel prepared in case of an emergency.

## Parent/Guardian Checklist

In	nform the nurse/health aide of your child's allergies prior to the first day of student
at	ttendance (or as soon as possible after a diagnosis).
C	omplete and return all necessary forms, including the Emergency Care
Pl	lan (ECP), medication forms and the green Emergency Contact Form.
Pı	rovide the school with uptodate epinephrine autoinjectors; give them to the
sc	chool nurse before the first day of student attendance, noting their expiration
	ates to replace when necessary.
C	onsider scheduling a 504 Plan or Individual Healthcare Plan (IHP) meeting and
th	nen reviewing the plan with the classroom teacher prior to the first day of student
at	tendance in the fall. Plan meetings may include the nurse and other staff
	who will be in contact with the child. At the meeting, you will discuss development
ar	nd implementation of ECP and IHP. You may be referred to the 504 team.
	the event of a field trip, coordinate with the classroom teacher to ensure coverage of
_	pinephrine (e.g., you may send an additional "field trip" epinephrine autoinjector).
	rovide clear, complete information on the Field Trip Permission Form.
	eriodically (perhaps halfway through the year) review prevention and ECP with the
	urse, teacher and other staff to ensure that no changes have been made.
	e willing to go on your child's field trips if requested.
	rovide the nurse with the licensed medical provider's statement if
	udent no longer has allergies.
	biscuss emergency procedures for transportation with building principal as needed.
	eview requirements/situation for student.
	fter an allergic reaction, inform the school nurse, and if needed participate in
	return to school review. If the reaction occurs outside of school, inform the school
	urse to initiate this review if needed (which includes a meeting with the nurse, school
	dministrator, and any teachers involved, as well as an update of the ECP/IHP as
	eeded and, if necessary, replacement of epinephrine autoinjector or other rescue
	nedications).
	you have questions or concerns about food at any event please contact the building
pı	rincipal.

#### **Guidelines for Student with Food Allergies**

The student with food allergies is the most important member of the safety team. The student having age-appropriate education should be able to tell what their food allergies are. It is important to make the student aware of what accommodations they are or should be receiving so that they might assist appropriately.

#### **Student Checklist**

Recognize the first symptoms of an allergic/anaphylactic reaction.  Know where epinephrine autoinjectors are kept and who has access to the epinephrine auto-injector(s).  Inform an adult as soon as exposure occurs or symptoms appear.  Carry your own rescue medications when appropriate and approved.  Do not share or trade snacks, lunches or drinks.  Do not eat food on the school bus.  Wash hands before and after eating.  Report teasing, bullying and threats to classroom teacher, principal or other trusted adult.  Do NOT take or eat food offered to you unless it is from a school cafeteria worker or
epinephrine auto-injector(s).  Inform an adult as soon as exposure occurs or symptoms appear.  Carry your own rescue medications when appropriate and approved.  Do not share or trade snacks, lunches or drinks.  Do not eat food on the school bus.  Wash hands before and after eating.  Report teasing, bullying and threats to classroom teacher, principal or other trusted adult.
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adult.
Do NOT take or eat food offered to you unless it is from a school cafeteria worker or
other trusted staff member.
Learn to become a selfadvocate as you get older.
Develop a relationship with the school nurse and/or another trusted adult in the school
to assist in identifying issues related to the management of the allergy in school.
During instrument "tryouts," make sure mouthpieces are cleaned prior to using and
that reeds have been changed.

#### Tips for Parents for Working With Your Child

Help your child be able to become a self-advocate by doing the following:

- Help the child recognize the first symptoms of an allergic/anaphylactic reaction.
- Make sure the child knows the location/s of the epinephrine auto-injectors in the school.
- Practice with the child so they can communicate clearly as soon as they feel a reaction starting.
- Stress the importance of handwashing before and after eating.

- Stress the importance of not sharing food or accepting food that is offered without having been cleared by the parent, the classroom teacher or the school nurse.
- Encourage the child to report any incidents of bullying/teasing to a trusted adult.

## **School Nurse Guidelines**

When it comes to the school care of students with food allergies, our school nurse may carry the largest responsibility. They assist the school team in both prevention and emergency care of students with food allergies and reactions. They are encouraged to foster student independence, based on their development level. To achieve this goal, nurses consider these guidelines when developing an Individual Healthcare Plan or 504 Plan for a student with a food allergy.

## **School Nurse Checklist**

Make sure you are familiar with all areas of the Food Allergy Management Plan and
implement the plan with fidelity.
Attend meetings to review, update and/or develop a 504 Plan or Individual Healthcare
Plan for students with food allergies.
Review Health History Form, Food Allergy Emergency Care Plan (ECP), Individual
Healthcare Plan (IHP) and/or 504 Plan for every student with allergies. Distribute final
copies of these forms to classroom teachers, other teachers, and other staff as needed.
Contact teachers who have students with food allergies/sensitivities/issues and ensure
they are educated about the needs of those students.
If desired by parents, facilitate or participate in conversations between parents and
teachers.
Ensure that appropriate personnel know the locations of medication and ECPs. School
must designate an area of the building to house medication. Provide Epi-Pen training
one time per year to staff.
Ensure epinephrine autoinjectors and antihistamines are stored in a secure designated
area. Monitor medications for expiration dates and arrange for them to be current.
Establish a contingency plan in case of a substitute school nurse.
Keep handheld radio charged and on person as a means of communication with
playground staff and physical education teacher.
Be cognizant of the potential for endangering, isolating, stigmatizing or harassing
students with food allergies. Be aware of how the student with food allergies is being
treated by peers.
Establish procedures to ensure that medical information, including the ECP, for student
having a reaction is sent with the Emergency Medical Service (EMS).
Assist in the identification of designated areas in the building where potentially
allergenic food can be eaten, sold for fundraisers, and provided for events/activities.
Assist in educating families regarding allergic issues.

# **Classroom Teacher and Paraprofessional Staff Guidelines**

Teachers and paraprofessionals are the student's first line of defense. You assist the school team in the care and management of students with food allergies, and prevention and treatment of allergic reactions.

# **Classroom Teacher/Paraprofessional Checklist**

Do not question or hesitate to immediately initiate an Emergency Care Plan (ECP) if a
student reports symptoms or exhibits signs of an allergic reaction. See page 3 of this
plan for symptoms of a reaction.
Keep the student's ECP, Individual Healthcare Plan (IHP) and/or 504 Plan accessible
in the classroom. Carefully review and follow all plans.
All staff will be provided training on (1) food allergy management; and (2)
Anaphylaxis. Allergens should not be brought into classrooms. All staff should wash
hands after eating, prior to returning to class.
Seek immediate assistance from the school nurse if student has ingested, or is
suspected to have ingested, a known allergen. Administer Epi-Pen immediately (or
direct student to self-administer) if stated in the ECP.
Participate in any team meetings for the student with food allergies, inservice training
or a meeting for a student's reentry after a reaction.
Leave information for substitute teachers in an organized, prominent, and accessible
format. Follow District guidelines for substitute teacher folders and make sure that
emergency information is included in lesson plan book and class register.
Avoid endangering, isolating, stigmatizing or harassing students with food allergies. Be
aware of how the student with a food allergy is being treated and enforce school rules
about bullying and threats.
Do not dismiss students with food allergies if they report any symptoms of an allergic
reaction, no matter how minor.
Students with allergies may need their own supplies. Please check with the parents.
Art teachers should have separate supplies for children with allergies. If students are
changing classes, all teachers should be made aware of allergy issues.

# **Substitute Teacher Checklist**

Review the substitute folder for information about any student's Emergency Care
Plan (ECP), Individual Healthcare Plan (IHP) and/or 504 Plan. Carefully review and
 follow all plans.
Take the District training for substitutes provided on (1) food allergy management;
(2) Anaphylaxis; and (3) Epi-Pen administration. Allergens should not be brought into
classrooms. All staff should wash hands after eating, prior to returning to class.
Ensure students with a suspected allergic reactions, are accompanied to the nurse's
office by an adult.
Take all complaints seriously from any student with a life-threatening allergy.
Contact principal, other school administrator or school nurse immediately if you
receive a complaint or hear a concern from a student.
Do not provide food rewards. Seek assistance if student has ingested, or is suspected
to have ingested, a known allergen.
Avoid endangering, isolating, stigmatizing, or harassing students with food allergies.
Be aware of how the student with a food allergy is being treated and enforce school
rules about bullying and threats.
Do not dismiss students with food allergies if they report any symptoms of an
allergic reaction, no matter how minor.

# **Custodial Staff Guidelines**

Laurens Central School values our custodial staff as important contributors to the learning environment. That role can be life-saving when dealing with students who have food allergies.

# **Custodial Staff Checklist**

]	Review the District Food Allergy Management Plan and direct any questions to the
1	building principal or school nurse.
	As requested, participate in the in-service training on the identification of food-allergic
1	reactions, risk reduction and emergency response procedures.
	Take all complaints seriously from any student with a life-threatening allergy.
	Immediately advise school nurse and/or school administrator of any situations during
5	school hours and for after school activities contact the administrator/supervisor on site.
	Use separate cleaning supplies designated specifically for allergen-free eating areas. In
1	addition, separate gloves should be worn when cleaning the tables. Cleaning supplies
f	for allergy free tables should be clearly identified.
	Clean classrooms, desks, doorknobs and lockers routinely with District-approved
	cleaning agents. Consult with the school nurse and Director of Facilities regarding
1	frequency of cleaning of any given area or classroom.

# **School Administrator Guidelines**

As leaders in the building, school administrators play an important role in creating a safe and healthy learning environment for all students, and in supporting other staff with their responsibilities in working with students who have food allergies.

# **School Administrator Checklist**

S	upervise and implement the District's Food Allergy Management Plan.
M	feet with parent/guardian and appropriate staff members to establish/review
A	llergy History form, Emergency Care Plan (ECP), and Individual Healthcare Plan
(I	HP). May refer to 504 team.
Е	nsure teachers, substitute teachers, nurses, lunchroom supervisors, bus drivers,
Co	oaches, after school program staff and custodians understand their role and how to
in	nplement an ECP, IHP and/or 504 Plan.
Е	nsure that relevant health concerns, ECP, IHP and/or 504 Plans and Health
Н	listory Form are disseminated to appropriate staff prior to the first day of student
at	ttendance, or upon receipt of new information.
N	Take sure appropriate personnel contact the parent/guardian If the student
ex	xperiences an allergic reaction.
A	fter an allergic reaction, participate in a Return to School Review, initiated by the
so	chool nurse, which includes a meeting with the student (if appropriate),
pa	arent/guardian, nurse, and any teachers involved, as well as an update of the
H	lealth History Form and, if necessary, replacement of epinephrine auto-injector or
01	ther rescue medications.
C	communicate to families the procedures for medication and form drop-off.
C	communicate with after school programs regarding allergy
m	nanagement plan and designated food areas.

# Cafeteria Checklist

Review the District Food Allergy Management Plan and direct any questions to
the principal or school nurse.
Implement all recommendations and requirements for students with an Emergency
Care Plan (ECP), Individual Healthcare Plan (IHP) and/or 504 Plan for food allergies.
Be aware of where antihistamine and epinephrine autoinjectors are located so that
they are accessible to food allergic students.
Communicate with parent/guardian to discuss specific food allergy and provide
advance copies of menus if requested.
Read all packaging information and recheck for possible allergens. If no label is
available, this may require contacting manufacturer to check for trace allergens or
consumer hotline for further information.
Contact parents for any food change/unplanned purchases of lunches.
Work with school nurse and administration to determine if food allergens are on the
menu and consider removing them if appropriate.
Ensure that you receive the required training on epinephrine auto-injector use,
anaphylaxis and the management of food allergies.
Take all complaints seriously from any student with a life-threatening allergy.
Contact school nurse or school administrator immediately if you receive a
complaint or hear a concern from a student.
When in doubt about a reaction, administer epinephrine auto-injector and call 911.
Accompany students with suspected allergic reaction to the school nurse from
the cafeteria or call for help from the school nurse or administrator.
An adult must be with the student at all times. Students experiencing an allergic
reaction must never be left alone.
Designate table/s in the cafeteria that are allergen-safe for students with food allergies.
The student should never be isolated unless specified in a 504 or IEP.
Encourage hand washing for students after eating.
Use separate knives/utensils when working with food for students with food allergies.
Ensure that food handling practices avoid cross-contamination with potential food
allergens.
After each meal, all tables and chairs should be washed with soap and water using
dedicated water and separate cloths for allergen safe tables.
Be aware of how the student with a food allergy is being treated and enforce school rules
about bullying and threats.

#### **Guidelines for Supervisors of After School Activities/Field Trips**

Students participate in many activities outside the classroom. It is critical that a student with food allergies be provided a safe environment both inside and outside the classroom. These activities might include recess, physical education, field trips, school-sponsored events or athletics. Teachers and staff responsible for lunch, recess, coaching or non-classroom activities must be trained to recognize and respond to a severe allergic reaction.

The checklist below should also be used by staff of the CROP after school program.

Because there is not always a school nurse on duty after school, it is critically important that staff in a supervisory role for after school activities are educated about food allergies and symptoms of anaphylaxis and prepared to respond quickly in the event of an allergic reaction.

## **Checklist for Supervisors of After School Activities/Field Trips**

Review the District Food Allergy Management Plan and direct any questions to
the principal or school nurse.
Ask an administrator or school nurse to provide you with specific
information pertaining to all students with life-threatening allergies, if
parent/guardian agrees. Review the Emergency Care Plan (ECP), Individual Healthcare
Plan (IHP) and/or 504 Plan/IEP Plan for food allergies with school nurse.
Identify who is responsible for keeping epinephrine auto-injector(s) during after school
activities and field trips. Ensure a current epinephrine auto-injector is readily accessible
for food-allergic students.
Ensure that you receive the required training on epinephrine auto-injector use,
anaphylaxis and the management of food allergies.
Make certain that an emergency communication device (e.g., intercom, handheld radio,
cell phone) is always available.
Get emergency forms, ECP and IHP of participating students with food allergies or
other food-related medical conditions from the school nurse.
Cover or tape medical alert identification of student athletes. Medical alert
identification is not required to be removed for activities. New York State Public High
School Athletic Association (NYSPHSAA) permits the student-athlete to wear the
medical alert bracelet and not have it considered jewelry. Medical alert bracelet should
be taped to the body (wherever it is usually worn), but parts of it should remain visible
for medical personnel to view in case of emergency.

#### Resources

- 1. Centers for Disease Control and Prevention. "Recognizing and Responding to Anaphylaxis." GA, 2021.
- 2. College Station Independent School District. "Food Allergy Management Plan." TX, 2020.
- 3. Community Consolidated School District #46. "District 46 Food Allergy Management Plan." IL, 2015.
- 4. Food Allergy Research and Education (FARE). "Food Allergy and Anaphylaxis Emergency Care Plan." VA, 2020.
- 5. New York State Department of Health. "Making the Difference: Caring for Students With Life-Threatening Allergies. New York, 2007.
- 6. Plainview Independent School District. "Plainview ISD Student Food Allergy Management Plan." Plainview, Texas.