

St. Michael School Food Allergy Management and Prevention Plan

A. INTRODUCTION

Food allergies are a growing concern that affect an estimated 4%–6% of children in the United States. Allergic reactions to foods have become the most common cause of anaphylaxis in community settings. Allergic reactions can be life-threatening and have far-reaching effects on children and their families, as well as on the school they attend. In response to this growing problem, the Center for Disease Control (CDC) released *Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs* in 2013. The guidelines were developed by a large group of doctors, nutritionists, educators, parents of children with allergies, and other experts in food allergies. The guidelines are intended to support implementation of food allergy management and prevention plans in schools. They provide practical information, planning steps, and strategies for reducing allergic reactions and responding to life-threatening reactions.

It is recognized that a school's response to food allergies is an emotional issue. Parents of a child with a food allergy may have constant fear about the possibility of a life-threatening reaction and stress from constant vigilance needed to prevent a reaction. Children with food allergies may also have constant fear about the possibility of a life-threatening reaction. Many carry emotional burdens because they are not accepted by other students, they are isolated, or they believe they are a burden to others. They also may have anxiety caused by teasing or bullying.

St Michael's Food Allergy Management and Prevention Plan (FAMPP) was developed to mirror, as closely as practical, the CDC guidelines. Input was gathered from parents of students with food allergies, the cafeteria manager, teachers, and an emergency medicine nurse. The School Advisory Committee discussed the input and determined that the CDC guideline was the best nationally recognized, objective, and non-biased source of information that addressed these concerns.

B. Food Allergy Management Prevention Plan

The following five priorities are recommended by the CDC:

1. Ensure the daily management of food allergies in individual children.
 - a. Identify children with food allergies.

The first step in preventing food related allergic reactions is to identify those children with allergies. However, 25% of all anaphylactic reactions that occur in school are in children with no previously recognized allergy, so preparation is also vital. It is the parent's responsibility to inform the school of their child's allergy.

- b. Develop a plan to manage and reduce the risk of food allergy reactions in individual children.

Parents, in conjunction with their doctor, must provide information and recommendations to help the school manage food allergies. An emergency care plan (ECP), signed by the doctor, must be provided to the school. Forms, such as the Food Allergies and Anaphylaxis Emergency Care Plan (FARE) available for download from foodallergy.org (Appendix A), may be used. Any emergency care plan must list specific actions to be taken in the event of an allergic reaction, including the type of epinephrine auto-injector to be used, antihistamine medications, or inhalers. The ECP must be updated at least annually. The parent is responsible for providing copies of the plan for the office and each of the child's teachers.

- c. Help students manage their own food allergies.

The education of the student about their food allergy is primarily the responsibility of the parent and their doctor. The school staff will supplement this education. The ECP and discussion with the parent will provide the information that the staff needs to help the student manage their food allergy. The parents and staff must recognize that all restrictions placed on bringing foods that contain ingredients that could cause an allergic reaction cannot guarantee a totally safe environment. There is no reasonable or fail-safe way to prevent an allergen from inadvertently entering into a building. Staff should help the student learn to monitor their surroundings for potential allergens.

2. Prepare for food allergy emergencies.

- a. Set up communication systems that are easy to use.

School staff should be able to communicate easily and quickly with the school office, emergency responders, and parents. Since St. Michael School is spread over three buildings, the rapid communication of a problem is vital. Teachers can dial 323 to quickly reach the office through an intercom which will remain open for communication.

- b. Make sure staff can get to epinephrine auto-injectors quickly and easily.

Quick access to epinephrine to respond to anaphylaxis emergencies is essential. It is the parent's responsibility to provide four epinephrine auto-injectors for a child with food allergies if they are prescribed by a doctor. St. Michael School will distribute auto-injectors according to the following list:

- 1) One epinephrine auto-injector is stored in the office along with all other medications.
- 2) A second injector will be stored with the homeroom teacher.
- 3) A third injector will be stored in the cafeteria.
- 4) A fourth injector will be stored either in a homeroom travel bag for kindergarten through fourth grade or in Mrs. McDonald's emergency drawer.

Staff will be trained to give epinephrine in response to allergic reactions per the child's ECP. Parents must understand that the student will often travel between all three buildings during the day making quick access challenging. Allergy specialists feel that a child in fifth grade or above could carry an auto-injector with them. If the parent and doctor agree that an older child must have an auto-injector immediately available at all times, the child could be taught to carry an injector with them with the understanding that they must notify staff immediately if they experience symptoms. Students below the fifth grade should not carry an auto-injector. The teacher will place one injector in a travel bag, along with the ECP and instructions on how to use the injector, for transport to each "special" class. In an attempt to make injectors as readily available as possible, the above list places an injector in each building. Since students attend art and computer class in the Library/Science Building, Mrs. McDonald has agreed to keep injectors in a drawer that will be labeled, "EMERGENCY". On field trips, the parent of a child with severe food allergies is encouraged to chaperone and carry an auto-injector; otherwise the teacher will carry the injector. The locations of the student's auto-injectors must be listed in the ECP.

- c. Make sure that epinephrine is used when needed and someone immediately contacts emergency medical services.

The early and appropriate administration of epinephrine can temporarily stop allergic reactions and provide the critical time needed to get medical help. The ECP must specify conditions in which a student should be administered epinephrine. Generally, epinephrine should be administered immediately if the student has suffered a previous episode of anaphylaxis from an allergen. A student with increasing swelling of the tongue, changes in voice, difficulty swallowing, stridorous (whistling) respirations, or any difficulty breathing should immediately receive epinephrine. Parents should provide more than one auto-injector since a second dose may be required. If epinephrine is used, Emergency Medical Services (EMS) must be notified immediately. Parents will be notified of all reactions. The administration of epinephrine is controlled by Ohio State Law which does not currently allow an injector to be used on a student if it has not been prescribed for that student.

- d. Identify the role of each staff member in an emergency.

St. Michael does not have an onsite school nurse, so responsibility for administering epinephrine falls to the school staff. The teacher, cafeteria manager, or after school care manager would most likely be the first to recognize an allergic reaction. The staff member must quickly assess the student and consult the ECP to determine if epinephrine is required. If required, a staff member who has been trained to use the auto-injector should administer the epinephrine. The staff member should notify the office by telephone. The situation must be clearly explained, and if required, the office will notify EMS allowing the staff member to attend to the student. A student with an allergic reaction must never be left alone. The office will then notify the parent.

- e. Prepare for food allergy reactions in children without a prior history of food allergies.

Staff should be ready to respond to severe allergic reactions in children with no history of anaphylaxis or no previously diagnosed food allergies. Since current Ohio law does not allow the use of another student's auto-injector, the staff member who first recognizes an allergic reaction should notify EMS immediately. The office should then be notified.

- f. Document the response to a food allergy emergency.

Documentation of all allergic reactions will be maintained in the student's record. A copy of the documentation will be provided to the parents. The documentation should be completed immediately after an incident. The staff's response to an allergic reaction should be reviewed after every event to improve the child's ECP. See Appendix B for form.

- 3. Provide professional development on food allergies for staff members.

- a. Purpose and scope of education.

Annual training will be provided to all staff members to increase their knowledge about food allergies and how to respond to food allergy emergencies. This training should focus on how to reduce the risk of an allergic reaction, respond to allergic reactions, and support the social and academic development of children with food allergies. St. Michael School will coordinate training activities with a licensed health care professional, such as a nurse or community doctor. While the CDC guidelines recommend different levels of training for staff that are most likely to respond to an allergic reaction emergency, the small size of the school dictates that all staff should be trained to respond to an emergency.

- b. Provide general training on food allergies.

This training will focus on:

- 1) A review of the FAMPP.
- 2) General information on food allergies.
- 3) General strategies for reducing and preventing exposure to allergens.
- 4) Policies on bullying and harassment and how they apply to children with food allergies.
- 5) The school's emergency plan, including who will be contacted in the case of an emergency, how staff will communicate during a medical emergency, and what essential information they will communicate.

- c. Provide training on how to deal with an anaphylaxis emergency.

This training will focus on:

- 1) How to respond to a food allergy emergency.
- 2) Signs and symptoms of a food allergy reaction and anaphylaxis.
- 3) When to administer epinephrine.

- 4) How to administer epinephrine with an auto-injector.
 - 5) Necessity of calling 911.
 - 6) A laminated instruction sheet of how and when to use auto-injectors will be placed in each classroom next to the evacuation signs (Appendix C).
4. Educate children and family members about food allergies.

- a. Teach all children about food allergies.

All students should learn about food allergies early in the school year. The education must be appropriate for the development of the student. Children should be taught to:

- 1) Identify symptoms of allergic reactions and anaphylaxis.
- 2) Understand why it is wrong to tease or bully others, including people with food allergies.
- 3) Understand the importance of finding a staff member who can help respond to suspected food allergy emergencies.
- 4) Understand rules on hand washing, food sharing, and personal conduct.

- b. Teach all parents and families about food allergies.

A successful FAMPP needs support and participation from parents of children with food allergies and from parents of children without food allergies. All parents should get information to increase their awareness and understanding of food allergies, the policies and practices that protect children with food allergies, the roles of all staff members in protecting children with food allergies, and the measures parents of children with and without food allergies can take to help ensure this protection. Education can occur through either an education session early in the year or the distribution of written training material.

5. Create and maintain a healthy and safe educational environment.

- a. Create an environment that is as safe as possible from exposure to food allergens.

St. Michael recognizes that the CDC's wording of "as safe as possible from exposure" creates the greatest concern among parents with children with food allergies. Some parents would like to see a total ban of the food that their child is allergic to. Other parents of children with no allergies see a total ban as an undue burden on their child. With this conflict in mind, St. Michael sought the opinions of parents of children with allergies, an allergy physician, research papers and emergency medical personnel. Scientific research has provided clear guidance on steps that should be taken to maximize safety. This research has shown that:

- 1) Moderate to severe allergic reactions occur only when the food is ingested.

- 2) While airborne exposure can cause mild symptoms, it has not been shown to cause moderate or severe reactions. Research has shown that mild reactions only occur if the allergic person is aware of the presence of the allergen, indicating that the reaction may not actually be a response to the allergen.
- 3) Sensitive instruments have not been able to detect the peanut allergen in the air in a cafeteria environment.
- 4) Peanut allergen protein is easily cleaned from surfaces.
- 5) Creating “Allergen Free-Zones” can actually increase the risk of a serious reaction because it instills a false sense of security in the child with an allergy. The child falsely believes that anything brought into the classroom is free of the allergen. These zones do not guarantee that foods containing an allergen will not enter.

The greatest safety is achieved through vigilance in the allergic child, with assistance from the teacher, as appropriate. Serious reactions have been shown to only occur if the child ingests the allergen. Therefore, the last line of defense is the child. St. Michael recognizes that the parent, in conjunction with their doctor, is responsible for teaching the child what they are allergic to, how to read labels as they get older, and to question every food that they consume. These steps will maximize safety at school and in the general environment where they can always be exposed to an allergen.

- b. Develop food-handling policies and procedures to prevent food allergens from unintentionally contacting another food.

St. Michael cafeteria uses the following precautions:

- 1) Students with food allergies use an orange tray that has their allergens written on it. This allows the servers to avoid giving the child an item that they may be allergic to.
 - 2) Peanut butter sandwiches are made on a separate table from the serving line.
 - 3) On the serving line, peanut butter is kept separate from all other food.
 - 4) Food preparation involving potential allergens is handled by only one employee with knowledge of proper handling procedures.
 - 5) A “peanut-free” table is available at the front of the cafeteria for those students who wish to use it. Its use is not mandatory. The cafeteria manager and servers are able to closely monitor this table.
 - 6) Clorox type wipes are used to clean the peanut-free table.
- c. Make outside groups aware of food allergy policies and rules when they use school facilities after hours.

The Extended Day Program personnel are trained in allergy precautions. The director attends the same training class as the teachers.

d. Create a positive psychosocial climate.

Children with food allergies need an environment where they feel secure. Since children with allergies can be labeled as “different” by other children, care must be taken to avoid actions that reinforce this perception. Therefore, St. Michael School will not utilize any signs, other than the orange trays in the cafeteria, which identify a child as one with allergies. Parents must decide if they want their child to wear an emergency identification bracelet. Bullying, teasing, and harassment can lead to psychological distress for children with food allergies which could lead to a more severe reaction when the allergen is present. A positive psychosocial climate—coupled with food allergy education and awareness for all children, families, and staff members—can help remove feelings of anxiety and alienation among children with food allergies. Any bullying will be dealt with per the student handbook.

C. Conclusion

St. Michael School is responsible for the health and safety of children with food allergies. The strategies presented in these guidelines are a comprehensive approach to managing food allergies. Through the collective efforts of staff members, parents, and health care providers, children with food allergies can be assured a safe place to thrive, learn, and succeed.



FARE
Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs.

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

PLACE
STUDENT'S
PICTURE
HERE

For a suspected or active food allergy reaction:

FOR ANY OF THE FOLLOWING
SEVERE SYMPTOMS

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



LUNG

Short of breath, wheezing, repetitive cough



HEART

Pale, blue, faint, weak pulse, dizzy



THROAT

Tight, hoarse, trouble breathing/ swallowing



MOUTH

Significant swelling of the tongue and/or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting or severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION of mild or severe symptoms from different body areas.

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.



NOSE

Itchy/runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

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

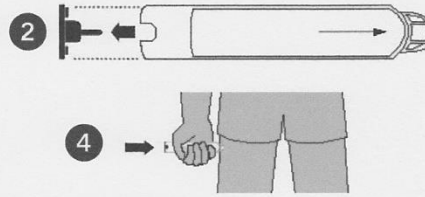
PHYSICIAN/HCP AUTHORIZATION SIGNATURE

DATE



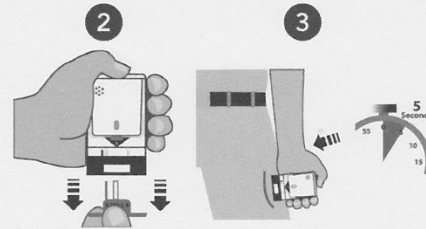
EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

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

APPENDIX B

**St. Michael School
Report of Allergic Reaction**

Student Demographics and Health History

1. Name of Student: _____
2. History of allergy: Yes No Unknown If known, specify type of allergy: _____
- If yes, was Emergency Action Plan available? Yes No Unknown History of anaphylaxis: Yes No Unknown
- Previous epinephrine use: Yes No Unknown Diagnosis/History of asthma: Yes No Unknown

School Plans and Medical Orders

3. Does the student have a student specific order for epinephrine? Yes No Unknown
4. Expiration date of epinephrine _____ Unknown

Allergic Reaction Incident Reporting

5. Date/Time of occurrence: _____
6. Trigger that precipitated this allergic episode:
Food Insect Sting Medication Other _____ Unknown
- If food was a trigger, please specify which food _____
- Please check: Ingested Touched Inhaled Other specify _____
7. Location where symptoms developed:
Classroom Cafeteria Playground Bus Other specify _____
8. How did exposure occur?

9. Symptoms: (Check all that apply)

<u>Respiratory</u>	<u>GI</u>	<u>Skin</u>	<u>Cardiac/Vascular</u>	<u>Other</u>
<input type="checkbox"/> Cough	<input type="checkbox"/> Abdominal discomfort	<input type="checkbox"/> Swelling	<input type="checkbox"/> Chest discomfort	<input type="checkbox"/> Sweaty
<input type="checkbox"/> Difficulty breathing	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Flushing	<input type="checkbox"/> Blue Lips, Nail Beds	<input type="checkbox"/> Change in Behavior
<input type="checkbox"/> Hoarse voice	<input type="checkbox"/> Difficulty swallowing	<input type="checkbox"/> General itch	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Loss of consciousness
<input type="checkbox"/> Nasal congestion/runny nose	<input type="checkbox"/> Oral Itching	<input type="checkbox"/> General rash	<input type="checkbox"/> Faint	<input type="checkbox"/> Metallic taste
<input type="checkbox"/> Swollen (throat, tongue)	<input type="checkbox"/> Nausea	<input type="checkbox"/> Hives	<input type="checkbox"/> Headache	<input type="checkbox"/> Red eyes
<input type="checkbox"/> Shortness of Breath	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Lip swelling		<input type="checkbox"/> Sneezing
<input type="checkbox"/> Stridor (Whistling Breathing)		<input type="checkbox"/> Localized rash		
<input type="checkbox"/> Tightness (chest, throat)		<input type="checkbox"/> Pale		
<input type="checkbox"/> Wheezing				

10. Was *epinephrine* administered? Yes No Time: _____
11. Was an antihistamine administered? Yes No specify _____ Time: _____
12. Was an inhaler used? Yes No specify _____ Time: _____
13. Was a second epi-pen dose required? Yes No Time: _____

Disposition

14. EMS notified at: (time) _____
- Transferred to ER: Yes No Unknown
- If yes, transferred via ambulance Parent/Guardian Other
15. Parent notified at (time) _____
- At school Will come to school Will meet student at hospital Other: _____

School Follow-up

16. Did a debriefing meeting occur? Yes No
17. Recommendation for changes: Protocol change Policy change Educational change Information sharing None
18. Comments (include names of school staff, parent, others who attend debriefing): _____
- _____
- _____

19. Form completed by: _____ Date: _____

(please print)

Anaphylaxis:

Any delay in treatment could be fatal.^{1,2}

Know what it is.

Anaphylaxis is a severe, life-threatening allergic reaction. It can be triggered by certain types of food (like peanuts and shellfish), insect stings, medicine, latex, exercise and unknown causes.

The following symptoms of anaphylaxis can occur within minutes or several hours after exposure to an allergy trigger:

MOUTH: itching, swelling of the 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, fainting

Only a few of these symptoms may be present.

*Some symptoms can be life-threatening. ACT FAST!

Know what to do.

Epinephrine (the active ingredient in the EpiPen® Auto-Injector) is the medication recognized by healthcare professionals as the emergency treatment of choice for severe allergic reactions.

If any of the symptoms listed above are exhibited, administer the EpiPen® Auto-Injector immediately.

1



- Hold firmly with orange tip pointing downward.
- Remove blue safety cap by pulling straight up. Do not bend or twist.

2



- Swing and push orange tip firmly into mid-outer thigh until you hear a 'click'.
- Hold on thigh for several seconds.



Built-in needle protection

- When the EpiPen® Auto-Injector is removed, the orange needle cover automatically extends to cover the injection needle, ensuring the needle is never exposed.



After administration, patients should seek medical attention immediately or go to the emergency room. For the next 48 hours, patients must stay within close proximity to a healthcare facility or where they can call 911.

For more information, or to order more posters, go to EpiPen.ca

EpiPen® and EpiPen® Jr Auto-Injectors are indicated for the emergency treatment of anaphylactic reactions in patients who are determined to be at increased risk for anaphylaxis, including individuals with a history of anaphylactic reactions.

This product may not be right for you. Always read and follow the product label.

References: 1. Lieberman P, Kemp SF, Oppenheimer J, et al. The diagnosis and management of anaphylaxis: an updated practice parameter. *J Allergy Clin Immunol* 2009;115:543-544.
2. Kemp SF, Lockey RG, Simons FE, on behalf of the World Allergy Organization and the Committee on Anaphylaxis. *Allergy* 2002;57:1091-1092.



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