



Arlington  
Public  
Schools

# FOOD ALLERGY GUIDELINES

2019



# APS Food Allergy Guidelines

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## Foreword

Arlington Public Schools (APS) aims to provide a safe, healthy, and supportive environment for all students. The following guidelines specifically address the needs of students who live with life-threatening food allergies. All APS schools are expected to implement these evidence-based recommendations, which outline prevention and response protocols. In addition, in an effort to promote the school system's emphasis on wellness and health, schools are encouraged to avoid using food as a reward and/or celebratory focal point in the classroom.

Most importantly, APS recognizes the power of raising awareness and promoting prevention. Educating our students, staff and school communities about food allergies creates a safer and more supportive learning environment, thereby providing all of our students an environment in which to thrive academically.

*\*While this document focuses on food allergies, treatment of anaphylaxis (a life-threatening allergic reaction) is the same whether caused by insect sting, latex, or exercise-induced.*

### I. Purpose

In the United States, more than six million children – or roughly two students per classroom, have a potentially life-threatening food allergy. Studies indicate that 16-18 percent of these known food-allergic students have had a reaction in school. In addition, approximately 25 percent of reactions in the school setting involve a student who has not yet been diagnosed with a food allergy.

In an effort to raise awareness and promote prevention practices throughout Arlington Public Schools, the following guide entitled “Food Allergy Guidelines” was created. This manual is a collaborative effort between Arlington Public Schools (APS), the APS School Health Advisory Board (SHAB) and the Arlington County-School Health Bureau. Its purpose is to set uniform and consistent guidelines, which establish a safe environment for students with food allergies and support parents regarding food allergy management.

In 2013, the Centers for Disease Control and Prevention (CDC) released the first national comprehensive guidelines for school food allergy management, “Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs.” APS guidelines are modeled after these national guidelines. In addition, the development committee used and referenced the various resources of Food Allergy Research and Education (FARE).

## II. Caring for Students with Food Allergies in Schools

### A. Food Allergy Basics and Statistics

A food allergy is an abnormal response to a food, triggered by the body's immune system. In individuals with food allergies, the immune system mistakenly responds to a food (known as the food allergen) as if it were harmful, triggering a variety of negative health effects. Allergic reactions to foods vary among students and can range from mild to severe life-threatening anaphylactic reactions. Some students, who are very sensitive, may react to just touching or inhaling the allergen.

According to a 2013 study released by the Centers for Disease Control and Prevention (CDC), food allergies among children increased by 50 percent between 1997 and 2011. Today one in 13 children - or two in every classroom, have food allergies. Nearly 40 percent of these children have experienced a severe or life-threatening reaction. Children with food allergies are also two to four times more likely to have asthma or other allergic conditions than those without food allergies.

School staff must be ready to address the needs of children with known food allergies. They also must be prepared to respond effectively to the emergency needs of children who are not known to have food allergies but who exhibit allergic signs and symptoms. Studies show that nearly one in five students with food allergies have had a reaction from accidentally eating food allergens while at school. In addition, one in four of the severe and potentially life-threatening reactions (anaphylaxis) reported at schools happened in children with no previous diagnosis of food allergy.

### B. Common Food Allergens

Eight foods (**peanut, tree nuts, milk, egg, soy, wheat, fish and shellfish**) account for 90 percent of total food allergies, although any food has the potential to cause an allergic reaction. Peanut and tree nuts account for approximately 92 percent of severe and fatal reactions, and along with fish and shellfish, are often considered to be lifelong allergies.

Every exposure to a food allergy reaction is different and has the potential of developing into a life-threatening event. Several factors may also increase the risk of a severe or fatal anaphylactic reaction: co-existing asthma; a previous history of anaphylaxis; and delay in the administration or failure to administer epinephrine.

### C. Definition of Anaphylaxis

**Anaphylaxis** is a potentially life-threatening medical condition occurring in allergic individuals within minutes to hours after exposure to specific allergens. Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body. These symptoms may include one or more of the following:

- Hives
- Difficulty swallowing
- Vomiting
- Wheezing
- Itching (of any body part)
- Difficulty breathing, shortness of breath
- Diarrhea
- Throat tightness or closing
- Swelling (of any body part)
- Sense of doom
- Stomach cramps
- Itchy scratchy lips, tongue, mouth and/or throat
- Red, watery eyes
- Fainting or loss of consciousness
- Change of voice
- Dizziness, change in mental status
- Runny nose
- Flushed, pale skin
- Coughing
- Cyanotic (blue) lips and mouth area

Food allergy is the most common cause of anaphylaxis, although several other allergens – insect stings, medications, or latex – are other potential triggers. Anaphylaxis can occur immediately or a few hours following allergen exposure. The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock, which are potentially fatal. Following the administration of epinephrine, it is imperative that the student be transported by emergency medical services to the nearest hospital emergency department for treatment and observation for a minimum of 4-6 hours, even if the symptoms appear to resolve.

For those students at risk for food-induced anaphylaxis, the most important aspect of the management in the school setting should be prevention. However, in the event of an anaphylactic reaction, epinephrine is the treatment of choice and should be given immediately. Studies show that fatalities are frequently associated with not using epinephrine or delaying the use of epinephrine treatment. Proper treatment requires the training of school staff, including school health staff (aides), in signs and symptoms of anaphylaxis and epinephrine administration. This training is critical for ensuring the timely identification of and effective response to a food allergy emergency.

Fatal anaphylaxis is more common in children with food allergies who are also asthmatic, even if the asthma is mild and well controlled. Anaphylaxis also appears to be much more probable in children who have already experienced an anaphylactic reaction. There is no predictable pattern of anaphylaxis, and it does not require the presence of any skin symptoms such as itching and hives. In many fatal reactions, the initial symptoms of anaphylaxis were mistaken for asthma. This occurrence can delay appropriate treatment with epinephrine.

The severity and rapid onset of food anaphylaxis emphasizes the need for an effective emergency plan that includes recognition of the symptoms of anaphylaxis, rapid administration of epinephrine, and prompt transfer of the student by the emergency medical system to the closest hospital.

### **III. Planning**

#### **A. What Parents Need to Know and Do Before School Starts**

The successful management of food allergies in a school setting requires communication between parents and their children, school administrators, teachers and the school nurse. Parents must document their child's medical needs by completing the *Physician Order/Severe Allergy Action Plan Form* (<https://health.arlingtonva.us/public-health/school-health/>) with their physician. Parents must also complete the *Screening Questionnaire for Severe Allergies* and submit it to the school clinic. In addition, parents are responsible for providing medications to treat allergic reactions.

Parents should work with the school's public health nurse (PHN) to complete an Individualized Health Care Plan (IHCP). The resulting plan is a comprehensive and collaborative effort to address the student's health needs during the school day. Prior to school entry, or for a student newly diagnosed with a life-threatening allergy, the parent should meet with the PHN assigned to the school to begin the process of developing the IHCP.

Additionally, parents are encouraged to request a meeting with their child's teacher to discuss their child's food allergies. Meeting discussion topics might include classroom snack and celebration policies, lunchroom procedures, guidance on sharing allergy concerns with classmates, and concerns related to food-based instruction in the classroom. Also, if a child has a documented life-threatening food allergy, parents may request that their child's allergens be kept out of his/her primary classroom.

#### *Key Points for Parents*

- Complete the *Physician Order/Severe Allergy Action Plan Form* before your child begins school.
- Work with your school's PHN to create an IHCP for your child.
- Take all emergency medications to the school clinic before your child begins school.
- Consider requesting a meeting with your child's teacher before school begins to discuss your child's food allergies and any concerns about the school environment.

#### **B. Individualized Health Care Plans and 504 Plans**

Each student has unique needs; therefore, APS recommends that parents contact both the school administration and the school public health nurse (PHN) to discuss their child's health care needs upon diagnosis, or prior to the start of the school year. In the case of severe, life-threatening allergies, an Individualized Health Care Plan (IHCP) and/or a Section 504 Plan may be advisable to ensure proper

protocols are in place for the student's safety and inclusion. IHCP and 504 Plans must be reviewed annually, or when a student's condition changes.

### **Individualized Healthcare Plans**

An IHCP is a written document that outlines how a student will receive health care services at school and is developed and used by the clinic staff and school staff. In most cases, this is accomplished using the *Physician Order/Severe Allergy Action Plan Form* and the *Screening Questionnaire for Severe Allergies*. The IHCP is a written plan developed by the PHN for individual students with a health condition requiring step-by-step medical intervention by APS and/or SH staff during the school day. The plan is created in collaboration with the Healthcare Provider, the Parent(s), and APS school staff. IHCPs are documented in paper form in the School Health Record (SHR), and, in nearly all cases, in electronic form in the Student Information System (SIS).

### **504 Plans**

Section 504 and Title II of the Americans with Disabilities Act (ADA) require that students not be excluded from or denied the benefits of services, programs, or activities or otherwise subjected to discrimination by reason of a disability. Students with food allergies may have a disability under Section 504, and if so, are entitled to the protections of Section 504 and the ADA. A Section 504 Plan is designed to assist an eligible student by setting out the accommodations and/or services the student will need in order to participate in the regular or general education program. For example, a Section 504 Plan can be used to ensure schools implement allergen-safe food plans, to ensure students are provided safe alternatives when food is used in curriculum, and to provide an allergen- safe environment for the students' meals. To learn more about the 504 Plan process in Arlington Public Schools, please contact the Office of Student Services (<https://www.apsva.us/student-services/>).

## **IV. Prevention Expectations**

A school can be a high-risk setting for students with severe food allergies due to its large volume of students and staff on one campus, which often creates additional opportunities for cross-contamination risks (desks, tables, etc.) and accidental exposures. High-risk areas and situations for a student with food allergies include: the lunch room, food sharing, food in classrooms, hidden ingredients, instructional projects, bus transportation, fundraisers, bake sales, parties/holiday celebrations, field trips, and substitute teaching staff being unaware of the food-allergic student.

Ingestion of the food allergen is the principal route of exposure; however, it is possible for a student to react to tactile (touch) exposure or inhalation exposure. Reactions through contact can be serious when the allergen comes in contact with mucous membranes such as touching the eyes, nose, or mouth when the offending food is on the hands of a student with a food allergy. The amount of food needed to trigger a reaction depends on multiple variables:

- The level of sensitivity for each person with a food allergy may fluctuate over time.
- Not every ingestion exposure will result in anaphylaxis, though the potential always exists.



- The symptoms of a food allergy reaction are specific to each individual. Milk may cause hives in one person and anaphylaxis in another.

Therefore, the safest school environment is one in which allergen avoidance techniques are carefully planned and implemented in collaboration with school staff, parents and students. Procedures should be in place and reviewed with all parties before the student begins the school year. The following sections outline the prevention measures designated for:

- Classrooms
- School Field Trips
- Transportation - School Bus
- Food Services
- Lunch Room
- Special Activities Held *During* School Hours (Field Day, etc.)
- Activities Held *After* School Hours
  - Sports
  - PTA-Sponsored Special Events
  - PTA Enrichment and Clubs
  - Extended Day

## A. Classrooms

- Teachers must be familiar with the IHCP and/or *Physician Order/Severe Allergy Action Plan* for students in their classes and respond to emergencies as per the emergency protocol for children with identified allergies.
- Information about students' food allergies will be kept in the classroom. Information can also be accessed through the Student Information System (SIS) – Synergy - through a medical notification (a red cross) or STU201.
- Food containing allergens must **not** be prepared or consumed in classrooms of students with food allergies.
- Parents with students who have food allergies, enrolled in Family and Consumer Sciences classes at the middle and high school levels, should communicate with the teacher to ensure that known food allergies have been identified and proper safety procedures are in place.
- Sharing or trading food in the class will not be allowed.
- Celebrations during the school day are encouraged without food.

- Non-food items should be used for prizes, gifts and rewards. Inclusion of all students in classroom rewards is essential.
- Foods containing allergens specific to a child are not to be used for class projects, parties, holidays/celebrations, arts/crafts/science experiments, cooking or other purposes.
- In elementary school classes that include students with severe food allergies, the principal and/or teacher will send a letter home to parents of every student in the class asking that they not send in food items for snack or containers for projects that contain allergens, which may cause a reaction. The individual student(s) with food allergies should not be identified in writing or verbally to parents or students.
- If a student brings a restricted food for snack time to the classroom, the teacher will provide an alternative place for the child to consume the snack, wash their hands and return to the classroom, in order to ensure a safe environment and prevent cross- contact.
- Events and after-school activities should not be held in rooms where a child with a food allergy is a student. Special caution should be taken specifically in classrooms where students with food allergies may not be able to communicate easily or quickly.
- If an event has been held in the classroom the night before, the teacher of the class should be notified, and tables and desks should be cleaned prior to students entering the classroom.
- All teachers, staff and administration should refrain from using kitchen equipment in the classrooms for personal use without consulting the teacher in order to prevent a high-risk situation or cross contamination event for students in the class.
- Proper hand-washing techniques by adults and students should be taught and reinforced before and after meals at all grade levels. Hand sanitizer kills germs, but it does not get rid of allergens. Please see the APS Hand Washing Policy in Appendix H.
- All students and their parents, teachers, assistants, and substitutes should be educated about the risk of food allergies. Classroom teachers should be respectful of the privacy of all students.
- The classroom must be able to communicate quickly with the school office or clinic via walkie-talkie or phone.
- In the event of a severe allergic reaction (whether for a known or unknown allergy) the clinic staff, principal designee or other trained staff, will be called and will follow the emergency protocol. 911 will be called immediately.
- School counselors, media specialists, reading specialists, art/music/physical education teachers, and other staff members working with students individually, in small groups, and in classroom groups will be trained to the same level as the classroom teacher.

- Teachers and staff responsible for physical education or recess should be trained by appropriate personnel to recognize and respond to exercise-induced anaphylaxis, as well as anaphylaxis caused by other allergens.
- Staff in the gym, on the playground, and at other sites used for recess must have a walkie-talkie or phone for emergency communication.

## **B. School Field Trips**

- Field trips need to be chosen carefully and planned well in advance with parents of students with food allergies. Students should not be excluded from a field trip due to risk of allergen exposure.
- For trips during school hours, teachers should notify and coordinate with clinic staff at least one week prior to field trips.
- Medications (including epinephrine auto-injectors) and a copy of the student's *Physician Order/Severe Allergy Action Plan* must accompany the student. If the trip departs before school clinic hours, the parent must send medication from home to accompany the student.
- Parents will be notified early in the planning process of field trips so they can make the staff aware of safety concerns. Cell phone reception, allergens, and the closest hospital should be considered when planning field trips.
- Parents of a student at risk for anaphylaxis should be invited, but not required, to accompany their student on school trips, in addition to the chaperone. If there is not enough space for the parents to accompany their student on the bus provided, parents may elect to transport their own student and should plan in advance with the teacher or school administrator.
- In the absence of an accompanying parent/guardian, the teacher responsible for the student must be trained and assigned the task of monitoring the student's welfare and for handling any emergency. In addition, the teacher will be responsible for carrying the student's medication throughout the field trip.
- When possible, meals and snacks should not be eaten on the bus. Trip planners should try to locate a sheltered area where students can eat packed lunches in case of rain. The parent of the student with a food allergy or the staff member responsible for the student with a food allergy should be seated in close proximity to the student to ensure that no allergens are eaten near the student. Teachers should take proper precautions to ensure safety including seating arrangements, use of hand wipes, etc.
- If the class plans to stop for lunch at a restaurant, the needs of students with food allergies will be accommodated.
- A cell phone or other communication device must be available on the trip for emergency calls.

- When soap and water are not available, hand wipes that do not contain allergens, such as shea and lanolin, should be available for use by students and staff after consuming food. Hand sanitizer kills germs but does not get rid of allergens.

### **C. Transportation – School Bus**

- Maintain policy of not permitting food to be eaten on school buses. Eating food is prohibited on school buses transporting students to and from school unless medically necessary as specified in a student's IHCP or 504 accommodations.
- Provide training for all school bus drivers on Emergency Procedures, including managing life-threatening allergies.
- Epinephrine cannot be stored on the bus due to bus changes and temperature requirements of the medication.
- All school buses are equipped with two-way radios for emergency communication.

### **D. Food Services**

- An APS food service department representative is available to discuss menus, suppliers, ingredients and safety practices. **Please call 703-228-6130** and/or visit <https://www.apsva.us/food-and-nutrition-services/>.
- All food service staff will follow sound food handling practices to avoid cross- contamination with potential food allergens.
- After notification of a 504 or receipt of a doctor's note, and in accordance with USDA regulations, the food services director/specialist will make reasonable modifications for meals served to students with food allergies.

### **E. Lunch Room**

- In the cafeteria, principals may create allergen-free tables such as peanut or milk-free tables.
- All tables and benches are cleaned and sanitized daily. For schools with designated allergen-free tables, adult oversight of the cleaning of the tables should occur.
- Lunch room monitors must be trained in identifying food allergy emergencies, risk- reduction procedures and cross-contamination prevention. All monitors should be provided information that

identifies students with food allergies by picture and name, and the lunch session he/she will attend as well as where the student will sit.

- The clinic must be notified immediately by walkie-talkie or phone if a food-allergic student indicates that he/she does not feel well.

## **F. Special Activities Held During School Hours**

- When special activities, such as field day and school celebrations, are planned, faculty must adhere to classroom expectations and school policies.
- In support of the APS Wellness Policy, special activities are encouraged to focus on promoting healthy habits and beneficial physical activity. If food is present, organizers should take special consideration of food allergies and make an effort to provide food options suitable for all students.
- Students should wash their hands before and after consuming food. Please see the APS Hand Washing Policy in Appendix H.

## **G. Activities Held After School Hours**

### **Sports**

- Every attempt should be made to have after-school activities sponsored by the school consistent with school policies and procedures regarding students with food allergies. However, the school health clinic will be closed. Clinic staff will not be onsite or available.
- A parent should notify the teacher, supervisor and/or coach in advance if a student with severe food allergies is participating in an after-school activity in order to provide time to train the activity supervisor and to designate who will be responsible for keeping/storing the epinephrine during the activity. Parents are responsible for providing additional auto-injectors if necessary.
- It is strongly suggested that middle and high school students carry their own auto- injectors for quick access to epinephrine. If a student is unable to administer his/her own epinephrine, a trained adult staff member will administer it.

### **PTA-Sponsored Special Events**

- When planning activities outside of the school day (night-time dances, weekend carnivals, etc.), be aware the school health clinic will be **closed**. Clinic staff will not be onsite or available.

- Organizers should take special consideration of food allergies and make an effort to provide food options suitable for all students. All food items should be tightly wrapped and sealed.
- Organizers should attempt to house activities, which involve food (such as multicultural night, festivals, etc.) in the cafeteria and not in the classrooms. Unless special circumstances exist, food should be prepared ahead of time and brought in ready to eat in order to limit the risk of cross contamination and prevent serious risk for students with food allergies when using classroom space and equipment.
- Staff or volunteers must clean food preparation areas prior to and following any activities utilizing foods.

### **PTA Enrichment and Clubs**

- The school health clinic is **closed** after school hours. Clinic staff is not onsite or available.
- A parent should notify the teacher, supervisor and/or coach in advance if a student with severe food allergies is participating in an after-school activity thus providing time to train the activity supervisor and also designate who will be responsible for keeping/storing the epinephrine during the activity. Parents are responsible for providing additional auto-injectors if necessary.
- It is strongly suggested that middle and high school students carry their own auto- injectors for quick access to epinephrine. If a student is unable to administer his/her own epinephrine, a trained adult staff member will administer it.
- Classroom allergen-free designations should be respected, and food activities should be kept in the cafeteria areas. Staff or volunteers must clean food preparation areas prior to and following any activities utilizing foods.
- Students should be encouraged to wash their hands before and after consuming food. Please see the APS Hand Washing Policy in Appendix H.
- Caution should be used in planning and conducting any fundraisers involving or distributing food (Girl Scout Cookies, Student Council popcorn sales, etc.). When possible, fundraisers should ship food items directly to customers or distribute after school hours and off school grounds. If on-site logistics are absolutely necessary, particular consideration should be given to where food items will be stored and distributed within the school facility.

### **Extended Day**

- The Extended Day program sponsored by the school must be consistent with school policies and procedures regarding students with food allergies. Clinic staff will not be onsite, however, extended day staff have access to the school health clinic and medications, including emergency medications.

- Extended Day Supervisory staff are trained annually in medication administration
- Staff or volunteers must clean food preparation areas prior to and following any activities utilizing foods.
- Students wash their hands before and after consuming food. Please see the APS Hand Washing Policy in Appendix H.
- A parent should notify the Extended Day supervisor in advance if a student with severe food allergies will be enrolled in Extended Day.
- It is strongly suggested that middle school students participating in Extended Day activities carry their own auto-injectors for quick access to epinephrine. If a student is unable to administer his/her own epinephrine, a trained adult staff member will administer it.

### **Summer, Winter or Spring Break Camps**

- Camp staff using APS Schools (classrooms, kitchens and equipment), should be familiar with the *Physician Order/Severe Allergy Action Plan* of students in their camp and respond to emergencies as per the emergency protocol for children with identified allergies.
- It is strongly encouraged that Camps refrain from holding cooking or food related camps in the school classrooms and using classroom kitchen equipment to prevent cross contamination and potentially life-threatening allergic reactions once students return to the classroom.

## **V. Emergency Procedures**

### **A. Response to Emergency**

The effective management of a serious life-threatening allergic reaction depends on the timely administration of epinephrine. In the CDC's "Voluntary Guidelines for Managing Food Allergies in Schools," the recommended response to suspected anaphylaxis is to administer epinephrine immediately. The guidelines state "the risk of death from untreated anaphylaxis outweighs the risk of adverse side effects from using epinephrine in these cases." Delays in using epinephrine have resulted in near-fatal and fatal food allergy reactions in schools.

School health clinic staff and APS school staff are trained in the emergency management of severe life-threatening allergic reactions. The following is the emergency management plan for a student believed to be having a severe life-threatening allergic reaction: Upon report of a student's exposure to a known allergen or the appearance of major signs and symptoms that may be a life-threatening allergic reaction in a previously undiagnosed student, the following will be done:

1. Obtain epinephrine. If student has an order, review the order. Otherwise, the standing orders for epinephrine administration will apply for the administration of stock epinephrine.
2. Trained staff member will administer epinephrine.
3. Call 911 and notify school administration.
4. Contact parent.
5. Remain with student.
6. If after 5 minutes, symptoms reappear or continue, administer a second dose of epinephrine.
7. School administration will meet EMS at school entrance and escort to student location.
8. School administration will accompany student to emergency care facility (if parent and/or guardian is not present at school).
9. Student should be transported by EMS. The student should not remain in school.

Continuous observation is necessary to ensure reaction does not reoccur or progress. This cannot be provided in the school setting.

### **B. Follow-up/Investigation of Exposure Incident**

School administrators will work with the PHN and other appropriate school staff to obtain as much accurate information as available about the exposure and the response from staff members who were involved.

This information should include:

1. Source of exposure.
2. Review the *Physician Order/Severe Allergy Action Plan*, and if there is no current plan, begin the process to develop one.



3. Amend the student's *Physician Order/Severe Allergy Action Plan* if needed and notify staff of changes.
4. Make arrangements with the parent to replace the used epinephrine auto-injector.
5. If APS stock epinephrine was administered, contact the school clinic to replace the used epinephrine auto-injector.

### **C. Student's Return to School**

Parents should follow up with school clinic staff to provide information about any changes in the student's plan of care.

## **Appendix A: Responsibilities of Specific Individuals**

### **Parent Responsibilities**

Parents are their children's first teachers. It is important for parents to educate their children about his or her allergy. It is also important for the parent to form a partnership with the school and communicate information received from the child's physician; preferably a board-certified allergist. Preparing, role-playing, and practicing procedures in advance will help everyone feel prepared in an emergency.

- Contact the public health nurse (PHN) in your school and complete an Individualized Health Care Plan (IHCP) including the proper forms – *Physician Order/Severe Allergy Action Plan* and *Screening Questionnaire for Severe Allergies*, before the school year begins (or immediately after a diagnosis).
- Provide up-to-date epinephrine auto-injectors to the school clinic. Depending on the healthcare provider's orders, be willing to provide more than one epinephrine auto-injector.
- Update any changes in your child's health status.
- Consider providing a medical alert bracelet for your child.
- Consider providing non-perishable emergency food to keep in school.
- Be willing to go on your child's field trips if possible.
- Be willing to work with your child's classroom teacher to plan for special events and field trips.
- Arrange to meet or communicate with your child's teachers, extended day supervisors and/or coaches before the start of the school year.

### **Periodically teach the student to:**

- Recognize the first symptoms of an allergic and/or anaphylactic reaction.
- Know where the epinephrine auto-injector is kept and who has access to the epinephrine auto-injector.
- Promptly inform an adult as soon as accidental exposure occurs or symptoms appear.
- Carry and administer his or her epinephrine auto-injector when appropriate, and if the epinephrine auto-injector is used, report the incident to the appropriate school staff members.
- Never share snacks, lunches, or drinks.

- Read product labels and be aware of the probability of cross-contamination.
- Understand the importance of hand washing before and after eating.
- Advocate for health needs and voice concerns to responsible adults.
- Report teasing, bullying, and threats to any adult authority.
- Take as much responsibility as possible for avoiding allergens.

### **School Administrator/Designee Responsibilities**

- Support faculty, staff and parents in implementing all aspects of the APS Food Allergy Guidelines.
- Coordinate with the public health nurse (PHN) to provide staff training and education annually on:
  - Foods, insect stings, medications, latex as allergens
  - Prevention procedures
  - Emergency procedures
  - How to administer an epinephrine auto-injector in an emergency
- Designate at least two staff members in the building to act as Principal Designees in the absence of the school clinic staff.
- Ensure that trained staff members are available on field trips.

### **Classroom Teacher Responsibilities**

- Participate in annual allergy prevention and awareness training.
- Check the Student Information System (SIS) – Synergy, for medical notifications for students in your classroom. Understand the *Physician Order/Severe Allergy Action Plan* of students in the class and respond to emergencies as per the emergency protocol for children with identified allergies.
- Foods containing allergens specific to a student should not be used in classrooms of students with food allergies.
- If a student brings a restricted food for snack, implement proper safety procedures to manage the snack and prevent cross-contact.
- Use non-food treats/items for birthday celebrations.

- Inform students, volunteers, special teachers, student teachers, and substitute teachers of classroom's food allergies and necessary safeguards.
- Inform parents of any school events or projects where food is involved.
- Do not allow students to trade or share any food, including snacks.
- Participate with any planning necessary for student's re-entry to school after an anaphylactic reaction.
- Always and immediately act if a student reports signs of a possible allergic reaction. Students who may be having an anaphylactic reaction should never be sent home on the bus.
- Ensure students to wash their hands before and after eating (see APS School Board Policy Implementation Procedure I-10.30 Support for Students – Wellness/hand washing guidelines).
- Be aware of how the student with food allergies is being treated. Enforce school rules about bullying and threats. Encourage supportive and positive interactions between children.
- Be a role model by respecting the needs of children with food allergies.

**Optional and/or at Parent Request**

- Send home a letter at the beginning of the year (or when needed during the year) to all families informing them of the need to support an allergen-free classroom, as necessary. Ask that all parents not send in food items for snack or containers for projects that contain allergens, which may cause a reaction. The individual student(s) with food allergies should not be identified in writing or verbally to parents or students.
- Post an allergy sign directly outside of the classroom.
- Use non-food incentives for prizes, gifts, and awards (see suggested list).
- Consider designated allergy-friendly seating arrangements, as necessary.
- Consider eating situations on field trips and plan for prevention of exposure to food allergens for susceptible students.
- Discourage the use of food allergen classrooms for other after-school activities, meetings and groups.

## **Public Health Nurse (PHN) Responsibilities**

- Work with parents to complete an Individualized Health Care Plan (IHCP) including the proper forms – *Physician Order/Severe Allergy Action Plan* and *Screening Questionnaire for Severe Allergies*, before the school year begins.
- Review the *Physician Order/Severe Allergy Action Plan* to ensure that the student’s name, photo, allergens, symptoms of allergic reactions, risk reduction procedures, emergency procedures and required signatures are in place. Note: *Physician Order/Severe Allergy Action Plans* are updated annually or when the student’s needs change. It is the parent’s responsibility to provide the clinic staff with updates to changes in the student’s condition.
- Coordinate with the school administrator to arrange a team meeting to communicate the plan to staff who come in contact with the student with allergies. This may be through the 504 process.
- Based on physician’s authorization, assess the readiness of the student to carry and self-administer the epinephrine auto-injector or other medications.
- Alert teachers to the student’s condition through a medical notification in the Student Information System (SIS) - Synergy. In addition, the PHN may meet with staff who have routine contact with the student and review the emergency response plan and risk reduction strategies. Other staff members who have contact with students with life-threatening allergies should also be made familiar with a student’s condition. This includes providing cafeteria/lunch room staff and extended day staff with this information.
- Provide staff training including an overview of severe life-threatening allergies, anaphylaxis, and the role of school staff in supporting students with allergies. This information is also available online through Canvas.
- Additionally, the PHN will instruct school staff on the use of an epinephrine auto-injector and provide staff with the opportunity to practice and demonstrate the skill using a training device.
- Track in-service attendance of all school staff that have been trained.
- Store epinephrine auto-injectors in a labeled area that is unlocked.

## **School Health Aide Responsibilities**

- Contact public health nurse (PHN) upon receipt of epinephrine and/or *Physician Order/Severe Allergy Action Plan*.
- Review and sign *Physician Order/Severe Allergy Action Plan* for students and be familiar with student plans.

- Attend and complete anaphylaxis and epinephrine administration training annually.
- Store epinephrine auto-injectors in a clearly marked area that is unlocked.
- Monitor epinephrine auto-injectors for expiration dates and notify parents when epinephrine auto-injectors are expiring.
- Reorder stock epinephrine from School Health Bureau Administrative Technician as needed.
- Package epinephrine auto-injector and antihistamine as necessary for field trips. Have teacher sign the medication in and out.
- Notify parents to pick up medications at the end of the school year and inform parents about forms for the upcoming school year. Medications will be disposed of one week after a notice for pickup has been sent by the school health aide (SHA).

### **Student Responsibilities**

The amount of responsibility students take for managing their own food allergies depends largely upon age and maturity. It is important to remember that younger students require more support and oversight from responsible adults as they learn to manage their food allergies in various settings. In most cases, it is best practice to encourage and assist students to become educated and competent in their own care. Parents and students should consult with their physician to determine if a student is prepared to carry their epinephrine auto-injectors.

- Take as much responsibility as age-appropriate for avoiding allergens.
- Do not share food.
- Wash hands before and after eating.
- Learn to recognize symptoms of an allergic reaction.
- Promptly inform an adult as soon as accidental exposure occurs or symptoms appear.
- Take more responsibility for your allergies as you get older.
- When able, always carry epinephrine auto-injectors.
- Advocate for health needs and voice concerns to responsible adults.
- Report teasing, bullying and threats to any adult authority.



# **APPENDIX B**

## **Forms**



# Physician Order/Severe Allergy Action Plan

Place Child's  
Picture Here

Student's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Grade: \_\_\_\_\_

## ALLERGIC

TO: \_\_\_\_\_  
Asthmatic Yes\*  No  \*Higher risk for severe reaction

## STEP 1: TREATMENT (This section to be completed by authorizing physician)

### Symptoms:

- If exposure to allergen (e.g., sting, food ingested), but has no symptoms  Epinephrine  Antihistamine

### Give Checked Medications

### MILD SYMPTOMS

- Mouth Itchy runny nose, sneezing  Epinephrine  Antihistamine
- Skin A few hives, mild itch  Epinephrine  Antihistamine
- Gut Mild nausea/discomfort  Epinephrine  Antihistamine

### SEVERE SYMPTOMS - Potentially Life-Threatening

- Throat Tightening of throat, hoarseness, hacking cough
- Lung Shortness of breath, repetitive coughing, wheezing
- Heart Weak pulse, faint, pale, blue, dizzy
- Gut Repetitive vomiting, severe diarrhea
- Skin Many hives over body, widespread redness
- Other \_\_\_\_\_



**INJECT  
EPINEPHRINE  
IMMEDIATELY**

The severity of symptoms can quickly change. When both Epinephrine and Antihistamine are checked, **Epinephrine will be given first**. Antihistamine or other med given only if student alert and able to swallow.

### DOSAGE

**Epinephrine:** Inject intramuscularly (**check one**)  Epinephrine 0.15mg  Epinephrine 0.3 mg

**Antihistamine:** give \_\_\_\_\_ **Other:** give \_\_\_\_\_  
Medication/dose/route Medication/dose/route

**Physician's Signature** \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **\*End Date:** \_\_\_\_\_  
(Required)

Physician's name (printed) \_\_\_\_\_ Phone \_\_\_\_\_ Fax number \_\_\_\_\_

**This student is both capable and responsible to self-administer the Epinephrine. This student may carry his/her Epinephrine:**

Physician's Signature and Date	Parent Signature and Date	Student's Signature and Date
--------------------------------	---------------------------	------------------------------

FOR STAFF ONLY: Signing here indicates that the medication review has been completed.

\_\_\_\_\_  
SHA Signature and Date Name of PHN Contacted by Phone & Date PHN Signature and Date  
Please note: This form replaces the *Health Alert, Severe Allergy* form and the use of *Authorization for Medication* for severe allergy medication orders only. Revised 6/15

TURN FORM OVER

*Students with conditions that may substantially impact school functioning (including medical or psychological conditions) may be eligible for accommodations under federal laws, specifically Section 504 of the Rehabilitation Act. Students or parents who are concerned that a diagnosed condition may interfere with the student's ability to access or participate in school activities should discuss their concerns with a school administrator.*

## **STEP 2: EMERGENCY CALLS (To be completed by parent/guardian)**

1. **Call 911.** State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. **Call Parent/Guardian** or Emergency contact(s):

<b>Name/Relationship</b>	<b>Phone Number(s)</b>	
a. _____	1. _____	2. _____
b. _____	1. _____	2. _____
c. _____	1. _____	2. _____

**EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!**

*I hereby authorize Arlington Department of Human Services and Arlington Public Schools personnel, including unlicensed persons, to give the medication described above as directed by this authorization. I agree to release, indemnify, and hold harmless Arlington Public Schools, Arlington Department of Human Services, Arlington County, and any of its officers, staff members, or agents from any lawsuit, claim, expense, demand, or action, etc., against them arising out of or in connection with assisting this student by administration of this medication to him/her as requested by the parents, including any adverse effects to the medication.*

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

\*Order form good for one school year including Summer School.

**Medication expiration dates:** \_\_\_\_\_

FOR STAFF ONLY: Signing here indicates that the medication review has been completed.

\_\_\_\_\_  
SHA Signature and Date                      Name of PHN Contacted by Phone & Date                      PHN Signature and Date  
Please note: This form replaces the *Health Alert, Severe Allergy* form and the use of *Authorization for Medication* for severe allergy medication

## SCREENING QUESTIONNAIRE FOR SEVERE ALLERGIES

Student's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's date: \_\_\_\_\_

Grade \_\_\_\_\_ School: \_\_\_\_\_ Public Health Nurse's phone number: \_\_\_\_\_

Please answer the questions as completely as possible and return to the Public Health Nurse in the clinic of your child's school. **If you have any questions or concerns, or if you would rather discuss these questions by phone, please call the Nurse at the phone number above.**

1. What is your child allergic to? Please list all allergies: \_\_\_\_\_
2. What happens when your child has an allergic reaction? \_\_\_\_\_
3. When did your child have his/her first allergic reaction? \_\_\_\_\_
4. Date of most recent allergic reaction? \_\_\_\_\_ Describe what happened? \_\_\_\_\_

\_\_\_\_\_

What medication(s) was (were) given for the reaction? \_\_\_\_\_

5. Has your child had any of the following reactions?

Mouth	Itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Skin	Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gut	Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Throat	Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lung	Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart	Thready pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> Yes	<input type="checkbox"/> No

6. Has your child ever been treated in the emergency room for a severe allergic reaction?  Yes  No  
If yes, when \_\_\_\_\_
7. Has your child ever been prescribed an Epi-Pen?  Yes  No Does s/he have an EpiPen now?  Yes  No
8. Do you have a regular doctor that you see for your child's allergy?  Yes  No  
If yes what is the doctor's name? \_\_\_\_\_ Phone Number \_\_\_\_\_
9. Do you have health insurance?  Yes  No If yes, what kind \_\_\_\_\_

**Please note: For any allergy medication to be used at school, there must be a *Physician Order / Severe Allergy Action Plan* form completed each school year and kept in the clinic. This includes EpiPens carried by students. Please find form attached.**

*Students with conditions that may substantially impact school functioning (including medical or psychological conditions) may be eligible for accommodations under federal laws, specifically Section 504 of the Rehabilitation Act. Students or parents who are concerned that a diagnosed condition may interfere with the student's ability to access or participate in school activities should discuss their concerns with a school administrator.*

**I give permission for this information to be shared with teachers, administrators, and/or other school staff if it is needed for my child's care or safety at school.**

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

\_\_\_\_\_  
Date

## CUESTIONARIO SOBRE LAS ALERGIAS SEVERAS

Nombre del estudiante: \_\_\_\_\_ Fecha de Nac: \_\_\_\_\_ Fecha de hoy: \_\_\_\_\_

Grado \_\_\_\_\_ Escuela: \_\_\_\_\_ Enfermera de Salud Pública/Teléfono: \_\_\_\_\_

Por favor conteste las preguntas de la forma más completa posible y devuelva a la Enfermera de Salud Pública en la clínica de la escuela de su hijo/a. **Si tiene preguntas o preocupaciones, o si prefiere discutir las preguntas por teléfono, por favor llame a la Enfermera al número mencionado arriba.**

1. ¿A qué es alérgico su hijo/a? Por favor escriba todas las alergias: \_\_\_\_\_

2. ¿Qué pasa cuando su hijo/a tiene una reacción alérgica? \_\_\_\_\_

3. ¿Cuándo tuvo su hijo/a su primera reacción alérgica? \_\_\_\_\_

4. Fecha de la reacción alérgica más reciente \_\_\_\_\_ Describa lo que pasó? \_\_\_\_\_

5. ¿Qué medicamento(s) le dieron para la reacción? \_\_\_\_\_

6. ¿Ha tenido su hijo/a alguna de las siguientes reacciones?

Boca	Picazón, hormigueo, o inflamación de los labios, lengua, boca	<input type="checkbox"/> Sí	<input type="checkbox"/> No
Piel	Ronchas, sarpullido, inflamación de la cara ó de extremidades	<input type="checkbox"/> Sí	<input type="checkbox"/> No
Entrañas	Náusea, dolor abdominal, vómito, diarrea	<input type="checkbox"/> Sí	<input type="checkbox"/> No
Garganta	Apretazón de garganta, ronquera, tos seca	<input type="checkbox"/> Sí	<input type="checkbox"/> No
Pulmones	Dificultad respirando, tos constante, estridor	<input type="checkbox"/> Sí	<input type="checkbox"/> No
Corazón	Pulso débil, presión baja, desmayos, palidez y/o color azulado	<input type="checkbox"/> Sí	<input type="checkbox"/> No

7. ¿Ha sido su hijo/a alguna vez tratado/a en la sala de emergencia por una reacción alérgica severa?  Sí  No

Si la respuesta es sí, cuando \_\_\_\_\_

8. ¿ Le han prescrito a su hijo/a alguna vez EpiPen?  Sí  No Tiene el/ella un EpiPen ahora?  Sí  No

9. ¿Tiene un médico de cabecera que ve a su hijo/a para su alergia?  Sí  No

Si la respuesta es sí, ¿cuál es el nombre del médico? \_\_\_\_\_ Teléfono \_\_\_\_\_

9. ¿Tiene seguro de salud?  Sí  No Si tiene, ¿qué tipo? \_\_\_\_\_

**Nota: Para cualquier medicina que se dé en la escuela, debe de haber una Orden Médica/Plan de Acción para Alergias Severas que debe ser completada cada año escolar y mantenida en la clínica de la escuela. Esto incluye EpiPens que llevan los estudiantes consigo. El formulario va adjunto.**

**Doy mi permiso para que ésta información sea compartida con los maestros, administradores, y/ú otros empleados si es necesario para el cuidado o seguridad de mi hijo/a en la escuela.**

\_\_\_\_\_  
Firma del Padre/Encargado/Tutor

\_\_\_\_\_  
Fecha

## Appendix C: Sample Letters

### Teacher Letter to Classroom Parents

SCHOOL LETTERHEAD

Date

Dear Parents:

This year your child will be sharing a classroom with students who have life-threatening food allergies to the following foods:

**INSERT ALLERGENS HERE (IE:)**

- Peanuts
- Tree Nuts
- Eggs

Even the residue of certain foods contacted through the skin, eyes, nose and mouth can elicit a life-threatening reaction for these children.

To provide a safe learning environment and allow all of our students to participate fully in class activities, we are asking that you do not send in any food products to be consumed in the classroom that either contain or may contain these items. Since lunch is eaten in the cafeteria, your child may bring in food with these items for lunch.

There are many snack options available that do not contain these allergens. If you would like assistance and resources to help you select safe snacks for the classroom, please feel free to contact me directly and we can provide additional information.

Thank you very much for your cooperation in providing a safe environment for all of our students.

Sincerely,

Principal and/or Classroom teacher

## **Notice to Substitutes/Volunteers**

Dear Substitute,

Arlington Public Schools prohibits using food as a reward in classrooms. Many classes have student/s with health issues such as asthma, obesity, food allergies, celiac disease, and diabetes. To encourage wellness and to provide a safe environment for all students, especially those with life-threatening food allergies, we ask that you not buy or give any food, including candy and gum, to students in your care.

Thank you for your cooperation in this matter,

Principal and/or Classroom Teacher

## **Classroom Food Allergy Management Guidance for Substitutes**

Dear Substitute,

We have [two] students with severe food allergies in this classroom. Please see the attached health alerts for student names. In order to keep these children safe, [tree nuts and peanuts] are not permitted in the classroom. Also, please refrain from giving any of the children food or candy. If one of the children with food allergies reports feeling ill, you should send them immediately to the nurse's office. If a student with food allergies ingests one of their allergens or if they experience symptoms of an allergic reaction (trouble breathing, hives, swelling and redness, vomiting, etc), you must request immediate assistance.

Thank you for your cooperation in this matter,

Principal and/or Classroom Teacher

## **Notice to Special Staff**

Dear Special (Art, Music, etc.) Teacher,

Please note the following student(s) with severe food allergies is/are scheduled to be under your supervision this year. In order to provide a safe learning environment, food and/or candy is not permitted during your instructional time. However, please note that delayed reactions are a possibility – especially for students under your care after lunch or snack times. Any indication or symptom of a mild or severe reaction (hives, difficulty breathing, stomach pains) requires immediate medical attention and the assistance of the clinic staff. In addition, please carefully read and familiarize yourself with the attached health alert(s).

- Student Name, Teacher/Grade – Day of Week, Time
- Jane Smith, Mrs. Green/3<sup>rd</sup> – Tuesday, 1:15 pm

Additional notes:

Thank you for your cooperation in this matter,

Principal and/or Classroom Teacher

# APPENDIX D

## Sample Classroom Signs



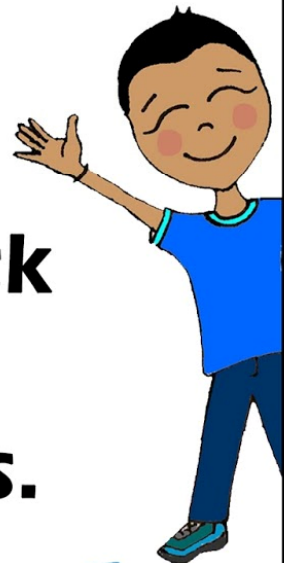


# **We are a Food Allergy Aware Classroom**

**Please ask the teacher  
about our birthday  
treat policy.**



**Please do not  
share your snack  
or lunch with  
your classmates.**



**Please wash hands.**

**Clean hands help you to stay healthy  
and keep your friends safe.**

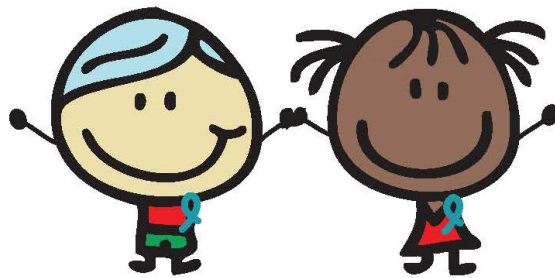
**Thank You!**

[www.thrivingwithallergies.blogspot.com](http://www.thrivingwithallergies.blogspot.com)

# Be A PAL<sup>®</sup>

## Protect A Life

### From Food Allergies



Stephen is allergic to milk. Olivia is Stephen's PAL.

### Here is how you can Be a PAL<sup>®</sup>, too:

- Know that food allergies are very serious
- Don't share your food with friends who have food allergies
- Wash hands after eating
- Help all of your friends and classmates have fun together
- If a friend who has food allergies gets sick, get help right away



## Thanks for Being a PAL!



Thank You to Our Exclusive Be a PAL<sup>®</sup> Sponsor



# Appendix E: Epinephrine Administration Tutorial

## Epinephrine Administration (page 2 of 3)

Continued from page 15

- PLACE Student on their back with their feet elevated 6" - 12" (use whatever is nearby and stable to put under their feet)
- INFORM the Student that you are going to use the autoinjector
- CHOOSE which thigh to inject into, and MOVE any bulky clothing out of the way  
**NOTE:** the autoinjector will go through regular clothing, such as blue jeans, tights, skirt/dress, etc, but not a long heavy coat, snowpants, etc.
- IDENTIFY specific Autoinjector and follow instructions below

Does it look like this?



NO YES

- ADRENALINER (Generic or Regular).**
1. TWIST and pull apart the protective case to reveal the Autoinjector  
**NOTE:** Pictures of how to safely give the injection are included on the autoinjector
  2. PULL OFF both BLUE end caps
  3. IDENTIFY the RED tip of the Autoinjector – this is where the needle comes out
  4. GRASP the Autoinjector in your fist with the RED tip pointing downwards
  5. PUT the RED tip against the upper, outer thigh at a 90 degree angle (perpendicular to the thigh)  
**NOTE:** IF injecting into a young child, hold their leg firmly in place so they do not pull away during the injection process
  6. PRESS DOWN HARD (you should hear a “click” as the needle fires) and hold firmly in place for 10 seconds (count to 10 slowly)
  7. REMOVE Autoinjector from the thigh
  8. RUB the injection site for 10 seconds
  9. CHECK the red tip – you should see the needle sticking out. If you do NOT see the needle, repeat process starting at step 3.
  10. CONTINUE on page 17

Does it look like this?



NO YES

- Mylan EpiPen (Generic or Regular).**
1. REMOVE the autoinjector from the plastic carrying case  
**NOTE:** Pictures of how to safely give the injection are included on the autoinjector
  2. HOLD the auto-injector in your fist with the ORANGE tip pointing downward.
  3. With your other hand, REMOVE the blue safety release by pulling straight up without bending or twisting it.
  4. PUT the ORANGE tip against the upper, outer thigh at a 90 degree angle (perpendicular to the thigh)  
**NOTE:** IF injecting into a young child, hold their leg firmly in place so they do not pull away during the injection process
  5. PRESS DOWN HARD (you should hear a “click” as the needle fires) and HOLD in place for 3 seconds (count to 3 slowly)
  6. REMOVE autoinjector and RUB the leg where the injection occurred for 10 seconds.  
**NOTE:** CHECK to make sure the needle has retracted (is not visible). If the needle is still visible, DO NOT attempt to reuse it.
  7. CONTINUE on page 17

Does it look like this?



NO YES

- Auvi-O Epinephrine Injection**
1. REMOVE the autoinjector from the plastic carrying case. Voice commands will automatically begin.
  2. FOLLOW step-by-step voice commands:
    - “If having an allergic emergency, PULL red safety guard down and off.”
    - “PLACE black end against outer thigh.”
    - “PUSH firmly until you hear a click and hiss sound.”
    - “HOLD in place for 2 seconds.”
    - “2...1...Injection complete.”
  3. CONTINUE on page 17

- Different Epinephrine Autoinjector**
1. FOLLOW instructions on the autoinjector
  2. CONTINUE on page 17

## Appendix F: Alternative Celebration Ideas

### Suggested Alternative Celebration Activities/Ideas

#### Birthdays

##### *Elementary School Students:*

- ✓ Recognition during morning announcements and/or class meeting
- ✓ Special job assignment (line leader, teacher's helper, etc.)
- ✓ No homework pass/less homework
- ✓ Special seat at teacher's desk or next to a friend
- ✓ Picture with class
- ✓ Birthday book – each peer writes something nice about the student
- ✓ Fishbowl of prizes – student picks a pencil, small prize, etc.
- ✓ Class celebration – dance party or extra recess, etc.
- ✓ Teacher or parent reads special book picked by student
- ✓ “Show and Tell” – student shares favorite things, baby pictures, etc.

##### *Middle School Students:*

- ✓ Recognition during morning announcements and/or class meeting
- ✓ Homework pass/less homework
- ✓ Special seat at teacher's desk or next to a friend
- ✓ Picture with class
- ✓ Birthday book – each peer writes something nice about the student
- ✓ Fishbowl of prizes – student picks a pencil, small prize, etc.
- ✓ “Show and Tell” – student shares favorite things, baby pictures, etc.
- ✓ Permission to eat lunch outside

#### Student/Class Rewards

##### *Elementary School Students:*

- ✓ Express pass for lunch line
- ✓ Treasure chest – stickers, magnets, tattoos, etc.
- ✓ Designation as peer reader(s) to a younger class/student
- ✓ Extra time at recess
- ✓ Movie
- ✓ Theme day – wear pajamas, bring stuffed animal
- ✓ Game day
- ✓ Dance party

##### *Middle School Students:*

- ✓ Express pass for lunch line
- ✓ Treasure chest – stickers, magnets, tattoos, etc.
- ✓ Dance party
- ✓ Movie
- ✓ No homework pass

## Appendix G: APS Food Allergy FAQs

### FAQS

#### **1. What is a food allergy?**

A food allergy is an abnormal response to a food, triggered by the body's immune system. In individuals with food allergies, the immune system mistakenly responds to a food (known as the food allergen) as if it were harmful, triggering a variety of negative health effects.

#### **2. What is the difference between food allergy and food intolerance?**

Food allergies and food intolerances (or sensitivities) can have similar symptoms but are very different conditions.

- Intolerances, such as lactose intolerance and gluten intolerance, can cause someone to feel ill.
- Food allergies can not only make someone feel ill but can also cause a life-threatening reaction (called anaphylaxis).

#### **3. What is anaphylaxis?**

Anaphylaxis is defined as a serious allergic or hypersensitivity reaction that is rapid in onset and may cause death by threatening breathing and blood circulation. Symptoms may include difficulty breathing, low blood pressure (pale, loss of consciousness, weak pulse), skin symptoms (hives, rashes, especially around the mouth), swollen lips, or gastrointestinal symptoms (nausea, vomiting, cramping).

#### **4. What paperwork needs to be completed for a child with food allergies?**

Parents of children with food allergies should complete the *Physician Order/Severe Allergy Action Plan* and *Screening Questionnaire for Severe Allergies* and provide these to the public health nurse (PHN) at their school.

#### **5. Where will my child's auto-injectors and medications be kept?**

Medication is stored in an unlocked cabinet in the school health clinic, unless other arrangements have been made.

#### **6. Why is it important that children be taught not to share food with their friends?**

To prevent possible exposure to a food allergen.

#### **7. May a student carry his/her own auto-injector?**

Students may be permitted to carry and self-administer epinephrine if written authorization is obtained from the parent and physician and provided to the public health nurse (PHN).

#### **8. Will my child have the option of a nut-free classroom? Can my child be placed in a class with other students with food allergies?**

Classroom placement is worked out between the school and the parent.

**9. Why should my non-allergic child be subjected to food restrictions in his/her classroom?**

Unlike the cafeteria, classrooms do not mandate the same level of cleaning after snack. Despite best intentions, it is possible for a child eating in a classroom to spread the allergen to common surfaces and classroom materials, which becomes a potentially life-threatening risk for the child with food allergies in the classroom. Children with food allergies should have a safe academic environment where they can focus on learning and not worry about food allergen exposure.

**10. How are school celebrations (birthdays, holidays, etc.) handled with regards to food consumption?**

Non-food treats and activities are encouraged for school celebrations.

**11. What happens when a student with food allergies goes on a field trip?**

A few days prior to the field trip, the teacher will send home two forms for the parent to fill out:

- Parental Authorization for Field Trip
- Student Field Trip Emergency Contact Information and Medical Authorization

Parents should fill out these forms completely. The parent can also request a bagged lunch free of the student's allergens from Food Services. The teacher and the school clinic staff will ensure that the teacher has each student's emergency medicines (auto-injector, Benadryl, etc.), emergency contact/medical information, as well as stock (generic) epinephrine. When the class gets back from the trip, the teacher returns all medications to the school health clinic.

**12. Have my child's teachers received training on auto-injector administration and food allergy awareness?**

Yes, school staff is trained annually by public health nurses (PHNs) in auto-injector administration and food allergy awareness.

**13. Who monitors what students with food allergies buy to ensure that it is safe for that student?**

Parents can review the school menus for allergy information at [apsva.nutrislice.com](http://apsva.nutrislice.com). Food services can also be contacted at 703-228-6133 with specific concerns regarding food allergies and ingredients.

**14. Are bus drivers aware of and trained on recognizing and treating allergic reactions?**

Bus drivers receive annual training on recognizing emergency situations. However, they are not trained to provide treatment. If there is an emergency on a bus, the driver will notify the dispatcher by radio. The dispatcher in turn will call 911.

## **Appendix H: APS Hand Washing Guidelines**

### **Hand Washing Guidelines**

The APS Hand Washing Guidelines are detailed below and in the Policy Implementation Procedures (PIP) I-10.30 Support for Students - Wellness.

Arlington Public Schools staff and students will be asked to utilize safe, personal hygiene and cleanliness practices to reduce the spread of bacteria, viruses, and other pathogens. Students and staff shall have access to hand washing and/or sanitizing equipment that meets the specifics listed below.

#### **Hygiene: Hand Washing**

The following practices have been established to reduce the spread of bacteria and viruses, such as the flu, the common cold, Norovirus, and Hepatitis A. Arlington Public Schools discourages the use of antibacterial soaps or products for hand washing.

##### **a. Hand Washing Procedures:**

- 1) Wash hands using soap and warm water, if possible;
- 2) Wet hands and apply soap. Vigorously rub hands during washing for at least 20 seconds with special attention paid to the backs of the hands, wrists, between the fingers and under the fingernails;
- 3) Rinse hands well; and,
- 4) Completely dry hands with a single-use towel or a warm air dryer.

##### **b. Proper hand washing should be done by all staff and students in Arlington Public Schools at the following times:**

- 1) Upon arrival at school
- 2) After using the bathroom or helping a student to use the bathroom
- 3) After blowing one's nose or helping a student with their nose
- 4) After coughing and sneezing, if using hand to cover mouth/nose
- 5) Before and after snack, lunch, or handling food or utensils
- 6) After coming in from outside play

- 7) Before and after helping with first aid care
- 8) After handling any items that may be soiled with bodily fluids or waste

c. Use of Hand Sanitizers:

- 1) Hand sanitizers may be used in place of hand washing when access to soap and hand sinks are not available. Only hand sanitizers containing 60-90% ethyl alcohol or isopropanol in concentration with equivalent sanitizing strength may be used as an adjunct to proper hand washing\*
- 2) Apply the product to the palm of one hand (read the label to learn the correct amount);
- 3) Rub hands together; and,
- 4) Rub the product over all surfaces of hands and fingers until hands are dry.

\*Hand sanitizers may not be effective in removing certain allergens, including peanut allergens, and may instead spread them.



## Appendix I: References

### References

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