

# **Management and Support of Students With Severe Allergies in Arlington Public Schools**

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## Foreword

Sending a child off to school can be a thrilling yet stressful rite of passage for many parents. Will my child make friends? Will he/she do well academically? Will he/she be safe? The last question takes on significant meaning for parents of children with life-threatening food allergies.\* The stress of transferring responsibility to another adult can seem overwhelming – especially if the child is too young to properly advocate for him/herself. Even when the child matures in the later years of middle and high school, new challenges emerge.

Arlington Public Schools (APS) aims to provide a safe, academically enriching, and socially accepting setting for all students. The following guidelines specifically address the needs of students who live with life-threatening food allergies. All APS schools are encouraged 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, these guidelines stress the avoidance of 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 giving all our students the confidence 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 “Management and Support of Students With Severe Allergies in Arlington Public Schools” was created. This manual is a collaborative effort between Arlington Public Schools (APS), parent volunteers serving on the APS School Health Advisory Board (SHAB) and the Arlington County-School Health Bureau. Its purpose is to set uniform and consistent APS-wide 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 voluntarily modeled after these national guidelines as well as those currently used by our neighboring school systems of Fairfax and Loudoun Counties. In addition, our guideline 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 in signs and symptoms of anaphylaxis and epinephrine administration. This training is critical in 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.

## **D. Emotional Impact/Bullying**

Many studies have shown that food allergies have a significant effect on the psychosocial well-being of children with food allergies and their families. Food allergy bullying is a growing problem in schools across the country. About a third of kids with food allergies report that they have been bullied specifically because of their allergies.

Parents of a child with a food allergy may have constant fear about the possibility of a life-threatening reaction and stress from the constant vigilance needed to prevent a reaction. They also have to trust their child to the care of others, make sure their child is safe outside the home, and help their child have a normal sense of identity.

Children with food allergies may also have constant fear and stress about the possibility of a life-threatening reaction. The fear of unknowingly ingesting a food allergen can lead to coping strategies that limit social and other daily activities. They may also have anxiety and distress caused by teasing, taunting, harassment, or bullying by peers, teachers, or other adults. School staff must consider these factors while developing plans for managing food allergy risks.

### **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* (<http://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.

It is recommended that parents 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.

Parents may wish 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**

- Complete the *Physician Order/Severe Allergy Action Plan Form* before your child begins school.
- 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.
- Consider working with your school's PHN to create an IHCP for your child.

## **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. 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 updated 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 a PHN. In most cases, this is accomplished using the *Physician Order/Severe Allergy Action Plan Form* and the *Screening Questionnaire for Severe Allergies*. The IHCP documents a specific student's health needs and outlines specific health outcome expectations and plans for achieving these expectations. The use of an IHCP is standard practice for schools with a full-time or part-time registered nurse and it is commonly used to document the progress of children with an identified chronic condition such as food allergies. The IHCP helps registered nurses manage the risk of food allergies, prevent allergic reactions, and coordinate care with other staff (such as food service staff) and health service providers outside the school.

### **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 in which the student can eat meals. To learn more about the 504 Plan process in Arlington Public Schools, please contact the Office of Student Services (<http://www.apsva.us/Page/2771>).

## 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 more opportunity 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. In addition, 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
- Specials (Physical Education, Music, etc.)
- 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 (Carnivals, Sock Hop, etc.)
  - PTA Enrichment and Clubs
  - Extended Day

## A. Classrooms

- Teachers must be familiar with the *Physician Order/Severe Allergy Action Plan* of 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 consumed in classrooms of students with food allergies.
- Sharing or trading food in the class will not be allowed.
- Non-food treats should be used for birthday celebrations.
- 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 ensure there are proper safety procedures to manage that snack and prevent cross-contact.
- If an event has been held in the classroom the night before, tables and desks should be cleaned in the morning. When possible, events and after-school activities should not be held in rooms where a child with a food allergy is a student.
- Proper hand washing techniques by adults and students should be taught and reinforced before and after meals at the elementary level. Hand sanitizer kills germs but 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 an 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.

## **B. Specials (Physical Education, Music, Recess, Reading, etc.)**

- 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 must meet the same expectations as those for 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.

## **C. 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.
- 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 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.

#### **D. Transportation – School Bus**

- 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 accommodation.
- Bus drivers must not give students food or drink. Only non-food rewards should be used with students.
- School bus drivers shall be trained in risk reduction procedures, recognition of allergic reaction, and implementation of bus emergency plan procedures.
- 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.
- If food is consumed on a school bus being used for a field trip or other activity, chaperones are responsible for wiping down all seats using proper decontamination procedures before the bus is placed in regular service.

## **E. 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 <http://www.apsva.us/Page/2456>.
- 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.

## **F. Lunch Room**

- Parents may request special seating accommodations in the lunch room in the student's IHCP or 504 Plan.
- After each lunch session ends, all tables and benches where students with food allergies sit should be thoroughly cleaned according to established table cleaning procedures.
- 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.
- Lunch room monitors should intervene quickly to prevent unsafe practices such as food sharing and bullying of students with food allergies.
- The clinic must be notified immediately by walkie-talkie or phone if a food-allergic student indicates that he/she does not feel well.

## **G. 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 be encouraged to wash their hands before and after consuming food. Please see the APS Hand Washing Policy in Appendix H.

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

### **Sports**

- After-school activities sponsored by the school must be 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 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 (Carnivals, Bingo Night, etc.)**

- 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.
- 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**

- Extended Day activities 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 staff is trained annually in medication administration.
- 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.
- 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.

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

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

The school public health nurse (PHN) and school staff will 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. If the allergy is to a food product, determine if the food was provided by school food service. Request the assistance of food service staff members to determine the food served and ingredients.
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. If stock epinephrine was administered, contact the School Health Bureau administrative technician to replace the used epinephrine auto-injector.

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

At the request of the parent and in collaboration with the school administration, the PHN can meet with the student and staff members involved to review the response and identify any changes that may need to be made to reduce the risk of reoccurrence and provide reassurance about the student's safety.