

Lincoln Akerman School's Food Allergy Management and Prevention Plan

Food Allergies

It is estimated that 8% of children in the United States have food allergies and that 2 children in every classroom of 25 children have food allergies (Rance and Goldbery, 2013). The incidence of food allergies is increasing with the cause poorly understood. Anaphylaxis is the most common type of reaction seen in emergency rooms or health clinics. Over 170 foods have been identified as triggering a reaction; however, eight are most common. These foods include peanuts, tree nuts, milk, egg, soy, shellfish, fish and wheat. Aside from peanut, tree nut and shellfish, many food allergies are outgrown.

A food allergen is a substance within a food which the body recognizes as harmful and therefore triggers production of an antibody known as IgE. When an offending food is introduced to the allergic person, the body produces IgE, which then triggers cells to release a substance called histamine. Histamine release can affect multiple organ systems in the body including the respiratory, circulatory, gastrointestinal, integumentary (skin) and lead to life threatening reaction called anaphylaxis. This reaction is best treated by epinephrine injection, most often found in the form of an EpiPen or EpiPen Jr.

Due to the increased incidence of food allergies among school aged children, Lincoln Akerman School included, it is critical that staff have an understanding of food allergies, recognize the symptoms which may suggest a reaction, and be clear about steps involved in an emergency situation. Most importantly we need to be constantly vigilant of our students with food allergies, help to maintain the safest environment possible with the focus on preventing a life threatening food allergy. To achieve this, close partnership between families, staff and medical providers must be established.

Ensuring the Daily Management of Food Allergies for Individual Children

- Lincoln Akerman School is an "Allergy Aware" school. We take food allergies very seriously and strive to provide the safest environment possible for our students with life threatening food allergies. We cannot guarantee, however, that classrooms are nut free spaces. It is impossible to know for certain that library books being returned have not been contaminated by a food protein or hands playing a musical instrument are not contaminated. Children are encouraged throughout the day including before and after meals to wash hands with soap and water. This is not a guaranteed practice during the school day. Hand wipes are available at both snack and lunch, access to bathrooms is always available and hand sanitizer is placed in each classroom, although this is known to not remove nut protein from skin.
- When a parent informs the school of his/her child having a food allergy, the parent is asked to speak with the school nurse so that additional information may be gathered. This information includes a past medical history, history of food allergy reactions, whether epinephrine has ever

been needed, whether the child has a history of asthma, which significantly increases the risk of a fatal reaction, name of allergist or suggestion that child become established with an allergist if not already done.

- Paperwork is completed including an Allergy Action Plan on which is an updated picture of the child and is signed by both the parent and physician. A copy of this action plan is distributed to all teachers, including specialists, to whom which the child comes into contact. The Food Service Director also receives the Allergy Action Plan.
- Parents are asked to sign a permission slip for exchange of medical/allergy related information with the pediatrician.
- The parent has a choice of implementing a Section 504 Plan or an Individualized Health Care Plan for their food allergic child. Their preference is documented in writing and the appropriate plan is then drafted, with at least annual meetings as required for a Section 504 Plan.
- Emergency medication including an Epipen appropriate for child's body weight as well as antihistamine, either in liquid or rapidly dissolvable form is kept in the Health Office. If the parent chooses, the child is allowed to carry a pouch in which his/her emergency medications are stored. The parent and child need to determine to where the pouch should be carried throughout the school day. If it is to travel to recess and meal time, the pouch needs to be in the hands of a recess monitor during recess, not on the child. The pouch is then returned to the child upon re-entry into school for snack/lunch.
- The parent may choose to have the child sit at a nut free table during snack/lunch. This table is wiped down after use. The table is always available at meal time should a food allergic child choose to sit.
- Should the parent choose to not have their child sit at the nut free table or carry a pouch with emergency medication, that parent will be asked to sign the "Waiver of District Allergy Protocol".
- Any foods sent in from home for special snacks or celebrations are asked to be nut free. Labels are reviewed by the school nurse prior to food entry into classroom.
- The kitchen at Lincoln Akerman School is a nut free kitchen. Every food label entering the kitchen is examined by the Food Service Director and her staff and deemed safe so long as no nut products are included, the food is not processed in a plant that processes nuts or is potentially cross contaminated with nut product.
- The school nurse communicates with the YMCA School's Out program and ensures that food allergic children have access to his/her emergency medication. Epipen administration is reviewed with the staff member in charge.

- Coaches are provided with emergency medication, a copy of the child's Allergy Action Plan and EpiPen administration instruction. Hand wipes are also included in first aid kits for snack time.
- With regard to field trips, parents of allergic children are generally invited to attend the trips. There may be exceptions based on the trip or grade. Emergency medication and a copy of the child's Allergy Action Plan must go on all field trips. EpiPen administration is reviewed with the allergic child's teacher.
- There is no eating on the school bus. A copy of children with life threatening food allergies is provided to First Student Bus Company each year for bus driver awareness. The school nurse speaks to children on buses reinforcing this rule.
- The school nurse speaks with children in elementary grades about food allergies, the importance of not sharing food at school, not treating food allergic children any differently because of their allergy and hand washing technique.

Lincoln Akerman School is prepared for food allergy emergencies by demonstrating the following:

- The school nurse carries a two way radio/walkie talkie on her person throughout the school day. There is a walkie talkie in the main office as well as the cafeteria and playground during meal time and recess, respectively. All classrooms have intercom access into the main office, which is constantly staffed during school hours.
- Epinephrine for allergic students is stored in the Health Office, in unlocked drawers, each in individually labeled and sealed zip lock bags. A copy of the Allergy Action Plan is also included with the EpiPen.
- Treatment with Epinephrine should not be delayed. Articles on the subject have stressed the use of Epinephrine "first and fast". Should this medication be delivered, 911 will be called immediately.
- Should there be an instance where a child needs to be assessed and treated for a life threatening food allergy, a staff member will stay with the student until the school nurse arrives. If deemed necessary a "Code S" will be initiated. Members of this team include Mark Deblois, Ada MacDowell, Michele Corti and Whitney Nowak (school nurse). A teacher present will be directed to remove surrounding students from the scene. Via walkie talkie the office will be notified to call 911. The student will then be treated per his/her Allergy Action Plan with the parent being notified as well.
- In the event that a child without a known food allergy experiences his/her first reaction at school, the Health Office is stocked with both generic unassigned Epinephrine in both adult and child doses.

- All documentation of a food allergy reaction will take place in SNAP, a Health Office medical record system.

Staff at Lincoln Akerman School are prepared for food allergies and possible reactions as demonstrated by:

- All staff receives annual training on food allergies, how a child may describe a reaction, the difference between Epipen Jr and Epipen, what each looks like and administration of Epinephrine in the form of an Epipen. Trainer Pens are used for reinforcement. Refresher training occurs midyear and as necessary.
- The school nurse is in constant close contact with classroom teachers of food allergic children to ensure the classroom is as safe as possible, the teacher has a clear understanding of the child's allergy and plan, all food entering the classroom is nut free, and to reinforce hand washing for students.
- At Lincoln Akerman School, the school nurse is the person responsible for maintaining the health of all children. Food allergic children are not assigned to paraprofessionals for this matter and there is only one nurse present during the school day.

Children and Families are educated on food allergies as demonstrated by:

- A posting on the School Health website will have a copy of this Food Allergy Management and Prevention Plan so that all families are able access information on the management of food allergies at Lincoln Akerman School.
- The school nurse speaks with students in grades Kindergarten through 4th on the presence of food allergies in their grades, methods to keep school mates safe, hand washing and food bullying.
- A letter is sent home to families explaining that Lincoln Akerman School is an "Allergy Aware" school and that all special snacks sent in from home should be nut free and labels reviewed by the school nurse.

Lincoln Akerman School creates and maintains a healthy and safe educational environment as demonstrated by:

- Lincoln Akerman School is an "Allergy Aware" environment. The condition of food allergies is taken very seriously and staff works diligently to create the safest environment possible, yet are realistic in acknowledging that it cannot be guaranteed that there is no food residue on an individual's hands or items prior to entry into classrooms. For this reason, we do not post "Nut Free Classroom" signs outside room. We do however promote hand washing and provide constant access to a bath room for appropriate hand washing.

- The school kitchen is a nut free kitchen. Food labels on all foods entering the kitchen are read to ensure the food is safe and deliverable to a child with a nut allergy. A “Special Meals Prescription Form” is available should an allergic child require this documentation from his/her pediatrician.
- Should events occur in the school or gymnasium outside regular school hours, a “Kitchen Use Form” must be completed and signed by the group organizer. This form clearly states the rules of the kitchen including the fact the kitchen is a nut free space, and no foods should enter that contain nuts or are potentially cross contaminated by nuts.
- Lincoln Akerman School recognizes that children with food allergies are a potential target for food related bullying. We stand by the saying, “Caring Counts” and are extremely vigilant about potential bullying incidents, whether or not related to food allergies. Staff works hard to provide a caring, yet safe and supportive environment for all students.

References

Centers for Disease Control and Prevention. *Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs*. Washington, DC: US Department of Health and Human Services;2013.

Rance, K., Goldberg, P. (2013). Food Allergy in Clinical Practice, *The Journal for Nurse Practitioners*, 9, 187-196.

Rance, K. O’Laughlen, M. (2014), *Managing Food Allergies in Primary Care*, *The Clinical Advisor*, 53-60.