

## FOOD ALLERGY PROTOCOL

Kerby is dedicated to keeping students with food allergies safe in the school environment. There is no one way to manage food allergies and each student's situation needs careful consideration and cooperation before any plan of action can be taken.

Communication is the vital link in presenting and implementing this protocol. Education, cooperation, and awareness are keys to keeping children with food allergies safe. Parents, physicians, school administrators, teachers and food service staff need to work together continuously to determine appropriate precautions, procedures, and to develop an individualized plan of action for managing each student's food allergy in school.

Food allergy safety must be ever-present in the minds of teachers and other personnel in planning lessons, class activities, field trips, lunchroom procedures, and every aspect of the school day, so that children with food allergies can participate safely with their classmates. Studies have shown that a delay in getting help and administering epinephrine is believed to be a factor in fatal reactions. Just as all school personnel practice fire drills and other emergency precautions, they must be fully trained and have an Medical Action plan in the event of a food allergic reaction.

### Classroom Recommendations:

- Each student with food allergies will have a Medical Action Plan. The master copy will be kept in the office, one copy in each grade's classroom. All classroom Medical Action Plans will be kept in a universal location, such as by the light switch near the door.
- Restrict allergic foods (obvious ones) from the classroom (e.g., peanut butter, Reese's peanut butter cup, etc.). This would include daily snack time and also holiday parties (e.g., Halloween, Valentine's, and birthdays).
- Teachers are to be educated on the signs and symptoms of anaphylaxis and trained in EpiPen use.
- Signs warning of the allergy will be posted outside classroom doors.
- EpiPen medication is to be taken on all field trips and carried by the teacher or parent of student with food allergy.
- Each food-allergic student's Medical Action Plan is to be available for substitute teachers.
- Parents of food-allergic students are to meet with the teacher within the first week of the new school year, to discuss their student's Medical Action Plan, as well as training or re-training in the use of the EpiPen.
- Parents of a food-allergic student will provide non-perishable food items including safe snacks and a back-up lunch (e.g., individual sizes of cereal, Kraft Easy Mac, etc.) which will be kept in their child's classroom.

### Lunchroom Recommendations:

- Lunch tables are to be wiped down between lunch periods with a FAN-approved cleaning agent.
- Lunch monitors are to be educated on the signs and symptoms of anaphylaxis and trained in EpiPen use September.
- Considerations will be extended to each food-allergic student, such as the use of placemats.
- Back-up plan for a food-allergic student that might forget his or her lunch.

Food allergies can be life threatening. The risk of accidental exposure to foods can be reduced in the school setting if schools work with students, parents, and physicians to minimize risks and provide a safe educational environment for food-allergic students.

## **Family's Responsibility**

- Complete an Medical Action Plan notifying the school of the child's allergies and include emergency contact information.
- Work with the school team to develop a plan that accommodates the child's needs throughout the school including in the classroom, in the lunchroom, in after-care programs, during school-sponsored activities.
- Provide written medical documentation, instructions, and medications as directed by a physician.
- Provide properly labeled medications and replace medications after use or upon expiration.
- Educate the child in the self-management of their food allergy including:
  - safe and unsafe foods
  - strategies for avoiding exposure to unsafe foods
  - symptoms of allergic reactions
  - how and when to tell an adult they may be having an allergy-related problem
  - how to read food labels (age appropriate)
- Review policies/procedures with the school staff, the child's physician, and the child (if age appropriate) after a reaction has occurred.

## **School's Responsibility**

- Review the Medical Action Plan submitted by parents and physicians.
- Assure that all staff who interact with the student on a regular basis understands food allergy, can recognize symptoms, knows what to do in an emergency, and works with other school staff to eliminate the use of food allergens in the allergic student's meals, educational tools, arts and crafts projects, or incentives.
- Be prepared to handle a reaction and ensure that there is a staff member available who is properly trained to administer medications during the school day regardless of time or location.
- Discuss field trips with the family of the food-allergic child to decide appropriate strategies for managing the food allergy.
- Follow federal/state/district laws and regulations regarding sharing medical information about the student.
- Take threats or harassment against an allergic child seriously.
- The protocol should be included on the Kerby website in order for parents, teachers, and staff to be aware of the food allergy protocol.
- Provide educational materials on food allergies to teachers, students and parents. This includes communication to the parents of students in the same classroom as a food-allergic student to inform them of snack/treat restrictions.

## **Student's Responsibility**

- Should not trade food with others.
- Should not eat anything with unknown ingredients or known to contain any allergen.
- Should be proactive in the care and management of their food allergies and reactions based on their developmental level.
- Should notify an adult immediately if they eat something they believe may contain the food to which they are allergic.

## **Common Food Allergens**

Over 11 million Americans have food allergies; many of them are children. The most common allergy-causing foods are peanuts, tree nuts (walnuts, pecans), milk, eggs, fish, shellfish, wheat, and soy. Recent studies showed that over 3 million Americans are allergic to peanuts and tree nuts, and over 6 million are allergic to seafood.

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

Food allergies occur when the body thinks a food is harmful. The immune system tries to fight it off by releasing massive amounts of chemicals and histamine. These chemicals trigger the allergic symptoms. So, you can say allergic reactions are caused by an overactive immune system.

### **2. What are some of the symptoms of food allergy?**

The most common symptom of a food-allergy reaction is hives. Other symptoms can include one or more of the following:

- tingling in the mouth
- swelling in the tongue and throat
- difficulty breathing (stridor)
- abdominal cramps
- vomiting
- diarrhea
- eczema
- hoarse voice

### **3. What is the best treatment for food allergy?**

Strict avoidance of the allergy-causing food is the only way to avoid a reaction. Reading ingredient labels for all foods is the key to maintaining control over the allergy. If a product doesn't have a label, allergic individuals should not eat that food. If a label contains unfamiliar terms, shoppers must call the manufacturer and ask for a definition or avoid eating that food.

### **4. Is there a cure for food allergies?**

Currently, there are no medications that cure food allergies. Strict avoidance is the only way to prevent a reaction. Most people outgrow their food allergies, although peanuts, nuts, fish, and shellfish are often considered life-long allergies. Some research is being done in this area and it looks promising.

## Commonly Asked Questions about Anaphylaxis

### What is Anaphylaxis?

Anaphylaxis is **a sudden, severe, potentially fatal, systemic allergic reaction** that can involve various areas of the body (such as the skin, respiratory tract, gastrointestinal tract, and cardiovascular system). Symptoms occur **within minutes** to two hours after contact with the allergy-causing substance, but in rare instances may occur up to four hours later. Anaphylactic reactions can be mild to life-threatening. The annual incidence of anaphylactic reactions is about 30 per 100,000 persons, and individuals with asthma, eczema, or hay fever are at greater relative risk of experiencing anaphylaxis.

### Anaphylaxis to Food

Peanuts, tree nuts (walnuts, cashews, etc.), shellfish, fish, milk, and eggs commonly cause anaphylactic reactions. Only a trace amount of a problem food can cause a reaction in some individuals.

In the U.S., food-induced anaphylaxis is believed to cause about 30,000 trips to the emergency room and between 150 to 200 deaths each year. Individuals who are allergic to foods and have asthma are believed to be at a higher risk for developing an anaphylactic reaction.

A recent study of 32 cases of fatal food-allergy induced anaphylaxis showed that adolescents who have peanut and tree nut allergy and asthma and don't have quick access to epinephrine during a reaction, are at highest risk for a fatal reaction.

Strict avoidance of the allergen is necessary for avoiding a severe reaction. Read food labels for every food each and every time you eat it. Ask questions about ingredients and preparation methods when eating away from home.

### 3 R's for Treating Anaphylaxis:

- Recognize symptoms
- React quickly
- Review what happened and be sure to prevent it from reoccurring

### Steps for Treating an Anaphylactic Reaction:

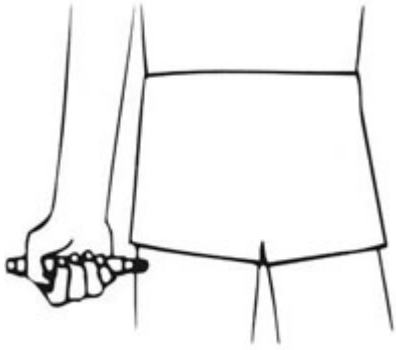
If you suspect an anaphylactic reaction is occurring, don't lose precious time!

Do the following:

- Act quickly!
- Follow your physician's instructions for treatment.
- Call Emergency Medical Services (or 911) and request epinephrine. Do not attempt to drive yourself to a medical facility. Get to a hospital as soon as possible and plan to stay at least four to six hours in case symptoms return.

## **How to Use an EpiPen or EpiPen Jr.**

1. Pull off gray safety cap
2. Place black tip on outer thigh (always apply to thigh)



3. Using a swing and jab motion, press hard into thigh until Auto-Injector mechanism functions. Hold in place and count to 10. The EpiPen unit should then be removed and discarded. Massage the injection area for 10 seconds.
4. Once EpiPen is used, call the Rescue Squad. State additional epinephrine may be needed. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

## **How to Dispose an EpiPen**

After using an EpiPen, throw away the gray cap. Place a penny in the bottom of the plastic tube, slip the EpiPen into the tube, and close it. Return the used EpiPen to your doctor for disposal.