

Series Number 506.2.3.1P Adopted June 2001 Revised August 2016

Title Guidelines for Responding to Students Who Have Allergies

1. Common Allergens

- 1.1 Food (most common) – such as peanuts, tree nuts, milk, eggs, wheat, soy, fish, and shellfish;
- 1.2 Food (less common) – such as chocolate, barley, rice, citrus fruit, melons, bananas, strawberries, tomatoes, spinach, corn, potatoes and food additives;
- 1.3 Animals – such as cats, dogs, guinea pigs, hamsters, mice, rats and birds;
- 1.4 Insects – such as honey bees, wasps, hornets, spiders, fire ants, yellow jackets, centipedes, and
- 1.5 Substances – Such as latex, medications, mold and drugs (penicillin) or other products determined to cause allergic reactions.

2. Common Allergy Symptoms - Common signs of an allergic reaction may be a combination of any of the following symptoms. Allergic reactions may be potentially life threatening.

- 2.1 Less severe symptoms – Hives, itching, swelling, red watery eyes, runny nose, stomach cramps, hoarseness, coughing, wheezing, dizziness, change of color, swelling in area of a bite; at any time these may progress to more severe symptoms.
- 2.2 More severe symptoms – Above symptoms and difficulty breathing, vomiting, diarrhea, throat tightness or closing, difficulty swallowing or loss of consciousness.

3. Possible Accommodations for a Student with an Allergy – Staff will work with families and students to develop a reasonable plan for preventing and responding to allergic reactions considering the developmental level of the student and current medical practice. Students with allergies may be students with disabilities who are protected under Section 504 and entitled to a free appropriate public education that includes general education, special education, and/or related aids and services. The accommodations listed below are reasonable suggestions and may not be practical or appropriate in all cases.

3.1 Communications

- 3.1.1 School staff will develop a good communications channel with the student's parent or guardian. It is the responsibility of the parent or guardian to initially bring the student's allergy to the school's attention. The school shall inform the parent or guardian of any incidents related to the allergy at school and the parent or guardian shall inform the school of any new information regarding the student's allergy.
- 3.1.2 Upon initial notification of a student allergy, the school nurse will ask the parent or guardian to complete and sign:
 - 3.1.2.1 Procedure 506.2.3P, Student Allergy Information;
 - 3.1.2.2 A special diet statement, if appropriate, and

- 3.1.2.3 Procedure 505.2.3P, Prior Consent to Release Private Data To or From an Outside Agency/Person, in order to share information about their child's allergy(ies).
- 3.1.3 Procedure 506.2.3P, Student Allergy Information, will be reviewed and revised when deemed appropriate by the school nurse, or parent or guardian.
- 3.1.4 The school nurse will provide information about the student with severe allergies, being aware of confidentiality concerns, to teachers, substitute teachers, coaches, bus drivers and bus chaperones, food and nutrition services managers, playground supervisors and others who are in contact with the student at school during the school day. Other parents and students shall not have access to the Individual Health Plan (IHP) for confidentiality reasons.
- 3.1.5 The teacher, school nurse or other health professional will discuss allergies, as needed, with groups of students.
- 3.2 Emergency Preparedness
 - 3.2.1 The parent or guardian shall annually provide the school nurse with an Anaphylaxis Action Plan, signed by the student's physician and parent or guardian, with easy-to-follow steps for recognizing an allergic reaction and administering medication. An Individual Health Plan (IHP) may be developed with the parent or guardian, after obtaining the Anaphylaxis Action Plan, and kept on file in the school health office.
 - 3.2.2 The school nurse will obtain parent or guardian consent for the administration of medication using District Procedure 506.2.2.1P, Prescription Medication Authorization, or an Anaphylaxis Action Plan.
 - 3.2.3 School staff will prepare for the possibility of a medical emergency related to student allergies whenever planning field trips, traveling, and physical education activities during the school day.
 - 3.2.4 Emergency and treatment medications will be kept in close proximity to the allergic student as determined through discussions between the school nurse and the parent or guardian.
 - 3.2.5 It is recommended that each student or staff member with a severe allergy provide their own Epinephrine auto-injector pen (EpiPen). Each EpiPen should have an appropriate pharmacy label with the student or staff member's name, and school staff should be aware of the location of the EpiPen.
 - 3.2.5.1 In order for a student to carry and self administer their own EpiPen, authorization signed by the student's parent/guardian and physician must be on file in the school health office using either: District Procedure 506.2.2.1.2.2P, Authorization for Student Possession and Self-Medication with Inhaler, EpiPen and/or Insulin at School, or another appropriate authorization

3.3 Prevention Strategies

3.3.1 School staff should work with the student's parent or guardian to develop strategies for avoiding a reaction while allowing the student to participate fully in all activities. In certain cases an Individual Health Plan (IHP) will be developed by the school nurse, staff, and the parents of the allergic student to prevent reactions while at school or school activities. This team shall periodically review the IHP to determine any changes to be made.

3.3.2 Animal Allergies

3.3.2.1 Remove animals from classrooms and other student areas in which the student will be present.

3.3.2.2 Keep areas around animals, and where animals are kept, sanitary and clean.

3.3.2.3 Encourage all students and staff to thoroughly wash their hands before and after handling animals, cleaning animal holding areas, and after handling pet food.

3.3.3 Food Allergies

3.3.3.1 A safe table or area of a table may be set up in the cafeteria for students with food allergies. Those eating at this table will have lunches free of specific allergens based on allergic students' needs. An adult may be assigned to monitor and clean this table.

3.3.3.2 When food is part of a lesson plan, school staff should work with the student's parent or guardian and the school nurse in order to provide options to food to which the student is allergic.

3.3.3.3 Since some people may have an allergic reaction to food particles that become airborne during preparation or cooking, foods that students are allergic to should not be prepared or cooked in their presence.

3.3.3.4 As elementary teachers discuss classroom expectations, they will encourage students not to share their food, food containers or eating utensils with others, and to thoroughly wash their hands before and after handling food. Hand sanitizer is not an adequate substitute for hand washing.

3.3.3.5 The school nurse will provide information to parents about potential allergens at school.

3.3.3.6 Do not ban any food item from school.

3.3.3.6.1 Banning a food item creates a false sense of security.

3.3.3.6.2 For a ban to work, everyone in the school community would have to read ingredient labels and call manufacturers to find out if products contain any offending food. That is not realistic.

3.3.3.7 District-purchased soap used in schools should be free of peanut and tree nut substances.

3.3.4 Insect Allergies

3.3.4.1 Encourage the person with an insect allergy to avoid open footwear and loose-fitting clothes, wear shoes while walking in the grass, avoid insect nests, stay away from refuse containers, and avoid wearing or using perfumes or scented cosmetics or bright-colored clothing when outdoors.

3.3.4.2 Keep foods, soft drink and juice containers covered when outdoors.

3.3.5 Other Substances – School staff should attempt to make accommodations in lesson plans for students who experience severe allergic reactions to certain other substances such as latex (i.e. balloons).

3.4 Education

3.4.1 Information about allergies, including how to prevent, recognize and treat anaphylaxis, administering epinephrine auto-injectors and the signs of an allergic reaction, will be reviewed annually at staff meetings and as needed with other school employees.

3.4.2 After training, an allergy emergency drill may be held for staff.

3.4.3 Allergen education may be provided to students as is appropriate.

3.4.4 School staff shall be aware of the potential for “food bullying.” If bullying behavior occurs, prompt and appropriate intervention will occur in accordance with district policy.

4. **Medical Treatment for a Student Having a Severe Allergic Reaction**

4.1 Anaphylaxis is a serious allergic reaction that is rapid in onset, affects multiple systems in the body, and may cause death. Symptoms can include severe headache, nausea and vomiting, sneezing and coughing, abdominal cramps, diarrhea, hives, swelling of the lips, tongue and throat, itching all over the body and anxiety. The most dangerous symptoms include breathing difficulties, a drop in blood pressure and shock -- all which can be fatal.

4.2 Administer Epinephrine with an EpiPen to a student who appears to be having a potentially severe allergic reaction, then:

4.2.1 Call 911 and inform emergency personnel that Epinephrine was given, noting the time when Epinephrine was administered;

4.2.2 If possible, lie the person down on their back and elevate their legs;

4.2.3 Notify parent or guardian;

4.2.4 Monitor person until emergency personnel arrive, and

4.2.5 Follow the student to the hospital if parents are not available.