



ALEXANDER PUBLIC SCHOOL

SEVERE ALLERGY HANDBOOK

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Overview and Goal of this Manual

Alexander Public School recognizes the growing number of staff and students enrolling in our school with potentially life-threatening allergies. As public educators, we recognize our responsibility to develop appropriate health plans for students with allergies which detail emergency treatment while proactively addressing conditions to prevent exposure to specific allergens. We believe a collaborative partnership between school and family is the best way to achieve this goal while thoughtfully increasing the student's independence to care for him/herself.

While the medical and health-related needs are unique for each student, the intention of this manual is to establish a set of consistent, systemic practices within the district as a starting point. Principals and school personnel do not need to "re-invent" the wheel each time a student with serious allergies enrolls or a new staff member is hired nor do students and their families need to fear experiencing variable levels of familiarity with regard to allergens.

As an educational environment we believe in our capacity to *educate* our families, teachers, and students to better understand life-threatening allergies.

A collaborative partnership between school, families, and medical personnel can provide a safe and healthy learning environment, which will help individuals, parents/guardians and their children with allergies make the transition between the safeties of their home environment into the expanding world of a school. When done well, this is one of the greatest lessons a child with allergies can learn. Similarly, classmates who do not have life-threatening allergies develop a greater understanding for individual differences, a capacity for flexibility, and increased compassion. A consistent and well-implemented approach will help students learn to:

- o Ask for help
- o Develop healthy and strong friendships
- o Acquire developmentally appropriate social skills
- o Be more confident
- o Become more independent
- o Self-monitor that his/her medication is readily available
- o Challenge situations that may feel unsafe or unnecessarily risky

An Individual APS Anaphylaxis Health Care Plan should be written for all students having life-threatening allergies. The Plan and this Handbook identify accommodations that are needed to keep students safe. In rare instances, principals, school personnel, and parents may determine a 504 Plan may be needed. Section 504 is part of the Rehabilitation Act of 1973.

What is Food Allergy?

Individuals with food allergies have over-reactive immune systems that target otherwise harmless elements of our diet and environment. During an allergic reaction to the food, the immune system recognizes a specific food protein as a target. This initiates a sequence of events in the cells of the immune system resulting in the release of chemical mediators such as histamine. These chemical mediators trigger inflammatory reactions in the tissues of the skin (itching, hives, rash) and the respiratory system (coughing, difficulty breathing, wheezing), the gastrointestinal tract (vomiting, diarrhea, abdominal pain) and the cardiovascular system (decreasing blood pressure, heartbeat irregularities, shock). When the symptoms are wide spread and systemic, the reaction is termed "anaphylaxis", a potentially life-threatening event.

What is Anaphylaxis?

Anaphylaxis is a potentially life-threatening medical condition occurring in allergic individuals after exposure to their 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	Difficulty breathing, shortness of breath
Diarrhea	Throat tightness or closing
Swelling	Sense of doom
Stomach cramps	Itchy scratching lips, tongue, mouth or throat
Red, watery eyes	Fainting or loss of consciousness
Change of voice	Dizziness, change in mental status
Runny nose	Flushed, pale skin, cyanotic (bluish) lips & mouth
Coughing	

The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock, which are potentially fatal. Common examples of potentially life-threatening allergies are those to foods and stinging insects. Life-threatening allergic reactions may also occur to medications or latex rubber. Peanuts and tree nuts are responsible for the vast majority of fatalities due to food-induced anaphylaxis.

Children with severe food allergies have a higher rate of other allergic diseases including asthma and eczema. Anaphylaxis is more common in children whose food reactions have had respiratory features such as difficulty breathing and throat tightness. Anaphylaxis appears to be much more probable in children who have already experienced an anaphylactic reaction. Anaphylaxis does not require the presence of any skin symptoms such as itching and hives.

Anaphylaxis can occur immediately or up to two hours following allergen exposure. In about a third of the anaphylactic reactions, the initial symptoms are followed by a delayed wave of symptoms two to four hours later. This combination of an early phase of symptoms followed by a late phase of symptoms is defined as biphasic reaction. While the initial symptoms respond to epinephrine, the delayed biphasic response may not respond at all to epinephrine and may not be prevented by steroids. **Therefore, it is imperative that following the administration of epinephrine, the student be transported by emergency medical services to the nearest hospital emergency department even if the symptoms appear to have been resolved. If epinephrine is administered at Alexander Public School, 911 will be called.**

For those at risk for food induced anaphylaxis, the most important aspect of the management in the school setting should be prevention and prompt response to a possible reaction. In the event of anaphylactic reaction, epinephrine is the treatment of choice and should be given immediately. This shall require the training of unlicensed personnel if the school nurse cannot be available immediately.

The severity and explosive speed 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.

- Any student with a medical diagnosis of a life-threatening allergy that requires epinephrine shall have a **Health Care Provider Anaphylaxis Plan** (Form ACBD-E12) and **APS Anaphylaxis Health Care Plan** in place and have medication (EpiPen®, antihistamine) stored at the school.

- The fact that 25% of allergic reactions that take place in a school setting are by students who are undiagnosed, there is a possibility that an allergic reaction may occur with a student that has no emergency plan or an EpiPen® at school. Because of this Alexander Public Severe Allergy Handbook, Alexander Public School 2/2024

School will keep stock EpiPen®. These stock EpiPens® will be used in cases of undiagnosed anaphylaxis, for a diagnosed student who does not have their own epinephrine at school and/or for a diagnosed student requiring a second dose of epinephrine (as deemed necessary by a school nurse, trained unlicensed medication administrator, or emergency medical support).

Peanut Allergy: is one of the most common causes of severe allergy attacks. This allergy occurs when your immune system mistakenly identifies peanut proteins as something harmful. Direct or indirect contact with peanuts causes your immune system to release symptom-causing chemicals into your bloodstream. Exposure can occur in different ways: 1) **Direct Contact**, the most common cause, is eating peanuts or peanut-containing foods. Sometimes direct skin contact with peanuts can trigger an allergic reaction; 2) **Cross-Contact**, unintended introduction of peanuts into a product, generally the result of a food being exposed to peanuts during processing or handling; 3) **Inhalation**, when inhaling dust or aerosols containing peanuts, from a source of peanut flour or peanut cooking oil. This allergy is NOT to be confused or grouped with a tree nut allergy or seeds. A peanut is from the legume (bean) family, not a nut. Many people with peanut allergies go on to develop a tree nut allergy, too. Complications of peanut allergy can include anaphylaxis, a serious allergic reaction that is rapid in onset and may cause death.

Tree Nut Allergy: is one of the most common food allergies in children and adults. The allergy tends to be lifelong. Exposure occurs in the same ways as peanut allergies: direct contact, cross-contact and inhalation. Tree nuts include: walnuts, hazelnuts, pistachios, almonds, cashews, Brazil nuts. This allergy is NOT to be confused or grouped with peanut allergy or seeds. Complications of tree nut allergy can include anaphylaxis, a serious allergic reaction that is rapid in onset and may cause death.

Please note that cleaning with water, dish soap or antibacterial hand sanitizer is NOT effective in removing peanut or nut proteins from surfaces. This fact influences the need to control our school environment and the guidelines that we have. Good handwashing techniques, to include warm water, soap and friction, are important.

**Throughout this document, "EpiPen®" is used. The school district is aware there are other epinephrine auto-injectors available (Auvi-Q®, Adrenaclick®, for example) and would utilize whatever one has been prescribed for an individual in the event of an emergency. The school is supplied with stock EpiPens® and the district provides EpiPen® training to APS Code Team members and necessary deemed employees.*

Glossary of Terms

504 Plan: A legal document that refers to Section 504 of the Rehabilitation Act of 1973 and protects individuals with disabilities. It protects people who are found to have a physical or mental impairment that substantially limits one or more major life activities. A 504 Plan can be a useful tool to legally address appropriate accommodations that may be needed in the school setting for students with specific health needs.

Adrenaline: A naturally occurring hormone that increases heart rate, blood pressure, and affects other adverse bodily functions (such as vomiting and diarrhea).

Allergen: A substance that causes an allergic reaction.

Allergen Restricted Classroom: a classroom that peanut and/or tree nut containing products are NOT allowed; classroom where a student has a severe life-threatening allergy, art class, music class, STEM class and library.

APS Anaphylaxis Health Care Plan: A plan initiated by the school nurse that is designed for use by school personnel. It outlines the care a student could need in an emergency situation and is written in lay language for any school personnel to understand and use as a guide to respond to a student who is experiencing a potentially critical situation. This plan is updated annually and as needed.

Anaphylaxis: A severe, life-threatening allergic reaction to an allergen (nut, bee sting, latex, etc.). It occurs suddenly and can worsen quickly and may cause death. This reaction requires emergency care.

Antihistamines: A class of medication used to block the action of histamines in the body and reduce the symptoms of an allergic reaction. One common brand of antihistamine is Benadryl.

Asthma: A chronic, inflammatory condition of the lungs, resulting in difficulty breathing that causes coughing, chest tightness, and wheezing. It is commonly triggered by infection, an allergy, and/or physical factors such as exercise and cold air temperatures.

Auto-injector: A medication delivery device that automatically administers an injectable medication (i.e., epinephrine). Often referred to as an "EpiPen®".

Chronic: Symptoms that occur frequently or are long lasting.

Cross Contamination: Occurs when a safe food item comes in contact with a food allergen such as peanuts, tree nuts, milk, fish, or any other allergen.

Degree of severity: The projected allergic reaction and its impact on the patient - from mild (skin irritations) to severe (life threatening: immediate anaphylaxis shock).

- **(allergy) airborne:** allergic reaction that can occur by breathing in the allergen example: student has an allergic reaction when a bag of peanuts is opened in the same room. This is very uncommon.
- **(allergy) ingestion:** allergic reaction from the allergen being ingested example: student eating food that contains peanuts
- **(allergy) skin/touch:** allergic reaction resulting from the allergen coming in contact with the skin of the student example: student touching a food product with peanut ingredient. This is not common.

EpiPen® and EpiPen Jr.®: A device used to automatically give one measured dose of epinephrine when injected into the thigh muscle during an anaphylaxis reaction. EpiPen® and EpiPen Jr.® are registered trade names of Mylan®.

Epinephrine: A medication used for immediate treatment of an allergic reaction.

Food allergies: Allergic reaction that occurs when the body responds defensively to an allergen.

Food intolerance: Inability to digest certain foods, NOT an allergy (i.e., intolerance to lactose, which is found in milk and other dairy products, is the most common food intolerance).

Histamine: Released by the body as part of the allergic reaction. Histamine causes the symptoms of the allergy such as itching, sneezing, wheezing, etc. The actions of histamine are blocked by antihistamine.

Hives: Itchy, swollen, red bumps or welts on the skin that appear suddenly. They may be a result of the body's adverse reaction to certain allergens. They can appear anywhere on the body including the face, lips, tongue, throat or ears. Hives vary in size and can last for minutes or days. Hives are also known as urticaria.

Latex: Also known as rubber or natural latex. Latex is a milky fluid derived from the rubber tree. It is used in a wide variety of consumer products, including rubber gloves, tubing, rubber bands, etc.

Health Care Team: Building-level team including, but not limited to, the parent/guardian, classroom teacher, principal, school nurse, food service director, APS Code Team and possibly the student. The purpose for this team is to create and implement an APS Health Care Plan and/or 504 plan.

HCP: Health Care Providers with prescriptive authority.

Health Care Provider Anaphylaxis Action Plan: The Health Care Plan completed by the student's Health Care Provider that supports the necessary accommodations and needs of a student with an anaphylaxis medical diagnosis. This plan is communicated to the Health Care Team.

Peanuts: Legumes that are grown underground rather than on trees.

Allergen-safe/restricted table: A table reserved solely for students with peanut and/or tree nut allergies and students that are also eating meals that are peanut/tree nut free. The need for this table is declared in the individual Health Care Plan and/or 504 plan.

Allergen-safe/restricted zone: Area such as a table, cafeteria, classroom. No peanuts or products containing nuts are allowed in this zone.

Risk reduction: Actions taken to reduce the risk that a student will come in contact with an allergen that would put him/her at risk for anaphylaxis or other allergic symptoms.

Tree nuts: Nuts harvested from trees such as cashews, almonds, pecans, and walnuts.

Responsibilities of the APS Parent/Guardian:

Communication:

- ☐ Notify the school of the student's allergic condition upon registration or recent diagnosis if the student is already enrolled in the district.
- ☐ If your student is new to the school, contact the school to set up a meeting with the school nurse.
- ☐ Prior to the meeting, have your doctor complete and sign the Health Care Provider (HCP) Anaphylaxis Action Plan (Form ACBD-E12). This form must be submitted annually.
- ☐ Prior to the meeting, the Self-Administration of Medication for Airway Constricting Disease, Asthma or Anaphylaxis (Form ACBD-E11) must be signed by the doctor, parent and student IF the student is going to keep emergency medication on them. This form must be submitted annually.
- ☐ Develop, review and revise your student's Anaphylaxis Health Care Plan and/or 504 Plan with the school nurse.
- ☐ Strongly consider the purchase of a medical alert bracelet or jewelry for your student to wear to school.
- ☐ Provide the school with a doctor's statement if your student no longer has an allergy and does not need a 504 Plan, APS Anaphylaxis Health Care Plan and HCP Anaphylaxis Action Plan.
- ☐ Keep updated phone numbers with the school office.
- ☐ Inform the school nurse if an allergic reaction has occurred outside the school setting.
- ☐ Inform all teaching staff including coaches, advisors, chaperones, etc., of known allergy and plan in place.
- ☐ At the conclusion of the school year, pick up your student's EpiPen® and any other medication in the school office.
- ☐ If an allergic reaction has occurred in the school setting, request a post-incident meeting with the school nurse.
- ☐ Develop trusting relationships with peers who understand importance of avoiding allergens.
- ☐ If your student rides the school bus daily, inform the bus driver of the known allergy and assure they have received the health plan.

Training/Education:

- ☐ Educate your student on self-management of his or her allergies.
 - The location of his/her EpiPen® and antihistamine at school.
 - Depending on age and development level, train your student how to self-administer an EpiPen®.
 - Which foods are safe for your student, which are not.
 - How to avoid exposure.
 - Learn the signs and symptoms of an allergic reaction.
 - How and when to tell an adult if a reaction is or may be starting.
 - How to read food labels, if applicable.
 - Proper hand washing before and after eating.
 - Report any teasing or bullying to an adult.
 - Avoid trading or sharing food.

Risk Reduction:

- ☐ Epinephrine:
 - All students provide at least one EpiPen® for the school office, if able.
 - Ensure that any medication and the EpiPen® have not expired. Replace as needed.
 - Field trip destinations are communicated with parents in advance. APS cannot assure the destination will be allergen-free.
 - If student stores EpiPen® in their belongings, Self-Administration of Medication for Airway Constricting Disease, Asthma or Anaphylaxis (Form ACBD-E11) must be completed by a HCP, parent, student and school nurse.

Medical Management:

- ☐ Provide properly labeled medications.
- ☐ Review and revise the APS Anaphylaxis Health Care Plan and HCP Anaphylaxis Action Plan yearly.
- ☐ Medication (EpiPen® and antihistamine) is stored in a designated area.
- ☐ If student is participating in an extracurricular activity, provide necessary medication for events not located at Alexander Public School.
- ☐ Participate in class field trips if available.

Responsibilities of the APS Student

While appropriate accommodations for students with life-threatening allergies will be made in the school setting, it is the goal for a student with allergies, if able, to become self-advocates as they mature. It is our goal for students with severe allergies to become prepared for life outside of the school setting. The responsibilities asked of a student with allergies will change as the student develops and matures. Students should work to take responsibility for avoiding allergens (based on their developmental level), learn to recognize their symptoms of an allergic reaction, and report a reaction to an adult without hesitation.

Communication:

- ☐ Inform all teaching staff, including coaches, advisors, chaperones, etc., of known allergy (age appropriate).
- ☐ Report any bullying, teasing, or harassment to a school staff member.
- ☐ Consider informing peers of your known allergy and reaction.
- ☐ Develop trusting relationships with peers who understand the importance of avoiding allergens.

Training/Education:

- ☐ Learn self-management of his or her allergies (age-appropriate):
 - How to administer an EpiPen® (dependent on age and developmental level).
 - Which foods are safe, which foods are not.
 - How to avoid exposure.
 - Learn the signs and symptoms of an allergic reaction.
 - How and when to tell an adult.
 - How to read and interpret food labels.

Risk Reduction:☐ Food allergies:

- Do not trade or share food.
- Tell the school nurse and other staff members that you have a food allergy.
- Wash your hands before and after eating.
- Do not eat any foods with unknown ingredients.
- Learn to read food labels.
- Preview school lunch menu and make responsible choices.

☐ Insect stings:

- Avoid wearing brightly colored clothing.
- Avoid perfumes and heavily scented hair products, body soap, and lotions.
- Wear closed-toed shoes.
- Wear clothing that inhibits insect bites.
- When outdoors, stay away from garbage receptacles.
- Avoid eating outdoors if possible and keep food covered.

☐ Latex allergies:

- Tell the school nurse and/or designated staff members that you are allergic to latex.
- Avoid any contact with latex gloves or other latex products.

Medical Management:

☐ Inform an adult if you have ingested a known allergen or believe that you are having an allergic reaction.

☐ Know where your EpiPen® is stored in the building. This is particularly important as the student enters adolescence and interacts within environments with less oversight.

☐ Carry your EpiPen® if appropriate and if Health Care Provider (HCP) has signed authorization. Do not share EpiPen® with other students.

☐ Complete the training checklist yearly with the school nurse.

☐ If age-appropriate (i.e., middle school, high school) represent yourself as a member of your health care team, being involved with developing your Anaphylaxis Health Care Plan.

Responsibilities of the APS District Superintendent

Communication:

- ☐ Share the information in the Severe Allergy Handbook to families and community members.
- ☐ If a school nurse is not staff, identify and designate staff that will perform the school nurse responsibilities and duties.
- ☐ Provide guidance to APS administrators and school nurse in special situations.

Training/Education:

- ☐ Ensure all staff members receive training relative to their role(s) in the school setting.

Risk Reduction:

- ☐ Assist in the development and implementation of a protocol for the use of EpiPen® for emergency treatment of unknown anaphylaxis.
- ☐ Be aware of non-school related organizations use of district buildings and if food is present to reduce the risk of exposure to patrons with allergies.

Medical Management:

- ☐ Have a plan in place for cases when a school nurse is not available during an emergency.
- ☐ Know the procedure of how to call for help - Code Blue.

Responsibilities of the APS Administrator

Communication:

- ☐ Implement and monitor procedures for managing life threatening allergies in the building.
- ☐ Require a completed APS Anaphylaxis Health Care Plan and/or 504 Plan and Health Care Provider (HCP) Anaphylaxis Action Plan for every student that has a life-threatening allergy prior to the student's start date or upon new diagnosis.
- ☐ Participate in collaboration with the health care team and assist with the monitoring of and implementation of the APS Anaphylaxis Health Care Plan and HCP Anaphylaxis Action Plan.
- ☐ Attend post-incident meeting along with the health care team if a severe allergic reaction occurs at school.
- ☐ Alert visitors and guest speakers of allergen safe guidelines in the school when appropriate.
- ☐ Require that a letter is provided to all parents assigned to a classroom where one of the students has been medically diagnosed with a life-threatening allergy (carried out in accordance with FERPA regulations).
- ☐ Communicate with any non-school organizations that are using district buildings after hours re: allergen restrictions in the buildings.
- ☐ Require that teaching staff leaves notification to a substitute teacher that a child with a potentially life-threatening allergy attends the class.

Risk Reduction:

- ☐ Monitor strategies of risk reduction and compliance with any school health care plans that are in place.
- ☐ Monitor the strategies of risk reduction and compliance of off premises school events that students participate in.
- ☐ Assure common and proper signage is posted in the school buildings.

Medical Management:

- ☐ Encourage parent to provide the school with a current EpiPen®, if able.
- ☐ Ensure HCP Anaphylaxis Action Plan, APS Anaphylaxis Health Care Plan and EpiPen® are kept in a readily available area of the school.
- ☐ Follow the protocol for the use of EpiPen® for emergency treatment of unknown anaphylaxis.
- ☐ Provide accessible emergency communication between classroom-office, playground-office, field trip-office (e.g., walkie talkies, cell phones).
- ☐ Know the procedure of how to call for help - Code Blue.

Responsibilities of the APS School Nurse

Communication:

- Assure completion of the APS Anaphylaxis Health Care Plan and/or 504 Plan before school starts.
- Ensure the HCP Anaphylaxis Action Plan is completed and signed yearly.
- Ensure the Self-Administration of Medication for Airway Constricting Disease, Asthma or Anaphylaxis is completed and signed yearly, if necessary.
- Initiate parent/teacher meetings regarding the student's allergy before the start of school.
- Conduct a transition meeting when the student is moving to the next grade level, if necessary.
- Meet with the student to discuss their APS Anaphylaxis Health Care Plan, HCP Anaphylaxis Action Plan and complete the training checklist yearly.
- Assure EpiPen®(s) are properly labeled with student's name.
- Provide all staff, including the school bus driver (if needed), the APS Anaphylaxis Health Care Plan.
- Ensure all staff members know where medications, APS Anaphylaxis Health Care Plan and HCP Anaphylaxis Action Plans are stored.
- Obtain an exchange and release of information between school and HCP, if needed.
- Code student as "Medical Alert" in PowerSchool. Enter the alert as an allergy and note the type of allergy (i.e., Allergic to bee stings).
- Provide parent letters regarding allergen restricted classrooms and general allergen awareness at registration yearly and for new students.

Training/Education:

- Train staff members in the administration of EpiPen® and in the understanding of anaphylaxis versus nonlife-threatening allergic reactions. Nurses will also train staff on the administration of other epinephrine auto injectors as needed.

Risk Reduction:

- ☐ Be a resource for teachers and staff members with questions regarding allergies and how to provide the necessary accommodations for students.
- ☐ Be a resource and care coordinator for parents of students with severe allergies.

Medical Management:

- ☐ Prior to entry into school (or for a student who is already in school, immediately after the diagnosis of a life-threatening condition), the nurse will review the APS Anaphylaxis Health Care Plan and HCP Anaphylaxis Action Plan to make sure it is complete.
- ☐ Continue to work with parents, student(s) and staff members to address the needs of the student with severe allergies.
- ☐ Assure that medication (EpiPen® and antihistamines) is stored in designated area as well as the HCP Anaphylaxis Action Plan and the APS Anaphylaxis Health Care Plan.
- ☐ Monitor and record expiration dates and inform parents when replacements are needed.
- ☐ Know the procedure of how to call for help - Code Blue.

Responsibilities of the APS Teacher

Communication:

- ☐ If necessary, participate in the writing of the APS Anaphylaxis Health Care Plan and/or 504 Plan.
- ☐ Inform your substitute and student teachers about the students with severe allergies and review their health care plan.
- ☐ Discuss anaphylaxis in age-appropriate terms with the class to ensure a safe environment for a peer with allergies.
- ☐ Participate in parent/teacher meetings regarding the student's allergy before the start of school.
- ☐ Communicate with parents of your students (dependent on age and developmental level) if you are having an event in your classroom that involves food or if a field trip involves eating away from school.
- ☐ Communicate with the school nurse if your class will be out of the building for a class trip and emergency medication is needed.
- ☐ Ensure a letter has been provided to all parents of students assigned to your class where one of the students has been identified as having a life-threatening allergy (carried out in accordance of FERPA regulations). Describe any accommodations that will be made in the classroom and how that affects other students in the class (sample letter in handbook). This letter is created by the school nurse and given at registration or when a new student registers.
- ☐ Participate in the post-incident meeting for the student who had an anaphylactic reaction at school.

Training/Education:

- Become knowledgeable of the signs and symptoms of a severe allergic reaction in addition to the specific signs and symptoms noted in the student's APS Anaphylaxis Health Care Plan, HCP Anaphylaxis Action Plan and/or 504 plan.
- Participate in the training to handle the everyday health needs as well as emergency health needs of the student with severe allergies. This should include:
 - Education of allergens that cause the allergic reaction.
 - How to prevent exposure (risk reduction).
 - How to recognize symptoms of an allergic reaction (both those known for this student and general symptoms that could occur with an allergic reaction).
 - Study the health care plan and the readiness to implement this plan.
 - Training and practice of the administration of an EpiPen®.

Risk Reduction:

- Do not allow food to be brought into an allergen restricted classroom that does not include a label to ensure that it is allergen free. Encourage parents to not send cold lunches for students that include allergens. If a cold lunch includes items with allergens, it must remain in student's locker and not be brought into the classroom. If restricted food items are brought into the classroom, remove them and allow students to take them home with a note of explanation.
- Ensure that all students wash their hands before and after eating breakfast, lunch and snacks.
- Individual snacks and foods that are brought to share with the class (celebrations, etc.) cannot be homemade or fresh bakery items due to the risk of cross contamination. Individual snacks and shared foods must have the original seal from the manufacturer and contain an ingredient label.
- Individual snacks or shared food whose ingredient label indicates the item was made where the food allergen is processed will not be allowed.
- In classrooms with students with identified life-threatening allergies, classroom accommodations will be made according to the student's needs and developmental level and classroom will be identified as a restricted area.

Restricted classroom/area (this includes any classroom that may not be a student's primary classroom i.e. music, art, STEM, library, etc.):

- Parents of all students in these classrooms should receive a letter at registration asking them to not send food to the classroom that contains the diagnosed allergen or has been made in a location where the allergen is also processed. Parent letter is included in this handbook.
- Post appropriate signage outside the door of the classroom. Signage is included in this handbook.
- Needs to be restricted from diagnosed food allergens. If restricted food items are brought into the classroom, remove them and allow students to take them home with a note of explanation.
- Ensure that all students wash their hands before and after eating breakfast, lunch and snacks and before returning to the classroom. Students who bring cold lunches are encourage to have food containing not containing the allergen. Their lunch must remain in their locker and not be brought into the classroom. They are not allowed to sit at the allergen free table in the cafeteria and they must wash their hands immediately after eating and after placing lunch bag in their locker.
- Individual snacks and foods that are brought to share with the class cannot be homemade or fresh bakery items due to the risk of cross contamination. Individual snacks and shared foods must have the original seal from the manufacturer and contain an ingredient label.
- Individual snacks or shared food whose ingredient label indicates the item was made where the food allergen is processed will not be allowed.
- Cafeteria seating will require a restricted table where the student with food allergies will sit. Classmates who have a safe lunch will also be allowed to sit at this table. If a student's APS Anaphylaxis Health Care Plan states that student does not need to eat at a restricted table, this does not pertain to that particular student.
- Field trip accommodations should be the same as in the classroom. Parents need to be informed in advance. Sack lunches must be separated during storage. Hand wipes must be supplied if hand washing facilities are not available.
- Classroom pet food and bedding must not contain peanuts/tree nuts/latex due to it becoming airborne.

Non-restricted classroom/area:

- Safe eating areas in the classroom are the student's personal desks. All students will eat food at their own desk. All students eating food will wash their hands after eating and clean their eating surface with a paper towel and appropriate cleaning solution that removes the allergen.
- Individual snacks that are homemade will be handled as containing the allergen and safe-eating zone practices will be used. Individual commercial snacks that are made where food allergens are also processed will be allowed with safe eating area practices in place. Sealed bakery items not containing allergens will be eaten in safe eating areas due to the possibility of cross contamination.
- Classroom pet food and bedding must not contain peanuts/tree nuts/latex due to it becoming airborne.

Field Trips:

- All staff accompanying a group of the school are trained and briefed on the APS Anaphylaxis Health Care Plan and HCP Anaphylaxis Action Plan.
- Invite parents of students with allergies to chaperone the field trip.
- If parent vehicles are used, inform parents of students with life-threatening allergies that the vehicle might not be allergen free.
- Take a copy of APS Anaphylaxis Health Care Plan and/or 504 Plan and HCP Anaphylaxis Action Plan along with medications.
- Store EpiPen® in a temperature range of 59 to 86 degrees Fahrenheit. It is light and temperature sensitive.
- A trained employee, such as a classroom teacher, will accompany the class on the field trip and bring and maintain each student's EpiPen® and related medications, APS Anaphylaxis Health Care Plan and/or 504 Plan and HCP Anaphylaxis Action Plan and follow these plans.
- Carry a communication device, such as a cell phone, in the event of an allergic reaction.
- Educate classmates about the seriousness of an allergy.
- Maintain classroom restrictions, rules and practices.
- Separate sack lunches (if applicable) or ask students to keep lunches in backpacks.
- When food will be eaten, bring hand wipes if hand washing facilities are not available.

Medical Management:

- For substitute teachers, provide a copy of the student's APS Anaphylaxis Health Care Plan and/or 504 Plan and the HCP Anaphylaxis Action Plan in a substitute folder. Inform them to call the office for a medical emergency and state "Code Blue, room...".
- Prior to entry into school (or for a student who is already in school, immediately after the diagnosis of a life-threatening condition), the nurse will review the APS Anaphylaxis Health Care Plan and HCP Anaphylaxis Action Plan to make sure it is complete.
- Do not hesitate to put the HCP Anaphylaxis Action Plan into action if the student reports or the teacher is witnessing allergic symptoms and/or anaphylaxis. Call the office and state "Code Blue, room...".
- Ensure that all individuals working with the student (and class) are informed of the APS Anaphylaxis Health Care Plan and/or 504 Plan and HCP Anaphylaxis Action Plan.
- Be aware of how the student with the allergy is being treated by others. Ensure that students are not endangering, harassing, teasing, bullying, or isolating students with allergies.
- Act upon any form of bullying that has been witnessed or reported by a student, parent, or staff member.
- Know the procedure of how to call for help - Code Blue.

Responsibilities of the APS Food Service Personnel

Communication:

- ☐ Determine if food allergens are on the menu and consider removing the items(s) if warranted.
- ☐ Food Service Director will meet with parent/guardian upon request, either in person or via phone, to review current menu.
- ☐ Take all complaints/concerns for any student with a life-threatening allergy seriously, allowing the student to see the school nurse (or other designated school staff when the nurse is not present) if complaining of any potential symptoms.
- ☐ Report complaints/concerns, including any type of bullying or inappropriate behavior on the part of other students, to the school building administrator.
- ☐ Changes to a student's diet will be made with a physician signed medical statement form in accordance with USDA's Accommodating Student with Special Dietary Needs in the School Nutrition Program.

Training/Education:

- ☐ Food service staff (and substitutes) participate in training to recognize food allergens, identify students with food allergies, and awareness of the signs and symptoms of an allergic reaction.
- ☐ Participate in training regarding correct cleaning solutions (NO DISH SOAP) and procedures to assure tables needing to be allergen free are maintained properly.

Risk Reduction:

- Eliminate cross-contamination if food items contain known allergens. Develop plans and procedures for cleaning, cooking and sanitizing:
 - Utensils
 - Food handling
- Create an "allergen-restricted" table, if need be. These tables need to be washed with separate solution and cloths.
- Food Service staff will monitor and enforce cleaning procedures that eliminate exposure to allergens.

Medical Management:

- Upon receiving the physician signed medical statement form, the Food Service Director will individualize a menu plan based on the student's allergens. Staff will be able to identify each student with a special need diet. All information will remain confidential and shared on a need-to-know basis in compliance with federal privacy regulations.
- Maintain records of which food products contain allergens.
- Know the procedure of how to call for help - Code Blue.

Responsibilities of the APS School Administrative Assistant

Communication:

- Upon enrollment, review the health history form for any allergies requiring an EpiPen® and/or antihistamine. If prescribed, proceed with the following responsibilities:
 - Give a copy of or refer the parent to the link for the APS Severe Allergy Handbook upon registration of student with severe allergies.
 - Notify school nurse of the students with severe allergies.

Training/Education:

- Participate in training for students with life-threatening allergies including demonstration of Epinephrine use.

Risk Reduction:

- Assist APS school nurse with printing and posting of "allergen restricted" posters when necessary.

Medical Management:

- Maintain Medical Emergency Bag at front office station, have available for medical emergencies.
- Know the procedure of how to call for help - Code Blue and your duties when a Code Blue is called.
 - Call Code Blue, room... 2x overhead to entire school.
 - Have medical emergency bag available.
 - Call parents/guardians, if instructed.
 - Call 911, if instructed.
 - Escort emergency service personnel to site of situation.
 - Make copy of APS Anaphylaxis Health Care Plan and HCP Anaphylaxis Action Plan from emergency binder. Provide to emergency service personnel.

Responsibilities of the APS School Counselor

Communication:

- If/as necessary, be available to provide individual counseling to student diagnosed with life-threatening allergies.
- If/as necessary, be available to provide classroom conversations regarding life-threatening allergies and its social impact/outcomes.

Training/Education:

- Receive training on life-threatening allergies and symptoms/treatment options and district protocol.
- Participate in training for students with life-threatening allergies including demonstration of Epinephrine use.

Responsibilities of the APS Custodians

Training/Education:

- Receive training on allergen-restricted guidelines.

Risk Reduction:

- Use separate wash bucket and cloth with approved cleaning agents (NO DISH SOAP) solely for the cleaning of allergen-restricted areas.
- Assist with maintaining allergen signage within the buildings when requested.
- Perform cleaning in accordance with Severe Allergy Handbook when needed, after facilities are used by outside groups and after-school- functions.
- Monitor prevalence of stinging insects on building grounds and near entry and exit doors.
- Take necessary action to eliminate stinging insects from building grounds by removing insect nests and properly storing garbage in well-covered containers.

Responsibilities of all other APS Employees and Contracted Staff

Communication:

- ☐ Have a communication device available at all times.

Training/Education:

- ☐ Participate in training for students with life-threatening allergies including demonstration of Epinephrine use.

Risk Reduction:

- ☐ Identify what students have life-threatening allergies and be informed of their Health Care Plan.
- ☐ Surfaces are cleaned adequately if used for serving food where allergen restriction is in effect.
- ☐ Clearly identify who is trained and responsible for administering EpiPen® and where it is stored.

Medical Management:

- ☐ Conduct activities in accordance with all school policies and procedures regarding life-threatening allergies.
- ☐ Know the procedure of how to call for help - Code Blue.

Responsibilities of School Busing Personnel

Communication:

- Communicate problems and concerns with appropriate or designated school staff.
- Maintain a functioning communication device.
- Discourage and work to eliminate food consumption on the bus unless medically necessary.
- Receive training in allergy management.
- Bus will have APS Health Care Plans for students.
- Establish procedure for contacting emergency medical services or 911 according to district policy.
- Bus drivers should not hand out treats to students.

How a Student Might Describe an Allergic Reaction

- This food is too spicy.
- My tongue is hot (or burning).
- It feels like something is poking my tongue.
- My tongue (or mouth) is tingling (or burning).
- My tongue (or mouth) itches.
- It (my tongue or mouth) feels like there is a hair on it.
- My mouth feels funny.
- There's a frog in my throat.
- There's something stuck in my throat.
- My tongue feels full (or heavy).
- My lips feel tight.
- It feels like there are bugs in there (to describe itchy ears).
- It (my throat) feels thick.
- It feels like a bump is on the back on my tongue (throat).
- My chest is tight.
- I can't breathe.
- My throat hurts.
- My neck itches.
- My lips/face/tongue or throat are swollen.
- My stomach hurts.
- I feel like I am going to get sick/throw up.
- I have hives/am itching.
- I feel lightheaded, dizzy or like I am going to faint.
- I feel like my heart is racing.

You might observe student:

- Putting their hands in their mouth
- Pulling or scratching at their tongue
- Slurring their words
- Voice might change - become squeaky or hoarse
- Scratching their neck
- Appearance of shortness of breath, hear wheezing with their breathing
- Hives, rash
- Student might collapse or stop breathing
- Cardiac arrest

Parts taken from: FARE Food Allergy Research and Education Website

Steps to Take in the Event of an Allergic Reaction

If a student displays signs and symptoms of an allergic reaction and/or reports an exposure to their allergen, school personnel should immediately implement the school's procedure on allergy anaphylaxis which should require that immediate action be taken, such as:

If student is medically stable/not showing signs of anaphylaxis-

- Escort student (you or another student) to the front office to be evaluated by the school nurse

If anaphylactic reaction/student is not medically stable-

- Call the office and state "Code Blue room..."
- Ask students to wait quietly outside the room/away from the situation, if appropriate
- Attend to student's medical needs until APS Code Team arrives
- Once team arrives, inform APS team of situation, assist as needed, attend to your other students
- APS Code Team to respond and carry out duties as assigned.
 1. **Krista Heen, RN** ~ Alexander School Nurse, Manage Code
 2. **Shannon Faller** ~ Alexander JH/HS Principal, Deliver Emergency Bag & AED, determine if Code Orange is necessary, communicate with Office Staff if 911 needed, assist as needed
 3. **AJ Allard** ~ Alexander Elementary Principal, Deliver Emergency Bag & AED, determine if Code Orange is necessary, communicate with Office Staff if 911 is needed, assist as needed
 4. **Amy Gaida** ~ Alexander School Staff, Manage Code if Nurse is unavailable, administer medication, assist as needed
 5. **Jena Messer** ~ Alexander School Staff, EMR, Manage Code if needed, administer medication, assist as needed
 6. **Sara Rosco** ~ Alexander School Staff, assist as needed
 7. **Jacki Hansel** ~ Alexander School Counselor, Record Keeper
 8. **Margarita Alejo & Alex Bieber** ~ Office Staff, Announce Code Blue overhead, Notify Parents/Guardians, call 911 (inform them of situation, instruct them what part of the building to enter, escort them to the area where needed, provide copy of health care plan to EMS)
 9. **Todd Jacobson, Shelley Hayes** ~ Cover Ms. Gaida's class

CALL 911 if Epinephrine has been administered.

Important Considerations:

- Know APS emergency procedures in advance of an emergency and be prepared to follow them.
- In the presence of anaphylactic symptoms or known exposure to allergen, seeks medical attention immediately by calling a *CODE BLUE*. **DO NOT WAIT!**
- Use a calm and reassuring voice with the student and do not leave him/her unattended.
- If not medically stable, do not attempt to have the student stand up or walk around.
- Provide accurate information regarding student situation to APS Code Team when they arrive.

Post Incident Plan

This plan has been developed as a reflective practice for all members of a student's health care team in the event that the student has experienced an allergic reaction, in the school setting or at home. The purpose of this plan is for the school nurse to reconvene the team and discuss any new information regarding the student's allergy, reaction, APS Anaphylaxis Health Care Plan and/or 504 Plan, and HCP Anaphylaxis Action Plan.

Within 1st week after the event and the student returns to the school setting:

1. Ensure that all medications are supplied to the school and housed in the location identified in the APS Anaphylaxis Health Care Plan.
2. Health care team (parent, school nurse, teacher(s), principal, counselor, food service director and administrator) meets to discuss any changes or additions to the current plan, not all individuals may need to meet. After the meeting, the school nurse will make changes to HCP and inform staff.
 - a. Obtain as much accurate information as possible about the allergic reaction. Helpful information might include:
 - i. Discuss what was seen and dispel any rumors.
 - ii. Items ingested (food, drink, over the counter medication or prescription medication).
 - iii. Any insect stings or bite.
 - iv. Timing from ingestion/exposure to symptoms.
 - v. Type of symptoms.
 - vi. Time and response of medication(s) that were given.
3. If event occurred at school, identify those who were involved in the medical intervention and those who witnessed the event and obtain any necessary information from them.
4. If an allergic reaction is thought to be from a food provided by the school food services, request assistance of the Food Service Director to ascertain what potential food item was served/consumed.
5. Agree on a plan to disseminate factual information about food allergies with schoolmates who witnessed, or were involved in the allergic reaction, with consent from both the parent/guardian and the student. Explanation shall be age appropriate.
6. Review what changes need to be made to prevent another reaction; do not assign blame.
7. If the 504 Plan and/or APS Anaphylaxis Health Care Plan or HCP Anaphylaxis Action Plan is revised, inform staff.
8. Factual information that does not identify the individual student can be provided to the school community without parental permission (i.e., a letter from the principal to parent/guardian and teachers that doesn't disclose identity but reassures them the crisis is over, if appropriate.)

Date:

Dear Parent/Guardian,

This letter is to inform you that a student in your child's classroom has a severe allergy to (insert allergen). Strict avoidance of (insert allergen) products is the only way to prevent a life-threatening allergic reaction. We are asking for your assistance in providing the student with a safe learning environment.

To reduce the risk of exposure, please do not send any (insert allergen) containing products with your child. Any exposure to (insert allergen) through contact or ingestion can cause a severe reaction. If your child accidentally brings a (insert allergen) snack item, we will send a reminder home and your child will be offered a different snack.

If your child is bringing a food item to share with the class, it must be a prepackaged item with a complete ingredient list so potential allergens can be identified. Supplies brought to the classroom for projects and activities must be peanut, tree nut and latex free.

Since lunch is eaten in the cafeteria, your child may bring (insert allergen) products for lunch. In the cafeteria there will be a designated allergen free table where any classmates without tree nut or peanut products can sit. If your child sits at this table with tree nut or peanut products, she/he will be asked to move to another table. This plan will help to maintain safety in the cafeteria while allowing non-allergic students to enjoy tree nut and peanut products in a controlled environment. Following lunch, the students will wash their hands prior to returning to the classroom. The tables will be cleaned with a special cleaning solution and paper towels after each lunch. Cold lunches will not be allowed in the classroom. They will be kept in the student's locker.

We appreciate your support of these procedures. Please complete and return this form so that we are certain that every family has received this information. If you have any questions, please contact me.

Sincerely,

Krista Heen, RN

School Nurse - Alexander Public School

I have read and understand the classroom procedures that will avoid exposing students to (insert allergen). I agree to do my part in keeping the classroom safe for all students.

Student's Name: _____

Parent's Signature: _____

Date: _____

APS Parent/Guardian

Alexander Public School recognizes the growing number of students and staff with potentially life-threatening allergies. As public educators, we recognize our responsibility to develop appropriate health plans which detail emergency treatment for those with life-threatening allergies while proactively addressing conditions to prevent exposure to specific allergens. We believe a collaborative partnership between school and family is the best way to achieve this goal while thoughtfully increasing the individual's independence to care for him/herself.

While the medical and health-related needs are unique for each individual, our intention is to establish a set of consistent, systemic practices within the district. As an educational environment we believe in our capacity to *educate* our families, teachers, and students to better understand life-threatening food allergies.

A collaborative partnership between school, families and medical personnel can provide a safe and healthy learning environment, which will help parents/guardians and their children with food allergies make the transition between the safety of their home environment into the expanding world of a school. When done well, this is one of the greatest lessons a child with food allergies can learn. Similarly, individuals who do not have life-threatening allergies develop a greater understanding for individual differences, a capacity for flexibility, and increased compassion.

Alexander Public School has a Severe Allergy Handbook that serves as a resource for parents, student, and all staff members. This handbook is available on our school website.

Latex is NOT allowed in our school.

If your child has a student in their classroom with a life-threatening allergy to peanuts or tree nuts, you will receive a letter outlining restrictions and practices within the classroom. There are classrooms in our school that are restricted from peanuts and tree nuts. These classrooms include: any class that has a student with a life-threatening allergy to peanuts or tree nuts including the art classroom, music classroom, STEM classroom, and the library.

Since lunch is eaten in the cafeteria, students may bring cold lunch that includes peanut and tree nut containing items. In the cafeteria there will be a designated allergen free table where any student without peanut and/or tree nut products can sit. If your child sits at this table with tree nut or peanut products, she/he will be asked to move to another table. This plan will help to maintain safety in the cafeteria while allowing non-allergic students to enjoy these products in a controlled environment. Following lunch, students will wash their hands prior to returning to the class. Cold lunches will not be allowed in allergen restricted classrooms. They will be kept in the student's locker.

If you have any questions, please contact the school nurse or administration.

We appreciate your support of these procedure.

Healthcare Provider Anaphylaxis Action Plan

Alexander Public School

Student's Name: _____

DOB: _____

Allergies: _____

Medication/Dosage

Epinephrine: Inject into thigh EPIPEN® EPIPEN JR® AuviQ Adrenaclick

Antihistamine or other medication:

Student has been instructed and may administer his/her own epinephrine ☐ Yes ☐ No

Plan of Care

If student has ingested the food allergen or has been stung by the allergen, but NO SYMPTOMS are present then (check all that apply):

- ☐ Administer Antihistamine ☐ Administer epinephrine
- ☐ Monitor student and treat according to the development of the following symptoms

MILD SYMPTOMS ONLY

Mouth: Itching or tingling to the mouth/face

Skin: A few hives around mouth/face, mild itching or tingling. Hives, redness or welts without generalized swelling.



1. GIVE ANTIHISTAMINE

2. Stay with student; contact parent/guardian
3. If symptoms progress, **USE EPINEPHRINE**
4. Monitor student

SEVERE SYMPTOMS

One or More of the following:

Lung: Short of breath, wheeze, persistent cough, difficulty talking

Heart: Pale, blue, faint, weak pulse, dizzy, confused

Throat: Tight, hoarse, trouble breathing/swallowing

Mouth: obstructive swelling (tongue/lips)

Skin: Many hives over body, itchy rash, swelling of eyes/lips

Stomach: Vomiting, diarrhea, cramping pain



1. INJECT EPINEPHRINE IMMEDIATELY

2. Call 911 and parent/guardian
3. Begin monitoring
4. Give additional medication *
- Inhaler (bronchodilator) if student has asthma
5. **If symptoms persist after 5 minutes**, INJECT a 2nd dose of Epinephrin.

*Antihistamines & inhalers are NOT to be depended upon to treat a severe reaction (anaphylaxis)

USE EPINEPHRINE

Even if parent/guardian cannot be reached, do not hesitate to medicate and call 911!

Other instructions for school personnel: _____

Healthcare Provider Signature: _____ Date: _____

Healthcare Provider Name Printed: _____

SEVERE ALLERGY PLAN CHECKLIST

Student Name: _____ Grade: _____ Year: _____

Allergy: _____

Initials	Date	Task	Person Responsible
		At registration, a copy or the link to the Severe Allergy Handbook offered	Administrative Assistant or School Nurse
		At registration, letter provided to parents regarding allergen restricted classroom and general allergen awareness	Administrative Assistant and School Nurse
		Notify school nurse & teacher of student with allergy	Administrative Assistant
		Parent turns in completed HCP Anaphylaxis Action Plan Plan placed with APS Anaphylaxis Health Care Plan	School Nurse
		Self-Administration of Medication for Airway Constricting Disease, Asthma or Anaphylaxis (Form ACBD-E11) must be completed by a HCP, parent, student and school nurse if student self-carries epinephrine or inhaler.	School Nurse
		Parent turns in completed medical release form, if requested	School Nurse
		Allergy entered into PS under medical alert	School Nurse or Administrative Assistant
		Parent met with school nurse and/or APS health care team to review APS Anaphylaxis Health Care Plan	School Nurse
		Staff informed of student with allergy & shared APS Anaphylaxis Health Care Plan & HCP Anaphylaxis Action Plan	School Nurse
		504 Plan distributed to all staff that work with student, if necessary	504 Plan Director
		EPIPEN® labeled, entered into PS, and placed in Medical Emergency Bag	School Nurse or Administrative Assistant
		Oral antihistamine labeled, entered into PS and stored in medication cabinet.	School Nurse or Administrative Assistant
		Teacher review of training with EPIPEN® and allergy symptoms, if necessary	School Nurse
		Signage outside of classroom, if necessary (including art, music, library, STEM classrooms)	School Nurse or Administrative Assistant



This is a
PEANUT
Restricted
Classroom!



This is a
PEANUT and
TREE NUT
Restricted
Classroom!



This is a
TREE NUT
Restricted
Classroom!



~~LATEX~~



This is a
LATEX
Restricted
School!