

Policy

LIFE THREATENING FOOD ALLERGIES

Food allergy is a group of disorders characterized by immunologic responses to specific food proteins. In the United States, the most likely common allergens in adults and children are cow's milk, eggs, peanuts, wheat, soy, fish, shellfish, and nuts. The Frenchtown Board of Education acknowledges that an individual's food allergy can cause a life threatening anaphylactic reaction. Anaphylaxis is a serious allergic reaction that is rapid in onset and may cause death¹.

The risk of accidental exposure to foods can only be reduced in the school setting if the school works with students, parents, school staff, school nurses and physicians to minimize risks and provide a safe educational environment for food-allergic students. The district shall take reasonable steps to identify students who may be at risk of life-threatening food allergies and to prevent the likelihood of an allergic reaction.

The board acknowledges that there is no way to eliminate completely the risk of accidental exposure to allergens in the school environment. Therefore the board directs the chief school administrator to:

- A. Implement strategies for the reduction of risk of exposure to food allergens throughout the school day, during before- and after-school programs, at all school-sponsored activities and field trips, in the classrooms, cafeteria, on the school bus or wherever food is present;
- B. Implement procedures developed by school medical inspector and school nurse to identify students with food allergies, prevent exposure to the identified allergens, to respond to medical emergencies and provide treatment in the event of anaphylaxis;
- C. Provide the necessary training opportunities for teaching staff, bus drivers, custodial staff and other staff as necessary in risk reduction strategies related to the student and to reduce exposure in the educational environment
- D. Notify staff, parents/guardians and others as appropriate when a class has a student with a potentially life-threatening allergy and provide guidelines and instructions to reduce the risk of exposure to the allergens in the classroom environment.

Risk Management

Risk reduction strategies will be used in classroom, lunchroom, and on field trips, for example:

- A. Teaching staff assigned students with life-threatening allergies shall receive training including but not limited to exposure prevention, communicating with the class and parents/guardian regarding restricted allergens and on emergency response to a reaction. Training will emphasize proactive approaches for eliminating the specific problem foods from classroom snacks and other food brought into the classroom;
- B. Cleaning staff shall be alerted and trained in methods of cleaning to ensure to the best extent possible that classrooms, the cafeteria and other areas where food is present are allergen-safe. Food-trading among students shall be discouraged during celebrations, snacks and meals;
- C. Teachers shall be encouraged to conduct thorough, long-term planning for field trips including meals in order to ensure that students with food allergies are protected, and when needed receive services while

¹ Summary Report of the Second National Institute of Allergy and Infectious Disease/Food Allergy and Anaphylaxis Network symposium on the definition and management of anaphylaxis, *Journal of Allergy and Clinical Immunology*, February 2006

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away from school. Epinephrine shall be quickly and readily accessible in case of emergency. Pairing students as “bus buddies” on the trip may be considered for two students share a similar allergy.

Medical Management of Life-Threatening Food Allergies

Parents/guardians are responsible to notify the school of the student's allergies by filling out the required medical form. The school nurse shall evaluate all medical and other documentation provided by the parent/guardian and work with the parent/guardian in developing a plan for the safe maintenance of the student in school. For each student identified as having a potentially life-threatening food allergy the school nurse shall:

- A. Develop and implement an individualized healthcare plan (IHP) that details accommodations and/or nursing services to be provided to a student because of the student's medical condition based on medical orders written by a health care provider in the student's medical home;
- B. Develop and implement an individualized emergency healthcare plan (IEHP) that specifies the delivery of accommodations and services needed by a student in the event of an emergency.
- C. Ensure the placement and accessibility of epinephrine according to board policy 5141.21 Administering Medication and law (N.J.S.A.18A:40-12.5);
- D. Maintain records, manage and verify plans for student self-administration of medication including prescribed epinephrine as authorized by the student's parents/guardians and physician according to board policy 5141.21 Administering Medication and law (N.J.S.A.18A:40-12.3);
- E. Annually, review student health records and obtain medical authorization form for epi-pen or other pre-filled auto-injector and/or Benadryl, and diet prescription from physician, and health history from family;
- F. Oversee the recruitment and training of designees who volunteer to administer epinephrine during school and school-sponsored functions when the school nurse is not available (N.J.S.A.18A:40-12.6); and
- G. Oversee the education of all school staff to understand the school's general emergency procedures and steps to take should a life-threatening allergic reaction occur.

Reporting Procedures

All procedures detailed in the individualized emergency healthcare plan (IEHP) including the emergency administration of epinephrine where appropriate, shall be followed when a student has an anaphylactic reaction. In addition:

- A. The school nurse shall be notified immediately and in his or her absence the school principal;
- B. The school nurse or the school principal shall notify emergency medical services (EMS) to respond to the emergency;
- C. The parent/guardians shall be notified that the student had an allergic reaction and that EMS was summoned;
- D. The student shall be supervised at all times by a school staff member until the parent/guardian is available to take custody of the student.

School Climate and Culture

School staff shall be sensitive to the privacy and feelings of students with identified allergies and promote respect and tolerance in the school environment. A food-allergic student shall not be harassed, intimidated or

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bullied because his/her condition. Any incident of harassment, intimidation or bullying shall be reported and investigated according to board policy 5131.1 Harassment, Intimidation and Bullying and law (N.J.S.A. 18A:37-15 et seq., N.J.A.C. 6A:16-7.7). The chief school administrator or his or her designee shall:

- A. Remind students and staff that bullying or teasing food-allergic students will not be tolerated and violators should be disciplined appropriately;
- B. Offer professional development for faculty and staff regarding confidentiality to prevent open discussion about the health of specific students;
- C. Discourage needless labeling of food-allergic students in front of others. A food-allergic student should not be referred to as “the peanut kid,” “the bee kid” or any other name related to the student’s condition.

Family's Responsibility

The parents/guardians of any student known to have a food allergy shall:

- A. Notify the school of the child's allergies;
- B. Work with the school team to develop an individualized emergency health care plan (IEHP) that promotes food allergy management and accommodates the child's needs throughout the school including the classroom, in the cafeteria, in after-care programs, during school-sponsored activities, and on the school bus, as well as a defined emergency allergic reaction plan.
- C. Provide written medical documentation, instructions, and medications as directed by a physician, using the Food Allergy Action Plan as a guide. Include a photo of the child on written form;
- D. Replace medications after use or upon expiration;
- E. Educate the child in the self-management of their food allergy including:
 - 1. Safe and unsafe foods;
 - 2. Strategies for avoiding exposure to unsafe foods;
 - 3. Symptoms of allergic reactions;
 - 4. How and when to tell an adult they may be having an allergy-related problem;
 - 5. How to read food labels (age appropriate);
 - 6. Review policies/procedures with the school staff, the child's physician, and the child (if age appropriate) after a reaction has occurred.
- F. Review policies and procedures with the school staff, the child’s physician, and the child (if age appropriate) after a reaction has occurred;
- G. Provide current emergency contact information and update regularly.

School's Responsibility

- A. Review the health records submitted by parents and physicians;
- B. Identify a core team including but not limited to, school nurse, teacher, principal, school food service and nutrition manager/director, and counselor (if available) to work with parents and the student (age appropriate) to establish a IEHP. Changes to the IEHP to promote food allergy management should be made with core team participation;
- C. Assure that all staff who interact with the student on a regular basis understand food allergies, can recognize symptoms, know what to do in an emergency, and work with other school staff to eliminate the

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- use of food allergens in the allergic student's meals, educational tools, arts and crafts projects, or incentives;
- D. Coordinate with the school nurse to ensure medications are appropriately stored, and ensure sure that an emergency kit is available that contains a physician's standing order for epinephrine. Epinephrine should be kept in a secure but unlocked location that is easily accessible to delegated school personnel;
 - E. Students who are permitted to self-administer should be permitted to carry their own epinephrine, in accordance with state regulations and district and nonpublic school policies;
 - F. Designate school personnel who volunteer to administer epinephrine in an emergency;
 - G. 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;
 - H. Review policies and prevention plans with the core team members, parents/guardians, student (age appropriate), and physician after a reaction has occurred;
 - I. Work with the transportation administrator to:
 1. Ensure that school bus drivers receive training that includes symptom awareness and what to do if a reaction occurs; and
 2. Assess the means by which bus driver can communicate during an emergency, including proper devices and equipment;
 - J. Discuss field trips with the family of the food-allergic child to decide appropriate strategies for managing the food allergy;
 - K. Follow federal and/or state laws and regulations regarding sharing medical information about the student;
 - L. Take threats or harassment against an allergic child seriously.

Student's Responsibility

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

Emergency Administration of Epinephrine for First Time Allergic Reactions at School

The school nurse or trained designee shall be permitted to administer epinephrine via a pre-filled auto-injector mechanism to any student without a known history of anaphylaxis. This includes students whose parents/guardians have not submitted prior written permission or obtained prescribed medication as indicated in the rules above. Epinephrine may be administer to any student without a known history of anaphylaxis when the nurse or trained designee in good faith believes that the student is having an anaphylactic reaction

The district shall maintain a supply of epinephrine auto-injectors that is prescribed under a standing protocol from a licensed physician or an advanced practice nurse in a secure but unlocked and easily accessible location. The supply of epinephrine auto-injectors shall be accessible to the school nurse and trained

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designees for administration to a student having an anaphylactic reaction.

Liability

No school employee, including a school nurse, or any other officer or agent of a board, or a physician or an advanced practice nurse providing a prescription under a standing protocol for school epinephrine shall be held liable for any good faith act or omission consistent with the provisions of law for the administration of epinephrine (N.J.S.A. 18A:40-12.5 et seq.). No action shall be taken before the New Jersey State Board of Nursing against a school nurse for any such action taken by a person designated in good faith by the school nurse to administer epinephrine according to law (N.J.S.A. 18A:40-12.6). Good faith shall not include willful misconduct, gross negligence or recklessness.

Implementation

The chief school administrator shall ensure that policies and procedures on life-threatening food allergies shall be disseminated to the school community annually through the staff and student handbooks, posting on the school or district website or other means deemed appropriate by the chief school administrator.

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Key Words

Allergy, Allergies, Food Allergy, Allergic Reaction, Anaphylaxis

Legal References: <u>N.J.S.A. 18A:11-1</u>	General mandatory powers and duties
<u>N.J.S.A. 18A:37-15 et seq</u>	Anti-Bullying Bill of Rights
<u>N.J.S.A. 18A:40-3.2 et seq.</u>	Medical and nursing personnel
<u>N.J.S.A. 18A:40-12.3 through -12.4</u>	Self-administration of medication by pupil; conditions
<u>N.J.S.A. 18A:40-12.5</u>	Policy for emergency administration of epinephrine to public school pupils
<u>N.J.S.A. 18A:40-12.6</u>	Administration of epinephrine; primary responsibility; parental consent
<u>N.J.S.A. 18A:40-12.6a</u>	Guidelines for schools for management of food allergies, administration of epinephrine
<u>N.J.S.A. 18A:54-20</u>	Powers of board (county vocational schools)
<u>N.J.A.C. 6A:16-1.1 et seq.</u>	Programs to Support Student Development
<u>See particularly:</u>	
<u>N.J.A.C. 6A:-2.1, -2.2, -2.3</u>	
<u>N.J.A.C. 6A:16-7.7</u>	Intimidation, harassment and bullying

Policy derived from:***The Food Allergy & Anaphylaxis Network***

<http://www.foodallergy.org/anaphylaxis/index.html>

Guidelines for the Management of Life-Threatening Food Allergies in Schools (NJDOE 2008)

<http://www.state.nj.us/education/students/safety/health/services/allergies.pdf>

Possible

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<u>Cross References:</u>	*3516	Safety
	*3542	Food service
	*4112.4/4212.4	Employee health
	*4131/4131.1	Staff development; inservice education/visitations/conferences
	*4231/4231.1	Staff development; inservice education/visitations/conferences
	*5125	Pupil records
	*5141	Student health
	*5141.1	Accidents
	*5141.2	Illness
	*5141.3	Health examinations and immunizations
	*5141.4	Child abuse and neglect
	*5141.21	Administering medication
	*5142	Pupil safety
	*5200	Nonpublic school pupils
	*6142.4	Physical education and health

*Indicates policy is included in the Critical Policy Reference Manual.