

# Bozeman Summit School

Excellence in Montessori Education



# Food Allergy Policy & Guidelines

## **Allergy Management Policy**

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Bozeman Summit School is committed to providing a safe and nurturing environment for all students. We understand the increasing prevalence of life threatening allergies among school populations. Recognizing that the risk of accidental exposure to allergens can be reduced in a school setting, Bozeman Summit School is committed to working in cooperation with parents, students, and physicians, to minimize risks and provide a safe educational environment for all students. The focus of allergy management shall be on prevention, education, awareness, communication and emergency response.

The goals for all allergy management include:

1. To define a formal process for identifying, managing, and ensuring continuity of care for students with life-threatening allergies across all transitions (EC-6).
2. To maintain the health and protect the safety of children who have life-threatening allergies in ways that are developmentally appropriate, promote self-advocacy and competence in self-care and provide appropriate educational opportunities.
3. To ensure that interventions and individual health care plans for students with life-threatening allergies are based on medically accurate information and evidence-based practices.

# **Life-Threatening Allergy Guidelines**

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## **BACKGROUND**

Allergic food reactions can span a wide range of severity of symptoms. The most severe and potentially life threatening reaction is anaphylaxis. This protocol is to be used for students who are at risk for anaphylaxis and in circumstances where a previously undiagnosed life-threatening allergic response occurs. When a physician assesses that a child's food allergy will result in anaphylaxis, the child's condition meets the definition of "disability" and is covered under the Federal Americans with Disability Act (ADA), Section 504 of the Rehabilitation Act of 1973, if the allergy management affects the student's ability to make educational progress.

Bozeman Summit School has stocked epinephrine at school. (In the EC classroom and the office) The epinephrine will be used in emergencies for students with known and unknown allergies who develop an anaphylactic response.

Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body, the most dangerous of which are breathing difficulties and a drop in blood pressure. Foods that most commonly cause anaphylaxis, a life threatening allergic reaction, are peanuts, tree nuts, shellfish, milk, wheat, soy, fish and eggs. These severe allergic reactions can occur within minutes of ingestion or a reaction can be delayed for up to two hours. Some reactions are "biphasic" in nature with an initial period of symptoms, a symptom free period of 2-3 hours followed by severe shock-like symptoms. At present there is no cure for food allergies and strict avoidance is the key to preventing reactions. Exposure may occur by eating the food or food contact.

## **MEDICATIONS**

The most commonly prescribed medications for the treatment of anaphylaxis are:  
Epinephrine – Brand names include but are not limited to EpiPen®, EpiPen Jr®, Twinject® autoinjectors. Parents usually bring epinephrine to school in the form of an EpiPen® (0.3 mg), EpiPen Jr® (0.15 mg) or Twinject® (0.3 mg or 0.15 mg) auto injectors.

**Note: The EpiPen® is a single dose auto-injector, while the Twinject® contains two doses of epinephrine - the first dose in an auto-injector and the second dose in the form of a traditional injection.**

## **CARE PLAN CONSIDERATIONS/OPTIONS**

There are a variety of student accommodation and care plans that are appropriate to use for students in our school that experience health conditions that may impact a student's school day and academic program. The plans that are most often seen are:

**Allergy Action Plan** – a plan completed by the student's licensed physician and parents that is designed for use by school personnel. It outlines the care that a student could need in an emergency situation and used as a guide to respond to a student who is experiencing a potentially critical situation.

## **Responsibilities of the Parent/Guardian of an Anaphylactic Student**

Each parent/guardian of their child with a Life-Threatening Allergy shall have the following expectations:

1. Teach your child to:
  - a) Recognize the first symptoms of a food allergic/anaphylactic reaction.
  - b) Communicate with school staff as soon as he/she feels a reaction is starting.
  - c) Carry his/her own epinephrine auto-injector when appropriate.
  - d) Not share snacks, lunches, drinks or utensils.
  - e) Understand the importance of hand washing before and after eating.
  - f) Report teasing and/or bullying that may relate to the child's disability.
  
2. Take responsibility for his/her own safety. As children get older, teach them to:
  - a) Encourage self-advocacy of the seriousness of the allergy to the adults and peers.
  - b) Communicate symptoms as soon as they appear to the Head of School, Office Manager and/or teacher.
  - c) Encourage education on label reading and ingredient safety.
  - d) Administer his/her own epinephrine auto-injector and be able to train others in its use.
  - e) Develop awareness of their environments, including allergy-controlled zones and to practice age appropriate behavior regarding health and safety.
  
3. Inform the school administrator of your child's allergies prior to the opening of school (or as soon as possible after diagnosis). **All food allergies must be verified by documentation from physician or physician's designated licensed extender (Nurse Practitioner or Physician Assistant).**
  
4. Work with the school team collaboratively to provide an **Allergy Action Plan**. Medical information from the child's treating physician must be provided as needed to write the Plans. (A licensed physician is defined as a doctor of medicine (MD) or a doctor of osteopathy (DO) is recognized.)
  
5. The Plan should also promote increasing age-appropriate independence (ages 8-18) as the student grows and matures. In determining age-appropriate independence the student's level of autonomy and their ability to function autonomously is considered.
  
6. Complete and submit all required medication forms.
  
7. A physician signature is required on allergy action plans and self-administration plan.
  
8. Provide the school with current cell phone, home phone, work phone etc and maintain updated emergency contact numbers and medical information.
  
9. Provide the school with up-to-date emergency medications (including Epinephrine) so they can be placed in all required locations for the current school year. Medications will comply with the medication policy of proper labeling and expiration.

10. To consider providing a medical alert bracelet for your child.
11. To provide Epinephrine on field trips.
12. To go on your student's field trips if possible and if requested.
13. To provide "safe" snacks for your student's classroom so there is always something your child can choose from during an unplanned special event.
14. Encourage child to wash hands before and after handling food. Encourage child to identify the allergy controlled zone when eating and to utilize easy access to soap in or near classrooms.
15. Inform the school of any changes in the child's Life-threatening Food Allergy status.
16. Provide the school with the physician's statement if the student no longer has food allergies.

## **EXPECTATIONS OF THE STUDENT**

school calendar 2015-2016 Each student with a Life-Threatening Allergy shall be expected for the following:

1. To develop a relationship with the school administrator and/or other trusted adult in the school to assist in identifying issues related to the management of the food allergy in the school. (Trusted adults are people who respect your feelings, will listen and help work out a solution to any problem you may have. Trusted adults will provide guidance and support).
2. Use proper hand washing before and after eating and throughout the school day.
3. To avoid sharing or trading of foods or eating utensils with others. Take responsibility for avoiding food allergens.
4. To not eat anything with unknown ingredients or known to contain any allergen.
5. To avoid putting anything in mouth such as writing utensils, fingers, or other foreign object.
6. To be proactive in the care and management of their food allergies and reactions based on their developmental level. Learn to recognize personal symptoms.
7. To notify an adult immediately if they eat something they believe may contain the food to which they are allergic.
8. To notify an adult if they are being picked on or threatened by other students as it relates to their food allergy.
9. To keep emergency epinephrine with the student, in the office or in the classroom. If the student is authorized to carry the emergency medication with them at all times, he/she will demonstrate responsibility of this practice by completing the skills checklist with the school administrator.
10. To develop an awareness of their environment and their allergy-controlled zones.
11. Should know the overall Individual Healthcare Plan and understand the responsibilities of the plan.
12. To develop greater independence to keep themselves safe from anaphylactic reactions.

## **RESPONSIBILITIES OF SCHOOL ADMINISTRATION**

Bozeman Summit School Administrator shall ensure the following:

1. Follow all applicable federal laws, including ADA, Section 504, and FERPA, as well as all state laws and school policies/guidelines that may apply.
2. To have available the appropriate allergy forms to the parent and explain that the required forms must be returned and approved by the school prior to the child attending school.
3. Meet with parents and listen to their needs and concerns.
4. Establish a core team comprised of Parent, Head of School, Teacher, Student (depending on age), Office Manager, food services and other personnel deemed necessary to make decisions about food allergies.
5. Create an emergency action plan for addressing life-threatening food based allergic reactions with consulting the office manager, student's parents/guardians and physician.
6. Ensure school-wide mandatory in-service training and education on reducing life-threatening allergy risks, recognizing food allergy symptoms, and emergency procedures for appropriate staff to include, but not limited to the following topics:

- a) A description/definition of severe allergies and a discussion of the most common foods causing allergic reactions.
  - b) The signs and symptoms of anaphylaxis.
  - c) The correct use of an Epinephrine.
  - d) Specific steps to follow in the event of an emergency.
  - e) Parent/Staff sever allergy educational meetings may be scheduled as medical personnel are available.
7. Reinforce a no-food and no-utensil trading/sharing best practice will be encouraged. A sign in each classroom may be posted informing students that they are expected to neither trade nor share food or utensils.
  8. Ensure that the school administration in consultation with suggestions from student's parent/guardian and the physician will prepare and sign off on the Allergy Action Plan.
  9. Establish life-threatening allergy safe zones as needed in each eating area including allergy safe zones. These zones will be designated by a universal symbol. These zones will be cleaned and sanitized per the school protocol.
  10. Ensure the Allergy Action Plan is available in the office and the student's classroom.
  11. Require that parents/guardians attach a photograph of their student with a life-threatening food allergy to their Allergy Action Plan. When appropriate; student's photos will be placed in the food prep areas for view as to an extra protective measure. Pictures will be out of view of other students and carried out in accordance with patient confidentiality regulations.
  12. When appropriate, enforce that students are allowed and encouraged to carry their Epinephrine on them, as allowed by the school's Administration of Medication procedures.
  13. Ensure that information is in an organized, prominent and accessible format for a substitute teacher with universal symbol displayed for ease of access. A bright colored label will be on the outside of sub folders (**MEDICAL ALERT**). The medical issue will be filled in the blank specific to the student.
  14. When appropriate, familiarize teachers with the Allergy Action Plan and of their students and any other staff member who has contact with student on a need-to-know basis.
  15. Instruct and reinforce with facilities personnel to develop cleaning protocol to ensure that the threat of allergens is minimized.
  16. Establish procedures to ensure letters to all parents of children assigned to a classroom where one of the students has been identified as having a Life-Threatening Allergy. This will be carried out in accordance with patient confidentiality regulations.
  17. The school's emergency protocol on Life-Threatening Allergies will be posted in appropriate locations, i.e. main office and other areas as designated by the Head of School. Communication may also be enclosed in the Newsletters.
  18. Notify staff of the locations of Epinephrine's in the school.
  19. A contingency plan will be in place using designated building staff and understood by all staff and students in the event the Head of School is not in the office or in the building. Staff will call 911 in all instances of Epinephrine administration.

## **RESPONSIBILITIES OF SCHOOL HEALTH PROFESSIONAL**

The school health professional is the primary coordinator of each student's life-threatening allergy plan. At the Bozeman Summit School this role is assumed by both the Head of School and the Office Manager.

1. Meet with parent/guardian of a student with a Life-Threatening Allergy to develop an Allergy Action Plan for the student, which may include the use of Medic-Alert bracelets and other methods of identification for students with Life-Threatening Allergies.
2. Maintain updated AAP/Allergy Action Plans in the office, in the classroom and with Epinephrine's that are carried by identified students. The emergency action plans will also travel with the Epinephrine's on school sponsored field trips.
3. Assist the Head of School in providing information about students with Life-Threatening Allergies to staff where there is a need-to-know basis.
4. In conjunction with the Head of School, provide yearly in-service training and education for staff regarding Life-Threatening Allergies, symptoms, risk reduction procedures and emergency procedures including demonstration on how to use the Epinephrine. **The Office Manager shall retain documentation of those personnel who have received training on a yearly basis.**
5. Familiarize teachers/substitutes with the Allergy Action Plans of their students and any other staff member who has contact with student on need-to-know basis.
6. The Department of Health and Senior Services guidelines will be followed in emergency situations. Office Manager is responsible for following the regulations that permit registration of non-licensed personnel to be trained and to administer emergency medications such as Epinephrine.
7. Educate with parents the appropriate locations for storing the Epinephrine and the possibility of receiving more than one Epinephrine as necessary. Locations for storage will follow the manufacturer's guidelines for avoidance of light and extreme temperatures.
8. Inform the Head of School and parent/guardian if any student experiences an allergic reaction that has not been previously diagnosed.
9. Contingency plan will be in place in the event the Office manager is not in the building utilizing trained and identified back-up personnel.

## **RESPONSIBILITIES OF TEACHERS**

Each teacher shall have the following responsibilities:

1. Knowledge of the signs and symptoms of severe allergic reaction as provided in the student's health care plan, and be aware of and implement the emergency plan if a reaction is suspected.
2. Review the Allergy Action Plans in a setting with the office manager, parent(s)/guardian(s) and Head of School of any student in your classroom with life-threatening allergies along with relevant staff members.
3. Participate in in-service training about students with life-threatening allergies including demonstration on how to use the Epinephrine.
4. In collaboration with the office manager and parent(s)/guardian(s) of the allergic child, will set a classroom protocol regarding the management of food in the classroom. This protocol will be communicated by the teacher to the students and parent(s)/guardian(s) of the affected class.

5. Participate in the planning of a student's re-entry into school after an anaphylactic reaction.
6. Notify parents by written communication of any school related activity that requires the use of food in advance of the project or activity. Limit use of food for instructional lessons.
7. Collaborate with administration and parents to send out letters to all parent(s)/guardian(s) of students in class with an individual with a Life-Threatening Allergy announcing potential food use instructionally.
8. Reinforce appropriate classroom hygiene practices/hand washing before and after eating.
9. Respond immediately to reports of students being teased or bullied about their food allergies.
10. Follow Allergy Action Plan and call 911 when life-threatening allergy related symptoms occur.

### **RESPONSIBILITIES DURING RECESS AND PHYSICAL EDUCATION CLASSES**

During recess and physical education classes for a student with a Life-Threatening Allergy, the school shall have the following responsibilities:

1. Children will be under the supervision of at least one adult. Epinephrine Packet will be taken outside if specified in the child's Allergy Action Plan/Individual Health Plan for Accommodations. The epinephrine will be carried by a designated employee.
2. Emergency communication device (cell phone) will be accessible and functional.

### **RESPONSIBILITIES DURING FIELD TRIPS**

The school shall have the following responsibilities when a student with a Life-Threatening Food Allergy attends field trips.

1. On field trips consideration given for avoiding food allergen exposure, and parental attendance is encouraged.
2. Meals of children with food allergies should be stored separately to minimize cross contamination.
3. An in-serviced trained employee such as the classroom teacher will accompany the class on the field trip and will maintain each applicable student's Epinephrine and will follow the child's Allergy Action Plan/IHCP.
4. Copies of student's Allergy Action Plan will be carried on all field trips.
5. **Staff will call 911** in all instances of Epinephrine use. Parent(s)/Legal Guardian(s) will be notified.

## **KEY POINTS FOR PARENTS, STUDENTS AND STAFF**

- **You are never alone.** It takes a team to ensure the best for our students. Help is usually a phone call away.
- **Educate, Educate, Educate.** This is an ongoing process that changes with the students' needs and as the staff changes. Food bans do not work because it creates a false sense of security. Today, processed foods contain trace amounts of food items that are not always identified on the food label. The best plan is to educate our school community about the issues that face students with life threatening allergies.
- **Special events/Non-routine days.** The greatest risk for a life threatening allergic reaction exists when the normal routine is broken. Examples are classroom parties, field trips, a substitute teacher, and after school events. **BE PREPARED.** Always have the Allergy Action Plan available and think ahead to prevent possible exposures to a food allergen.
- **Symptoms vary greatly.** Call 911 when uncontrolled anaphylactic symptoms occur or if ingestion is strongly suspected. Use emergency medication if needed and follow the Allergy Action Plan.
- **Be Safe, not sorry!** Take all complaints from children with food allergies very, very seriously. It is important to respect the needs and rights of each student.
- **A child with a life threatening food allergy should NEVER eat unexamined food.**
- In the event a student has an allergic reaction at school, call 911 and administer emergency medication (i.e. antihistamine and Epinephrine) as ordered by the student's physician. Key staff members should be trained to use emergency medications and know the location of those medications at school and on any special function. **If epinephrine is used, the student should be taken to the hospital for evaluation even if the allergic reaction symptoms subside.** The head of school, office manager and parents should be notified as soon as feasible. **911 should be called for all suspected food allergy reactions.** No one can predict how a reaction will progress. A mild reaction can blossom into a full blown anaphylactic reaction very quickly or over several hours. A reaction can also appear to subside or even appear to be under control and can blossom again into a more severe reaction.
- **Cross contamination.** It only takes a trace amount of the food protein to cause an allergic reaction. To prevent exposure to an allergen, hand washing and washing of surfaces (tables, chairs, mixing bowls, etc.) where an allergen has been used is necessary. Soap and warm water are most effective for cleaning surfaces.

**Be prepared! Know your plan!**