



Managing Life-Threatening Allergies in School Children: Guidelines and Practices Handbook



Rochester Community Schools Handbook

May 2014

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Mission Statement of the Rochester Community Schools

The Mission of the Rochester Community Schools is to provide a quality education in a caring atmosphere, for students to attain the necessary skills and knowledge to become lifelong learners and contribute to a diverse, interdependent, and changing world.

TABLE OF CONTENTS

Acknowledgments	4
Background	5
<i>Overview and Goal of this Manual</i>	<i>5</i>
<i>What is Food Allergy?.....</i>	<i>6</i>
<i>What is Anaphylaxis?</i>	<i>7</i>
<i>Children with Food Allergies and Their Families</i>	<i>8</i>
Roles of Individuals Managing Students With Life-Threatening Allergies	9
<i>Responsibilities of Students with Food Allergies</i>	<i>9</i>
<i>Responsibilities of Parents/Guardians of Students with Food Allergies</i>	<i>9</i>
<i>Responsibilities of Superintendent</i>	<i>11</i>
<i>Responsibilities of School Principal/Administrator.....</i>	<i>12</i>
<i>Responsibilities of School Secretary</i>	<i>17</i>
<i>Responsibilities of District School Nurse Coordinator.....</i>	<i>20</i>
<i>Responsibilities of Classroom and Special Area Teacher(s)</i>	<i>21</i>
<i>Responsibilities of Substitutes and Student Teachers</i>	<i>26</i>
<i>Responsibilities of Classroom Paraprofessional(s) and Classroom Volunteers.....</i>	<i>27</i>
<i>Responsibilities of Paraprofessionals Supervising Lunch and Recess</i>	<i>28</i>
<i>Responsibilities of SAC and TEAMS Caregivers and Before-School and After-School Enrichment Programs (BASES)</i>	<i>29</i>
<i>Responsibilities of School Bus Drivers and Transportation Department.....</i>	<i>31</i>
<i>Responsibilities of Custodians</i>	<i>31</i>
<i>Responsibilities of Food Service Director</i>	<i>32</i>
<i>Responsibilities of Parent Teacher Association (PTA).....</i>	<i>33</i>
References	35
Appendix.....	36
<i>Information for Parents/Guardians of Students with Life-Threatening Food Allergies.....</i>	<i>37</i>
<i>Risk Reduction Strategy</i>	<i>39</i>
<i>Severe Allergy Medical Action Plan</i>	<i>43</i>
<i>Section 504: Procedural Safeguards.....</i>	<i>46</i>
<i>Letter From the Teacher</i>	<i>48</i>
<i>Letter From the Principal</i>	<i>49</i>
<i>Note Home From School.....</i>	<i>50</i>
<i>Alternatives to Food-Based Celebrations and Rewards</i>	<i>51</i>
<i>Alternatives to Food-Based Fundraisers</i>	<i>52</i>
<i>Allergy Incident Report</i>	<i>53</i>
<i>When Taking a Student with Medications on a Field Trip.....</i>	<i>54</i>
<i>911 Emergency Protocol.....</i>	<i>55</i>
<i>Cafeteria Cleaning Protocol</i>	<i>56</i>

<i>Latex Allergy</i>	<i>57</i>
<i>Stinging-Insect Allergy.....</i>	<i>58</i>
<i>Medical Alert Labels</i>	<i>59</i>
<i>How to Read a Food Label</i>	<i>61</i>
<i>Common Signage for Doors and Other Areas</i>	<i>64</i>
<i>Epinephrine Auto-Injector Instructions</i>	<i>70</i>
<i>From National PTA (PTA.org): Food Allergy Tips for PTA Leaders</i>	<i>71</i>
<i>Allergy Resources.....</i>	<i>72</i>

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Background

Overview and Goal of this Manual

The prevalence of food allergies has increased over the past several years, with current estimates of approximately 6 million school-aged children with food allergy, or 8% of kids (Gupta et al, 2011).

The most common food allergens are:

Eggs
Fish
Milk
Peanuts
Shellfish
Soy
Tree nuts
Wheat
(FDA, 2010; Gupta et al, 2011)

Rochester Community Schools recognizes the growing number of students with potentially life-threatening food allergies. As public educators, we recognize our responsibility to develop appropriate health plans for students with food allergies that 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 or herself. The intention of this manual is to establish a set of consistent, systematic 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. **This will create school communities that differentiate strategies for food allergies with the same generous spirit and understanding demonstrated for differentiated learning styles and other health-related student needs.**

A collaborative partnership between school, families, and medical personnel can provide a safe and healthy learning environment, which will help children with food allergies make the transition from 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, classmates who do not have life-threatening allergies develop a greater understanding for individual differences, a capacity for flexibility, and increased compassion.

Throughout this guide, food allergy is addressed because food is the most common cause of life-threatening allergic reactions at school. Severe allergic reactions to other antigens, such as insect stings and latex, are also possible at school. The treatment for all life-threatening allergic reactions is epinephrine. Risk reduction strategies for avoidance of allergens other than food are different, however, and suggestions for how to avoid these other potentially life-threatening allergens are located in the Appendix.

Shared goal: Over time, students with life-threatening food allergies will develop greater independence to keep themselves safe from anaphylactic reactions. School communities will differentiate risk reduction strategies for children with food allergies reflecting the same generous spirit and understanding as is demonstrated for students with differentiated learning styles and other health-related student needs.

What is Food Allergy?

A sample of 38,480 children in the US found that 39% of children with food allergies have had a severe allergic reaction (Gupta et al, 2011). Asthma is an important risk factor for severe reactions in kids with food allergy (Bock et al, 2007).

One study showed that more than one-third of those over the age of 5 have been bullied, teased, or harassed because of their food allergies (Lieberman et al, 2010).

Students with severe food allergies have over-reactive immune systems that target otherwise harmless food proteins in our diet and environment. During an allergic reaction to a food, the immune system recognizes a specific protein as a target to destroy. 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, swelling) and the respiratory system (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 (involve two or more body systems, such as skin and respiratory) the reaction is termed “**anaphylaxis**” and is a potentially life-threatening event. *Please note that anaphylaxis does not have to involve any skin symptoms.*

There are other disorders that should not be confused with food allergy (definitions below are taken from the FARE Web site).

Food intolerance, as to lactose, is an adverse reaction to a certain food, in this case the sugar in milk. Symptoms might be abdominal cramps, bloating, and diarrhea, but other body systems are not affected and the reaction is not life threatening.

Celiac disease is an adverse reaction to gluten and requires a lifelong restriction of foods containing wheat, rye, barley, and perhaps oats and grain by-products. Celiac disease causes damage to the lining of the small intestine, which prevents the proper absorption of nutrients in foods. This in turn can lead to malnourishment and other serious long-term problems.

Eosinophilic esophagitis (EE) is a disorder characterized by the infiltration of a large number of eosinophils (a type of white blood cell) in the esophagus (the tube connecting the mouth to the stomach). EE can be triggered by food allergies. This is a chronic condition with symptoms that vary depending on age and treatment. Learn more at www.apfed.org, American Partnership for Eosinophilic Disorders

Food Protein Induced Enterocolitis Syndrome (FPIES) is a serious, non-IgE-mediated gastrointestinal food hypersensitivity usually triggered by cow’s milk or soy. This disorder is usually resolved by the age of 3. For more information about FPIES, go to the frequently-asked questions resource from Kids with Food Allergies Foundation.

What is Anaphylaxis?

For the treatment of anaphylaxis in school children, major clinical practice guidelines recommend epinephrine as the first drug to be used (NIAID, 2010; Sampson et al. 2006; Sicherer et al. 2010).

Anaphylaxis is a potentially life-threatening medical condition occurring in allergic individuals after exposure to their specific allergen. 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
Itching	Wheezing
Vomiting	Difficulty breathing, shortness of breath
Diarrhea	Throat tightness or closing
Swelling	Sense of impending doom
Stomach cramps	Itchy, scratching lips, tongue, mouth, or throat
Red, watery eyes	Fainting, weak pulse, or loss of consciousness
Change of voice	Dizziness, change in mental status
Runny nose	Flushed or pale skin
Repetitive cough	Cyanotic (bluish) lips or nail beds

The most dangerous symptoms include breathing difficulties and a drop in blood pressure, or shock, which are potentially fatal. Life-threatening allergic reactions most commonly occur in response to foods and stinging insects, but may also occur with medications, latex, and exercise.

Anaphylaxis can occur immediately or up to two hours following allergen exposure. In about one-third of anaphylactic reactions, the initial symptoms are followed by a delayed wave of symptoms 2-4 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 911 is called following the administration of epinephrine and trained emergency personnel are able to monitor and further treat the student as needed.**

When in doubt, it is better to give the epinephrine auto-injector and seek medical attention. Fatalities occur when epinephrine is withheld or delayed.

For those students at risk for food-induced anaphylaxis, the two most important aspects of management in the school setting are prevention and prompt response to a possible reaction.

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.**

Children with Food Allergies and Their Families

Peanuts and tree nuts are responsible for the vast majority of fatalities due to food-induced anaphylaxis. (Bock et al, 2007; Gupta et al, 2011) Therefore, we must improve the education of staff and the community on the importance of avoiding peanuts and tree nuts.

Not only is raising a child with food allergies challenging, it is scary. To keep their allergic child safe, parents/guardians must ensure strict allergen avoidance, understand food labeling, and be on constant alert should an emergency arise requiring medical action. When parents/guardians are away from their child, they must educate and rely on others to ensure their child's safety. Parents/guardians are challenged to find a balance between what is safe and what is normal when meeting the needs of their child. With time, support, and education, parents/guardians become skilled in how to meet all of these challenges. Starting school, however, brings all of these issues up again. Protections that worked so well at home are now being entrusted to unfamiliar people, with varying degrees of knowledge and experience in working with children impacted by food allergies. Addressing these concerns is a major function of these guidelines.

A collaborative partnership between school and families can provide a safe and healthy learning environment, which will help parents/guardians and their children 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: that they can be safe in a world outside their own home.

A thoughtful, well-implemented ***Risk Reduction Strategy*** will help students learn and grow to:

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

Similarly, classmates who do not have life-threatening allergies develop a greater capacity for generosity, flexibility, and compassion. Teachers and other parents/guardians come to address modifications necessary to keep students with food allergies safe and socially included as just another form of instructional differentiation.

Roles of Individuals Managing Students With Life-Threatening Allergies

Responsibilities of Students with Food Allergies

1. Be firm and say “No, thank you” when offered food that did not come from home (unless reading food labels or other safety measures are in place).
2. Take as much age-appropriate responsibility as possible for avoiding allergens.
3. Know where medication is kept and assume responsibility when self-carrying to check that the epinephrine auto-injector is present.
4. Do not trade or share any food, drink, utensils, or food containers.
5. Wash hands with soap and water or use a hand wipe (not hand sanitizers) before and after eating.
6. Learn to recognize the symptoms of an allergic reaction.
7. Promptly and insistently inform an adult as soon as accidental exposure occurs or if symptoms appear with no known exposure.
8. Do not share epinephrine auto-injector with other students.
9. When eating in the cafeteria, sit at the assigned table if this is part of the ***Risk Reduction Strategy***.
10. When riding a school bus, sit in the seat designated by the bus driver if this is part of the ***Risk Reduction Strategy***.
11. Promptly report any teasing or bullying to an adult.
12. Learn how to read food labels when developmentally appropriate.
13. To prevent cross contamination, store lunches and snacks with individual belongings (e.g., backpack, cubby, locker) and not in classroom-wide lunch or snack storage bins.
14. Assume developmentally appropriate responsibility to tell new or substitute staff about allergies.

Responsibilities of Parents/Guardians of Students with Food Allergies

1. Inform the principal of your child’s allergies prior to the beginning of the school year, or as soon as possible.

2. Review the document ***Information for Parents/Guardians of Students with Life-Threatening Food Allergies***.
3. Bring the severe allergy **Medical Action Plan (MAP)** with picture, epinephrine auto-injectors, and other prescribed medications to the school office prior to the start of the school year. The severe allergy **Medical Action Plan (MAP)** must be reviewed and signed by a physician and parent/guardian annually. The picture(s) that you bring (face only) will be attached to copies of your student's severe allergy **Medical Action Plan (MAP)** so that your child may be quickly identified during an emergency.
 - a. Your child's **MAP** may or may not include carrying an epinephrine auto-injector on their person, or keeping one in different locations in the school. However, it is strongly recommended that each student have an epinephrine auto-injector in the school office as a backup and that at a minimum there are 2 auto-injectors available for school use in an emergency.
 - b. Before bringing your child's epinephrine auto-injector to school, please note the expiration date so you remember to replace all expired epinephrine auto-injectors on or before the expiration date. If you are using the brand name Epi-Pen® you can go to their web site and register the date for an automatic reminder:
<https://www.myepipen.com/>.
 - c. If your child's **MAP** includes liquid antihistamine, provide the medication-measuring cup.
4. Complete the ***Risk Reduction Strategy*** with school staff as needed to help avoid allergen exposure. The ***Risk Reduction Strategy*** is available as a planning tool to ensure that individual safeguards are in place for your child.
5. Provide the school with current phone numbers for all contacts. Please consider carrying a cell phone and listing this number as the first contact.
6. Work collaboratively with school personnel to educate the school community on allergies.
7. Provide snacks from home. Teachers will not be responsible for making decisions regarding alternative snacks unless pre-approved by you in writing.
8. Be willing to provide safe snacks for your child to keep in the classroom, as needed.
9. Consider attending your child's field trips when possible.
10. Work collaboratively with school staff to promote increasing age-appropriate responsibilities as your child grows and matures.
11. Strongly consider providing a medical alert bracelet or ID for your child to wear.
12. If your child rides a bus, consider personally introducing him/her to the bus driver on the first day. Identify the allergy and if your child will have epinephrine on the bus (self-

carry or supplied by you for bus use). If your child is to sit in a designated seat, clarify this with the driver and your child.

13. Periodically teach or reinforce with your child:

- a. To recognize the first symptoms of an allergic/anaphylactic reaction
- b. To let an adult know a reaction is starting (role play is good practice at home)
- c. Where the epinephrine auto-injector is kept at school
- d. Not to share or trade any food, drink, utensils, or food containers
- e. Good hand washing techniques
- f. How to report any teasing or bullying to an adult
- g. Not to share or show epinephrine auto-injectors
- h. How to say “No, thank you” to food offers (role play is good practice at home)
- i. How to read food labels when developmentally appropriate

Responsibilities of Superintendent

1. Lead the district’s coordinated approach to managing food allergies.

- a. Provide leadership and designate school district resources to implement the school district’s comprehensive approach to managing food allergies.
- b. Promote, disseminate, and communicate food allergy-related policies to all school staff, families, and the community.
- c. Make sure that each school has a team that is responsible for food allergy management.
- d. Be familiar with federal and state laws, including regulations, and policies relevant to the obligations of schools to students with food allergies and make sure your policies and practices follow these laws and policies.
- e. Give parents and students information about the school district’s procedures they can use if they disagree with the food allergy policies and plans implemented by the school district.
- f. On a regular schedule, review and evaluate the school district’s food allergy policies and practices and revise as needed.
- g. Establish evaluation strategies for determining when the district’s food allergy policies and practices are not effectively implemented.

2. Prepare for food allergy emergencies.

- a. Make sure that responding to life-threatening food allergy reactions is part of the school district’s all-hazards approach to emergency planning.

- b. Make sure that each school has trained and appropriately certified or licensed staff members develop and implement written plans for students with food allergies. Additional plans can include Individualized Healthcare Plans (IHPs), Section 504 plans, or, if appropriate, Individualized Education Programs (IEPs).
 - c. Encourage periodic emergency response drills and practice on how to handle a food allergy emergency in schools.
 - d. Review data and information (e.g., when and where medication was administered) from incident reports of food allergy reactions and assess the effect of the incident on all students involved. Modify policies as needed.
- 3. Support professional development on food allergies for staff
 - a. Make sure that district and school staff have professional development and training opportunities to become adequately trained, competent, and confident to perform assigned responsibilities to help students with food allergies and respond to an emergency.
 - b. Annual allergy training should be provided for teachers, school-age care staff, office staff, paraprofessional personnel, food service personnel, bus personnel, and custodial personnel, and others as needed, whether employed directly or contracted by the district.
- 4. Educate students and family members about food allergies.
 - a. Help ensure that information about food allergies is included in the district's health education curriculum for students to raise awareness.
 - b. Communicate with parents about the district's policies and practices to protect the health of students with food allergies.
- 5. Create and maintain a healthy and safe school environment.
 - a. Increase awareness of food allergies throughout the school environment.
 - b. Collaborate with school board members, school administrators, and other school staff to create a safe environment for students with food allergies. Provide oversight of schools with children who have food allergies.
 - c. Make sure that food allergy policies and practices address competitive foods, such as those available in vending machines, in school stores, during class parties, at athletic events, and during after-school programs.
 - d. Consistently enforce policies that prohibit discrimination and bullying against all students, including those with food allergies.

Responsibilities of School Principal/Administrator

1. Read and be familiar with all of the documents in this handbook and Appendix.

2. Work with the secretary to ensure that all teachers with allergic students receive or know how to obtain the following documents (see Table of Contents for the location):
 - a. Student-specific severe allergy **Medical Action Plan (MAP)** and any additional **Risk Reduction Strategy** to be used
 - b. **Responsibilities of Classroom and Special Area Teacher(s)**
 - c. **Responsibilities of Substitutes and Student Teachers**
 - d. **Letter From the Teacher** (a letter to send home to classmates and families alerting classroom parents to a no-peanut/tree nut classroom; template is available electronically and may be personalized)
 - e. **When Taking Students with Medications on a Field Trip**
 - f. **Alternatives to Food-Based Celebrations and Rewards**
 - g. **How to Read a Food Label**
 - h. **Epinephrine Auto-Injector Instructions**
 - i. **911 Emergency Protocol**
 - j. **Allergy Resources**
3. Support a proactive parent/guardian interview process. Meet with the family to gather necessary information; use the **Risk Reduction Strategy** as necessary.
4. Work with the secretary to ensure that severe allergy **MAPs** and the prescribed emergency medications have been delivered to the office by the parent/guardian.
5. Work with the secretary to ensure the location of epinephrine auto-injectors is written on page 2 of the **MAP** in the space provided for this purpose. Include how many auto-injectors (i.e., one in office and one in the cafeteria; or two in the office; or one in the classroom; or student to self-carry etc.).
6. Work with the secretary to ensure that the severe allergy **MAP** is copied and sent to those with a need to know:
 - a. Classroom teacher
 - b. Specials teachers (such as Computers, Art, PE, Music, Media Center)
 - c. Sub folders
 - d. Transportation department
 - e. Rotation teachers (middle school)
 - f. Semester teachers (high school)
 - g. School-age care (SAC, TEAMS)
 - h. Paraprofessionals involved with student (e.g., in the classroom)
 - i. Staff supervising lunch and recess

- j. Cafeteria/Kitchen Manager/District Food Service Director
- 7. Advise the PTA on food precautions needed when scheduling student events and fundraisers. Ensure PTA leaders have a copy of the documents ***Responsibilities of the Parent Teacher Association (PTA)*** (also see Appendix: ***Alternatives to Food-Based Fundraisers***).
- 8. Notify the district school nurse coordinator of problems or questions with care planning.
- 9. Ensure ***911 Emergency Protocol*** and ***Epinephrine Auto-Injector Instructions*** are posted or available with the ***MAPs*** (See Appendix).
- 10. Ensure accessible emergency communication between the office and all other areas, such as the classrooms, playground, lunchroom, gym, and during field trips (e.g., walkie talkies and cell phones).
- 11. Notify the district school nurse coordinator and superintendent/designee of any incidences of exposure or related allergic reactions using the ***Allergy Incident Report*** form (see Appendix).
- 12. Have the teacher or parent introduce the student with food allergies to other staff members as appropriate. See ***Risk Reduction Strategy*** for privacy concerns and always consider the student's feelings by including them in the process beforehand.
- 13. Ensure that the student is placed in a classroom where the teacher is trained to administer an epinephrine auto-injector (this includes all special area classrooms, before- and after-school child care, and lunch staff).
- 14. Post allergy alert signage around the building as needed or indicated in the ***Risk Reduction Strategy*** (see Appendix: ***Common Signage for Doors and Other Areas***).
- 15. Review field trip requests for conflicts with ***MAP*** and ***Risk Reduction Strategies***.

Training

- 16. Provide (and participate in) at least one annual allergy training for the following staff:
 - a. Teaching staff (classroom and specials teachers)
 - b. All lunch staff (paraprofessionals and Food Service employees)
 - c. Office staff, including all secretaries and paraprofessionals
 - d. Others as needed, such as security
- 17. The annual allergy training is to include the following:
 - a. Anaphylaxis
 - b. Allergens that cause anaphylaxis (food, insect, latex)

- c. Risk reduction procedures
- d. Emergency procedures
- e. Administering an epinephrine auto-injector

See online resource on AllergyHome.org Web site as one potential means of providing this annual training: *Food Allergies in School: What School Staff Need to Know*; <http://www.allergyhome.org/schools/food-allergy-school-staff-training-full-length-module/>

- 18. In conjunction with the secretary and district school nurse coordinator, maintain a list of employees completing the annual allergy training.
- 19. Arrange a yearly mock drill for food allergy reactions to improve emergency readiness.

Education

- 20. Promote an inclusive, sensitive, and responsive school climate by helping to educate the broader school community on life-threatening allergies. A wide assortment of materials and programs are available for this purpose from Food Allergy Research & Education (FARE), such as PAL (Protect A Life) for classmates.
- 21. See ***Letter From the Principal*** in Appendix; this may be used to alert and educate the community about food allergy restrictions in school.

Substitutes

- 22. Ensure that a ***Medical Alert Label*** is on the cover of the sub folder to emphasize severe allergy ***MAPs*** (see Appendix for label template).
- 23. Ensure that each substitute teacher and substitute paraprofessional has access to the sub folder with the following information:
 - a. The location in the classroom of emergency medication if epinephrine is to be kept there (see page 2 of the ***MAP***).
 - b. Every severe allergy ***MAP*** submitted for this classroom is in the sub folder
 - c. Classroom restrictions, such as no peanut nuts/tree nuts allowed, or no class-provided snacks
 - d. The documents ***Epinephrine Auto-Injector Instructions*** and the ***911 Emergency Protocol*** (see Appendix)
 - e. The document ***Responsibilities of Substitutes and Student Teachers***
- 24. Reinforce/monitor that teaching staff are recording, as part of their “sub finder” message, the presence of student(s) with life-threatening allergies in that classroom.
- 25. Verify that the substitute has completed epinephrine auto-injector training and is comfortable with their knowledge of emergency procedures.

Food

26. When organizing classroom parties, holiday celebrations, and special events, consider using non-food items and activities. Involve parents of students with food allergies when possible. Provide communication to parents/guardians of food allergy students in advance if food is involved (see Appendix: *Alternatives to Food-Based Celebration and Rewards* and *Alternatives to Food-Based Fundraisers*).
27. For all student events during school hours (classroom or school-wide), only manufactured foods with ingredient labels (no homemade foods) may be served; individually packaged foods are best. If food is not individually wrapped, ingredient labels should be available and/or posted for students or family members to review. Principals must be consulted by event planners (including staff, students, parents/guardians) before food is served, as foods should not be offered that contain known food allergens listed in the MAPs on file for that building. (Individual groups or clubs [i.e., Robotics club, swim team, etc.] should consider food restrictions of members as appropriate.)
28. All student events during non-school hours in which food is served must have manufactured food items with ingredient labels available. Thorough cleaning processes must be followed: tables and/or surfaces with which food has come into contact should be cleaned with warm, soapy water (or wipes).
29. Enlist the help of parents/guardians of children with food allergies when determining what foods are safe for classroom consumption.
30. During school hours, food should not be taken to common areas such as the school office, principal's office, media centers, multi-purpose rooms, playgrounds, computer labs, or other classrooms. If food is served in these areas outside of school hours or during non-student events, thorough cleaning processes must be followed: tables and/or surfaces with which food has come into contact should be cleaned with warm, soapy water (or wipes). Examples of these events include staff meetings, volunteer teas, staff appreciation events, PTA meetings, etc.
31. All before- and after-hours school-sponsored events that serve food must identify a clearly defined area where food will be served and/or consumed. The student with life-threatening allergies and his/her family should be notified well in advance of these events. Thorough cleaning processes must be followed: tables and/or surfaces with which food has come into contact should be cleaned with warm, soapy water (or wipes)
32. Eliminate unscheduled/unplanned classroom food celebrations and/or food rewards. Rewards should be non-food items only.
33. Inform parents/guardians ahead of time of any classroom activity or school events where food will be served.
34. Notify all staff not to serve or distribute for general consumption anywhere foods containing peanuts or tree nuts or with processing disclaimers for these proteins.

35. All staff should wash their hands after eating or touching any foods.

Cafeteria

36. Lunchrooms/cafeteria will have “allergen-restricted” tables for allergic students requiring allergen-avoidance measures; these tables should be prominently labeled according to the restricted allergen. Combining the allergen-restricted table with the table for students buying cafeteria meals is recommended. **All food served at these tables/areas must be purchased at school** (except for students with food allergies).
37. Notify staff supervising lunch about specific food allergy strategies to be implemented and what those precautions entail, such as allergen-free table, end of regular table, separate table, placemat, etc.
38. Allergy-restricted lunchroom tables should be located away from general-use trash containers. Ensure a dedicated trash container for the allergen-restricted tables to avoid cross-contamination.
39. Ensure lunch tables are being cleaned every day as directed in the *Cafeteria Cleaning Protocol* (see Appendix).
40. Be sure that staff trained to give epinephrine are present to monitor the no-allergen lunch table for allergic reactions, food sharing or trading, and that only approved foods are present where designated.

Responsibilities of School Secretary

To Assist in Identification and Preparation for Students with Food Allergies:

1. At enrollment, collect information from parent/guardian reflecting health concerns of incoming student or from the Emergency Card or other enrollment paperwork.
2. Make parent/guardian packets to include the following documents (see Table of Contents for location of these documents):
 - a. *Information for Parents/Guardians of Students with Life-Threatening Food Allergies*
 - b. *Responsibilities of Parents/Guardians of Students with Food Allergies*
 - c. *Responsibilities of Students with Food Allergies*
 - d. Severe allergy *Medical Action Plan (MAP)*
 - e. *Risk Reduction Strategy*
3. Arrange for the appropriate staff (i.e. principal and classroom teacher) to meet with the parent/guardian of a child with a life-threatening allergy; this meeting is to gather information and review the *Risk Reduction Strategy*, if indicated.

4. A copy of any completed **Risk Reduction Strategy** should go to the parent/guardian, principal, teacher, and others as warranted.
5. Enter health information, or corrections as needed, on the electronic student emergency card and the school's hard copy if already printed.
6. Post laminated allergy signs alerting staff, students, and community to allergy restrictions where needed (e.g., on classroom doors, tables, lunchroom, etc.) (see Appendix: **Common Signage for Doors and Other Areas**).

For all Grade Levels Two Weeks Prior to Start of School or as Soon as Possible:

*Note: Each student with an epinephrine auto-injector **MUST** have a severe allergy **Medical Action Plan (MAP)** specific to them and signed by their physician and parent/guardian, giving instructions on what to do if the student has an allergic reaction.*

7. A severe allergy **MAP** should be submitted to the school; the parent/guardian completes, signs, and dates the front (page 1) and the treating physician or licensed prescriber completes, signs, and dates the orders (page 2). Check to see that the current school year is on the header and the student's photo is attached if possible.
8. Ensure that parent/guardians have provided all medications as ordered in the severe allergy **Medical Action Plan (MAP)**, such as epinephrine and antihistamine.
9. Check the expiration dates on all medications and enter this information on page 2 of the **MAP** in the space provided.
10. Write the location and number of epinephrine auto-injectors on page 2 of the student-specific **MAP** in the place provided, such as two in office, or one in classroom and one in office, etc. Do this prior to copying the **MAP** for school staff.
11. Distribute copies, trying to ensure that the student's photo is included, of the severe allergy **Medical Action Plans (MAPs)** to staff on a need-to-know basis:
 - a. Classroom teacher
 - b. Specials teachers (such as Computers, Art, PE, Music, Media Center)
 - c. Sub folders
 - d. Transportation department
 - e. Rotation teachers (middle school)
 - f. Semester teachers (high school)
 - g. School-age care (SAC, TEAMS)
 - h. Paraprofessionals involved with student (e.g., in the classroom)
 - i. Staff supervising lunch and recess
 - j. Cafeteria/Kitchen Manager/District Food Service Director

12. In places where the emergency medications are stored, severe allergy **MAPs** should be kept in the holder with the medications; in places where the medications are not stored, **MAPs** should be kept in an easily accessed location, such as a binder.
13. Apply a **Medical Alert Label** to the sub folder for classrooms that have students with life-threatening food allergies. Make sure sub folders contain the following in addition to the **MAPs** (see Appendix):
 - a. **Responsibilities of Substitutes and Student Teachers**
 - b. **Epinephrine Auto-Injector Instructions**
 - c. **911 Emergency Protocol**
14. Distribute the following documents to classroom teachers and specials teachers with allergic students (see Table of Contents for the location of these documents):
 - a. Student-specific severe allergy **Medical Action Plan (MAP)** and **Risk Reduction Strategy**
 - b. **Responsibilities of Classroom and Special Area Teacher(s)**
 - c. **Responsibilities of Substitutes and Student Teachers**
 - d. **Letter From the Teacher** (a letter to send home to classmates and families alerting classroom parents to a no-peanut/tree nut classroom; template available electronically and may be personalized)
 - e. **Alternatives to Food-Based Celebrations and Rewards**
 - f. **When Taking a Student with Medications on a Field Trip**
 - g. **911 Emergency Protocol**
 - h. **How to Read a Food Label**
 - i. **Epinephrine Auto-Injector Instructions**
 - j. **Allergy Resources**
15. Ensure the following are kept at each location where epinephrine auto-injector(s) are stored:
 - a. The student's severe allergy **Medical Action Plan (MAP)**
 - b. **Epinephrine Auto-Injector Instructions**
 - c. **911 Emergency Protocol**

At the Beginning of the School Year or as Soon as Possible

16. Participate in allergy training to include:
 - a. Anaphylaxis
 - b. Allergens that cause anaphylaxis (food, insect, latex)

- c. Risk reduction procedures
 - d. Emergency procedures
 - e. Administering an epinephrine auto-injector
17. **Inform the principal if you have not been trained on any of the information above.**
18. In conjunction with the principal and district school nurse coordinator, assist in the scheduling of annual allergy training and help track employees completing the training:
- a. Teaching staff (classroom and specials teachers)
 - b. All lunch staff (paraprofessionals and food service)
 - c. Office staff, including all secretaries and paraprofessionals
 - d. Others as needed, such as security
19. As a major link in school communication and medical emergency procedures, be familiar with this Handbook and the ***Risk Reduction Strategy*** form. Offer suggestions and help problem solve with staff and the school nurse coordinator to make the guidance in this Handbook relevant and workable for each unique school situation.
20. Notify the district school nurse coordinator of problems or questions with allergy care planning.

Responsibilities of District School Nurse Coordinator

1. Coordinate with school staff to ensure that each child with a life-threatening allergy has their information entered into the school system database.
2. Coordinate with school staff in an attempt to make sure all students with life-threatening allergies have a severe allergy ***Medical Action Plan (MAP)*** and epinephrine available that is current to the school year.
3. Review, maintain, and update district plans, forms, signage, and communications in this handbook as appropriate to ensure consistency and alignment with best practice.
4. Consult when requested by staff on students with difficult or confusing allergy plans.
5. Encourage use of the ***Risk Reduction Strategy*** worksheet by families and staff when appropriate.
6. Be a liaison between the medical provider, parent, and staff as needed/requested.
7. Help staff find consistent, easily accessed storage areas for epinephrine auto-injectors.
8. Promote a RED CROSS sign to help easily identify emergency medication storage areas.
9. Check for easily located instructions on how to use an epinephrine auto-injector (see

Appendix, *Epinephrine Auto-Injector Instructions*).

10. Provide **annual** allergy training and education for the following faculty and staff:

- a. Teaching staff (classroom and specials teachers)
- b. All lunch staff (paraprofessionals and Food Service employees)
- c. Office staff, including all secretaries and paraprofessionals
- d. Others as needed, such as security

11. The annual allergy training is to include:

- a. Anaphylaxis
- b. Allergens that cause anaphylaxis (food, insect, latex)
- c. Risk reduction procedures
- d. Emergency procedures
- e. Administering an epinephrine auto-injector

Note: see online resource as one potential means of providing this annual training: Food Allergies in School: What School Staff Need to Know;

<http://www.allergyhome.org/schools/food-allergy-school-staff-training-full-length-module/>

12. In conjunction with the secretary and principal, help track and maintain a list of employees trained on the above information.

13. Provide a current list of severe allergy resources and keep Web site information current.

14. Work with school principals to promote and implement yearly mock food allergy reaction drills to improve emergency readiness.

15. Promote and coordinate educational offerings on allergy for non-allergic students (e.g., at health fairs, in the Rochester College student nurse curriculum for first and second grades, and through suggested resource materials for classroom teachers).

16. Encourage increasing student independence when developmentally appropriate.

17. Participate in follow-up evaluation of all exposure/reaction incidents to help assess changes needed in **Risk Reduction Strategy** locally and district wide.

Responsibilities of Classroom and Special Area Teacher(s)

Preparing for a student with a life-threatening allergy

1. Ensure that you receive the following documents from the school secretary or principal (see Table of Contents for the location of these documents, if necessary):

- a. Student-specific severe allergy ***Medical Action Plan (MAP)*** and ***Risk Reduction Strategy***
 - b. ***Responsibilities of Classroom and Special Area Teacher(s)***
 - c. ***Responsibilities of Substitutes and Student Teachers***
 - d. ***Letter From the Teacher*** (a letter to send home to classmates and families alerting classroom parents to a no-peanut/tree nut classroom; template available electronically and may be personalized)
 - e. ***When Taking Students with Medications on a Field Trip***
 - f. ***Alternatives to Food-Based Celebrations and Rewards***
 - g. ***911 Emergency Protocol***
 - h. ***How to Read a Food Label***
 - i. ***Epinephrine Auto-Injector Instructions***
 - j. ***Allergy Resources***
2. Review the severe allergy ***Medical Action Plan (MAP)*** for all of your students having this plan. Each student with an epinephrine auto-injector **MUST** have a severe allergy ***Medical Action Plan (MAP)*** specific to them and signed by their physician and parent/guardian, giving instructions on what to do if the student has an allergic reaction. You will be given a copy of this and an additional copy to keep in your sub folder.
3. Review and/or help develop the ***Risk Reduction Strategy*** for any student(s) in your classroom with life-threatening allergies.
4. Participate in all team meetings related to the implementation of the severe allergy ***Medical Action Plan (MAP)*** and ***Risk Reduction Strategy***.
5. Ensure the ***911 Emergency Protocol*** and ***Epinephrine Auto-Injector Instructions*** are posted; be familiar with these documents (see Appendix).
6. Participate in allergy training to include:
 - a. Anaphylaxis
 - b. Allergens that cause anaphylaxis (food, insect, latex)
 - c. Risk reduction procedures
 - d. Emergency procedures
 - e. Administering an epinephrine auto-injector
7. **Inform the principal if you have not been trained on any of the information above.**
8. The ***MAP*** specifies if a student self-carries the epinephrine auto-injector. When stored in the classroom, keep the medication and the allergy ***Medical Action Plan (MAP)*** together in a secure, easy-to-see, **unlocked** place (areas to consider might be in the classroom

emergency bag or thumb-tacked high on a bulletin board close to the teacher's desk). Be sure the **MAP** is not posted for casual viewing. The location and expiration date of the medication should be written on the **MAP** in the space provided.

9. With the principal's assistance, craft a letter that is sent to all students' parents/guardians at the start of the school year alerting them to food allergen restrictions in the classroom (see the letter template entitled ***Letter From the Teacher*** in the Appendix section).

General Classroom Policies

10. **Never question or hesitate to act if a student reports signs of an allergic reaction.**
11. Establish a procedure for regular hand washing to prevent accidental contamination from adults and students alike, including upon arrival at school, before eating, and after eating.
12. Introduce the student with food allergies to other staff members as appropriate or have their parent do this. See ***Risk Reduction Strategy*** for privacy concerns and always consider the student's feelings by including them in the process beforehand.
13. Be sure all substitute teachers, student teachers, paraprofessionals, and volunteers are informed of the student's allergies and risk reduction safeguards, including classroom food policies and restrictions (see ***Responsibilities of Substitutes and Student Teachers*** and ***Responsibilities of Classroom Paraprofessional(s) and Classroom Volunteers***).
14. Work with the principal as needed to educate classmates, parents/guardians of classmates, colleagues, and other school staff regarding proactive risk reduction and the nature of the student's allergies and anaphylactic response. (See ***Allergy Resources*** in the Appendix for suggestions). Consider the PAL program from the Food Allergy Research & Education group (FARE), or borrowing materials from the library, school nurse coordinator, or parent/guardian for this purpose, if needed.
15. Be aware of how the student with food allergies is being treated; enforce school rules about bullying and threats. Be supportive and inclusive towards students with food allergy.
16. All safety efforts should be consistent with the spirit of differentiating instruction and maintaining a safe climate for all students.
17. Establish open communication and a mutually supportive partnership with parents/guardians of students with allergies.
18. Keep elementary students with life-threatening allergies under direct supervision on field trips, outdoor activities, or during assemblies, unless the student's own parent/guardian is present to supervise. Older students should be monitored as needed or as planned for in the ***Risk Reduction Strategy***.
19. Work with the principal to ensure communication between the office and classroom, specials, playground, field trips, and child care (e.g., cell phones, walkie talkies). If your

class leaves the building, take a cell phone or walkie-talkie and a key to the building with you, for emergencies.

20. If your class has reading buddies or other visitors come to the room, please be sure that allergies are kept in mind when snacks are present. If your class is required to wash their hands upon arrival to school and after lunch before reentering your room, have the reading buddies wash their hands before entering your room.
21. If at all possible, teachers should switch classrooms instead of students for subjects taught by other grade-level teachers, to avoid sending food-allergic students to classrooms that may use/contain their food allergens.
22. If necessary, designate/maintain a separate computer keyboard and/or mouse for food allergic student(s) according to accommodations outlined in the ***Risk Reduction Strategy***.
23. Food is not to be taken onto the playground during school hours (except when medically ordered or as part of a special planned event about which parents are aware).

Regarding Food in the Classroom

24. All students will provide his or her snack (in classrooms that allow snacks) each day, unless buying food from the cafeteria; classroom-provided snacks are not allowed (i.e., one parent/student providing snacks for all students). Snacks eaten in classrooms should be free from allergens specific to students in that room. After snacks are eaten in classrooms, tables should be cleaned with warm, soapy water (or wipes) and all students should wash their hands to prevent potential cross-contamination.
25. Prohibit students from sharing or trading snacks, lunches, and all other food.
26. Eliminate unscheduled/unplanned classroom celebrations involving food (see Appendix: ***Alternatives to Food-Based Celebrations and Rewards***). Classroom rewards should be non-food items only.
27. Inform parents/guardians ahead of time of any classroom activity or school events where food will be served.
28. Classroom-provided birthday celebrations will be limited to **non-edible items and/or activities** (see Appendix: ***Alternatives to Food-Based Celebrations and Rewards*** for activity ideas). School communities should discourage overly elaborate, expensive, or excessive items.
29. Avoid the use of food for classroom curriculum activities. If food is necessary as part of the curriculum, inform parents/guardians ahead of time and obtain their signed permission for the student with allergies to participate. Enlist the help of parents/guardians of children with food allergies when determining what foods are safe for classroom activities.
30. All classrooms that cook for classroom activities will choose recipes that are free of food

allergens as necessary for students with various food allergies. Cooking utensils, kitchenware, and cooking areas will be cleaned thoroughly with soap and warm water to decrease allergen exposure.

31. Safe choices for food when needed include individually packaged food with manufacturer ingredient labels (to verify the food does not contain the student's allergens). Do not use "safe food lists", as manufacturers change ingredients and production processes without warning. **Ingredient labels must be read every time.** Be familiar with the *How to Read a Food Label* document (see Appendix) as it pertains to your student's specific food allergy.
32. **Homemade food should not be served in the classroom.** This is a serious safety risk for students with life-threatening allergies.
33. Be aware of non-food classroom supplies that may contain peanuts or tree nuts, such as food pellets for classroom pets, bedding for pets, hand soaps, and lotions.

Preparing for a Substitute Teacher

34. Ensure that the sub folder includes:
 - a. Each student-specific severe allergy **Medical Action Plan (MAP)**
 - b. Classroom allergen restrictions, including no class-provided snacks and distribution of only non-edible birthday items/favors
 - c. Location of emergency medications kept in the classroom (with a duplicated **MAP** in the medication holder)
 - d. A copy of **Responsibilities of Substitutes and Student Teachers**
 - e. A copy of **Epinephrine Auto-Injector Instructions**
 - f. A copy of **911 Emergency Protocol**
35. When calling in an absence, record with the sub-finder system a message that a student(s) in your classroom has life-threatening food allergies. Only substitutes that have been fully trained and have no reservations about providing emergency medical assistance should fill the vacancy. The message should remind the substitute to look for further information about this in your sub folder.

Regarding Field Trips

36. Review the document **When Taking a Student with Medications on a Field Trip.**
37. Let the secretary know in advance of a planned trip and medication needs.
38. Emergency medications and the severe allergy **Medical Action Plan (MAP)** are taken on field trips and kept with the staff member charged with supervising and accompanying the allergic student.

39. Upon returning to school, the emergency medications and severe allergy **Medical Action Plan (MAP)** are to be returned to their designated storage area at the school.
40. Ensure accessible communication between teacher, office, and emergency responders.
41. Proactive planning should avoid high-risk places; make sure to consider where and what students will eat for lunch.
42. Notify the custodian if hand wipes will be needed for the trip.
43. Completely fill out field trip permission forms.
44. Invite the parent/guardian of the student at risk for anaphylaxis to accompany the child on school trips, in addition to the chaperone(s). **However, the student's safety or attendance must not be conditioned on the parent/guardian's presence.**
45. Consider ways to wash hands before and after eating (e.g., hand wipes if soap and water are not available; **hand sanitizers do not remove allergens**).

Responsibilities of Substitutes and Student Teachers

1. Be aware that this school has several students who have severe, LIFE-THREATENING food allergies to all nuts (peanut and tree nuts) and to products that contain these proteins. Other children may have LIFE-THREATENING food allergies to eggs, dairy, wheat, soy and fish to name the other most common food allergies. For all these students, eating or touching their food allergen is dangerous.
2. Notify the building principal if you have not been trained in the following:
 - a. Anaphylaxis
 - b. Allergens that cause anaphylaxis (food, insect, latex)
 - c. Risk reduction procedures
 - d. Emergency procedures
 - e. Administering an epinephrine auto-injector
3. As you begin your day, immediately check with the office professionals or person to whom you report to learn about life-threatening allergies or students with other health concerns with whom you will work. If you are a substitute, check the appropriate sub folder for further information. All health information is CONFIDENTIAL.
4. To help reduce the risk of exposure for students with severe food allergies, please:
 - a. Wash your hands after eating or touching any foods.
 - b. Do not eat or bring any food items into classrooms or specials classrooms without first checking with the teacher of that room (if you are a student teacher)

- or consulting the sub plan for food allergy restrictions (if you are a substitute).
- c. Observe the signs posted outside ALL rooms or areas that indicate that no peanuts or tree nuts or other allergens are allowed in those areas.
 - d. **Do not offer food to any student.**
 - e. **Do not allow food to be passed out in the classroom: for lunch and snack, all students eat their own food brought from home or purchased from the cafeteria;** classroom-provided birthday celebrations are limited to **non-edible items and/or activities.**
 - f. Do not permit students to share or trade food, food utensils, or containers.
 - g. Do not let students take food out to the playground or any other area not designated for food, unless medically ordered.
5. Our staff is trained in how to respond to students with food allergies in the event of an accidental exposure, but prevention is the most important action we can all take.

Responsibilities of Classroom Paraprofessional(s) and Classroom Volunteers

1. Be respectful and non-judgmental about all food restrictions. Work with principal, teacher, and parent/guardian of student with food allergies to ensure an inclusive and supportive classroom environment.
2. Participate in allergy training to include:
 - a. Anaphylaxis
 - b. Allergens that cause anaphylaxis (food, insect, latex)
 - c. Risk reduction procedures
 - d. Emergency procedures
 - e. Administering an epinephrine auto-injector
3. **Inform the principal if you have not been trained on any of the information above.**
4. Keep student information private unless permission was given by the parent/guardian to share names or allergies.
5. Help promote non-food celebrations by suggesting alternatives (see Appendix: *Alternatives to Food-Based Celebrations and Rewards*).
6. When organizing classroom parties, holiday celebrations, and special events, consider using non-food items and activities. Involve parents of students with food allergies when possible. Provide communication to parents/guardians of food allergy students in advance if food is involved. (See Appendix: *Alternatives to Food-Based Celebration and Rewards* and *Alternatives to Food-Based Fundraisers* in “Managing Life-Threatening Allergies in School Children: Guidelines and Practices.”)

7. For staff- and/or parent/PTA-sponsored events during, before or after school hours, only manufactured foods with ingredient labels (no homemade foods) may be served; individually packaged foods are best. If food is not individually wrapped, ingredient labels should be available and/or posted for students (or family members) with food allergies to review. Principals must be consulted by event planners (including staff, students, parents/guardians) before food is served, as foods should not be offered that contain known food allergens listed in the MAPs on file for that building.
8. Do not use “safe food lists” for processed foods. Manufacturers change ingredients and production processes without warning. **Ingredient labels must be read every time** (see Appendix, *How to Read a Food Label*).
9. To help reduce the risk of exposure for students with severe food allergies, please:
 - a. Wash your hands after eating or touching any foods.
 - b. Do not eat or bring any food items into classrooms or specials classrooms without first checking with the teacher of that room. Observe the signs posted outside ALL rooms or areas that indicate that no peanuts or tree nuts or other allergens are allowed in those areas.
 - c. **Do not offer food to any student.**
 - d. **For lunch and snack, all students eat their own food brought from home or purchased from the cafeteria.**
 - e. Do not permit students to share or trade food, food utensils or containers.
 - f. Do not let students take food out to the playground or any other area not designated for food, unless medically ordered.

Responsibilities of Paraprofessionals Supervising Lunch and Recess

1. Be aware of students who have a severe allergy **Medical Action Plan (MAP)**; be familiar with the severe allergy **Medical Action Plans (MAPs)** for these students as well as any **Risk Reduction Strategy** plans.
2. Maintain a copy of all severe allergy **Medical Action Plans (MAPs)** with photos in an easily accessed location in the lunchroom that maintains students’ privacy, such as a binder. Be aware of how and where to access the emergency medications.
3. Participate in allergy training to include:
 - a. Anaphylaxis
 - b. Allergens that cause anaphylaxis (food, insect, latex)
 - c. Risk reduction procedures
 - d. Emergency procedures
 - e. Administering an epinephrine auto-injector

4. **Inform the principal if you have not been trained on any of the information above.**
5. Ensure the **911 Emergency Protocol** and **Epinephrine Auto-Injector Instructions** are posted; be familiar with these documents (See Appendix).
6. Review and follow sound food-handling practices to avoid cross contamination with potential food allergens.
7. Lunchrooms/cafeteria will have “allergen-restricted” tables for allergic students requiring allergen-avoidance measures; these tables should be prominently labeled according to the restricted allergen. Combining the allergen-restricted table with the table for students buying cafeteria meals is recommended. **All food served at these tables/areas must be purchased at school** (except for students with food allergies).
8. Lunchroom/cafeteria staff will be trained to give epinephrine and are present to monitor the allergen-restricted lunch table for:
 - a. Allergic reactions
 - b. Food sharing or trading
 - c. School-purchased food only (except for students with food allergies)
9. Allergy-restricted lunchroom tables should be located away from general-use trash containers.
10. Instruct students with allergies to use the dedicated trash container to help avoid cross-contamination.
11. Ensure lunch tables are cleaned every day and in between each lunch group as directed in the **Cafeteria Cleaning Protocol** (see Appendix).
12. Be aware of students with food allergy **Medical Action Plans (MAPs)** when on the playground.
13. Ensure emergency communication with the office while supervising students on the playground (e.g., walkie talkies) as well as quick access into the building if needed.

Responsibilities of SAC and TEAMS Caregivers and Before-School and After-School Enrichment Programs (BASES)

1. Child Care Supervisor will oversee training and food allergy protocols and prevention strategies of SAC/TEAMS personnel.
2. Be familiar with the students’ severe allergy **Medical Action Plans (MAPs)** and any **Risk Reduction Strategy** plans.
3. Maintain a copy of all severe allergy **Medical Action Plan (MAPs)** with photos in an easily accessed location and be aware of how and where to access the emergency

medications.

4. Participate in allergy training to include:
 - a. Anaphylaxis
 - b. Allergens that cause anaphylaxis (food, insect, latex)
 - c. Risk reduction procedures
 - d. Emergency procedures
 - e. Administering an epinephrine auto-injector
5. **Staff should inform their supervisor if they have not been trained on any of the information above; supervisors will maintain a list of trained employees.**
6. Be vigilant in monitoring the whereabouts of allergic students on the playground.
7. Ensure ***911 Emergency Protocol*** and ***Epinephrine Auto-Injector Instructions*** are posted; be familiar with these documents (See Appendix).
8. All RCS child-care programs must comply with all Rochester Community Schools food allergy guidelines. Review both the ***Responsibilities of Classroom and Special Area Teacher(s)*** and the ***Responsibilities of School Principal/Administrator*** pages in this document to ensure these same considerations and protocols are followed during child-care programs.
9. Utilize established protocols for the administration/storage of emergency medications to ensure availability and appropriate delivery.
10. Communicate the food allergy guidelines to all groups having access to classrooms, such as before-school and after-school activities.
11. BASES programs will not distribute food (unless pre-approved by the BASES supervisor and parents are aware).
12. After-school or before-school activities sponsored by the school and/or hosted by school programs should follow the guidelines put forth in this Rochester Community Schools Handbook, *Managing Life-Threatening Allergies in School Children: Guidelines and Practices*.
13. If food is part of the childcare program, only manufactured foods with ingredient labels (no homemade foods) may be served; individually packaged foods are best. If food is not individually wrapped, ingredient labels should be available and/or posted for students (or family members) with food allergies to review. Principals must be consulted before food is served as foods should not be offered that contain known food allergens listed in the MAPs on file for that building.

Responsibilities of School Bus Drivers and Transportation Department

1. Maintain a copy of all severe allergy **Medical Action Plan (MAPs)** with photos in an easily accessed location and be aware of how and where to access the emergency medications.
2. Be familiar with and have accessible the **911 Emergency Protocol** and **Epinephrine Auto-Injector Instructions** (See Appendix).
3. Maintain a practice of no eating or open food on the bus, except when medically necessary.
4. Bus drivers should never hand out food treats, even on special occasions.
5. Participate in allergy training to include:
 - a. Anaphylaxis
 - b. Allergens that cause anaphylaxis (food, insect, latex)
 - c. Risk reduction procedures
 - d. Emergency procedures
 - e. Administering an epinephrine auto-injector
6. **Bus staff should inform their supervisor if they have not been trained on any of the above information; supervisors will maintain a list of trained employees.**
7. Ensure that each bus is equipped with 2-way communication.
8. Bus drivers should be aware of where students with food allergies are seated. If necessary, monitor that students are in a designated seat if part of the **Risk Reduction Strategy** plan for transporting the student to/from school and/or on field trips.
9. **A Risk Reduction Strategy may also involve:**
 - a. “Wipe down” guidelines in preparation for bus runs, including field trips. Such practice will not guarantee that accidental contamination from a previous trip or rider won’t occur.
 - b. Introduction of student to bus driver by parent or through other arrangements.
 - c. The provision of an epinephrine auto-injector for the bus or a student self-carrying their auto-injector (**NOTE: epinephrine cannot be stored on the bus**).
 - d. In the absence of an accompanying parent, a trained school staff member will be assigned the duty of checking on the student’s welfare and for handling any emergency while on a field trip.

Responsibilities of Custodians

1. Review **Cafeteria Cleaning Protocol** (see Appendix).

2. Follow the daily cleaning schedule, which includes:
 - a. Lunch tables are cleaned daily, in accordance with *Cafeteria Cleaning Protocol* (see Appendix)
 - b. Floor will be swept, spot mopped, or vacuumed daily
 - c. Restrooms, sinks, and dispenser will be disinfected and dispensers filled daily
3. Note that individual student ***Risk Reduction Strategy*** plans may require more frequent cleaning of tabletops, chairs, and desks, which should be specified in the plan and specific to the student's sensitivity (e.g., before assemblies, emergency response to littering or spills, etc.).
4. Be aware that a dedicated trash container for allergen-restricted cafeteria tables may be necessary to avoid cross-contamination.
5. Maintain fresh DMQ disinfectant as effective cleaning solution for removing peanut and tree nut allergen from surfaces.
6. Provide hand wipes for classrooms with affected students and, if necessary, for lunchroom protocol. Liquid soap, bar soap, and commercial wipes are considered effective for removing allergens but hand sanitizers are not.
7. Provide hand wipes for field trips taken by the classrooms with affected students if running water will not be readily available.

Responsibilities of Food Service Director

1. Understand the laws protecting student with food allergies as they relate to food services.
2. To the extent available, make public menus, lists of à la carte items, food products, and ingredient lists on the District food service website.
3. Establish safe food handling procedures to eliminate allergen cross contamination; cleaning and sanitation practices; and job responsibilities of staff involved in the food preparation, distribution, and serving process.
4. Ensure all food servers participate in allergy training to include:
 - a. Anaphylaxis
 - b. Allergens that cause anaphylaxis (food, insect, latex)
 - c. Risk reduction procedures
 - d. Emergency procedures
 - e. Administering an epinephrine auto-injector
5. Maintain a list of staff completing the above allergy training.

6. Provide contact information of vendors, suppliers, etc. upon request.
7. Make publically available a statement declaring that no peanut or tree nuts (or their products) are ever knowingly used or purchased when providing food for Rochester Community School students.

Responsibilities of Parent Teacher Association (PTA)

1. Avoid using food when possible. Consider putting each event/activity through a 3-point checklist:
 - a. What is the goal of the event?
 - b. Can this goal be achieved without food? (If so, eliminate it.)
 - c. If not, how can we choose foods that allow everyone in our school community to fully and safely participate?
2. If not possible to eliminate all food, choose activities and foods that allow all children to safely participate.
3. Engage parents of children with food allergies in PTA event planning process; they are a valuable resource.
4. Use individually wrapped and labeled foods at events. This helps prevent cross contamination and allows students and parents to read labels to ensure safety.
5. Do not serve food to any child without parent knowledge and consent.
6. If food is served, try to keep it isolated to one area and encourage hand washing afterward.
7. Provide means for children to wash their hands as necessary (commercial wipes are okay, hand sanitizer is not sufficient).
8. Invite parents of children with food allergies to attend events and monitor their child.
9. Be aware that some non-food items, such as craft supplies, may contain allergens.
10. Adult attitudes can have significant impact on how children with food allergies are treated.
11. Help promote non-food-based celebrations and fundraisers by suggesting alternatives (see Appendix: ***Alternatives to Food-Based Celebrations and Rewards*** and ***Alternatives to Food-Based Fundraisers***).
12. For all student events during school hours (classroom or school-wide), only manufactured foods with ingredient labels (no homemade foods) may be served; individually packaged foods are best. If food is not individually wrapped, ingredient labels should be available

and/or posted for students or family members to review. Principals must be consulted by event planners (including staff, students, parents/guardians) before food is served, as foods should not be offered that contain known food allergens listed in the MAPs on file for that building. (Individual groups or clubs [i.e., Robotics club, swim team, etc.] should consider food restrictions of members as appropriate.)

13. All student events during non-school hours in which food is served must have manufactured food items with ingredient labels available. Thorough cleaning processes must be followed: tables and/or surfaces with which food has come into contact should be cleaned with warm, soapy water (or wipes).
14. All before- and after-hours school-sponsored events that serve food must identify a clearly defined area where food will be served and/or consumed. The student with life-threatening allergies and his/her family should be notified well in advance of these events. Thorough cleaning processes must be followed: tables and/or surfaces with which food has come into contact should be cleaned with warm, soapy water (or wipes).

Source for #1-10: National PTA. One Voice. Food Allergy Tips for PTA Leaders. Available at: http://onevoice.pta.org/?p=3570&utm_source=2014+KFA+Mailing+List&utm_campaign=62b0aeb4d7-eneews_1_30_2014_epinephrine&utm_medium=email&utm_term=0_c25c5cef21-62b0aeb4d7-95262681

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Appendix

Information for Parents/Guardians of Students with Life-Threatening Food Allergies

1. RCS has a practice of no eating or open food on school buses (except when medically ordered.) However, RCS wants to make parents/guardians aware that the bus driver is keeping his/her eyes on the road, making this difficult to enforce. Buses are an area of higher risk for students with food allergies.
2. RCS understands that school playground equipment is used during non-school hours. Although RCS will not typically allow food on the playgrounds during school hours, RCS does not supervise food use on school property during non-school hours. RCS wants to make parents/guardians aware that playgrounds are an area of higher risk for students with food allergies.
3. RCS wants parents/guardians of students with life-threatening food allergies to be aware that all students, including their child, are welcome to participate in all school activities. However, please be aware that certain events may present increased risk for students with food allergies. These include but are not limited to: events with international foods, potluck meals, catered meals, and all-school social events. If possible, please supervise your child during these events to keep the risk level as low as possible.
4. For the safety of students with peanut/tree nut allergies, RCS eliminated all known peanut and tree nut products in the school cafeteria menus and does not use vendors who knowingly prepare peanut/tree nut products.
5. Substitute teachers will be informed of any students with life-threatening food allergies and will have a copy of the severe allergy *Medical Action Plan (MAP)* in the sub folder. Office staff will attach a *Medical Alert Label* on the sub folder that reads: **Medically-at-Risk Student **READ SUB PLAN****.
6. RCS allows non-school groups to use our facilities on a pre-scheduled basis. RCS staff is not present to supervise use of the building, including whether specific foods are present, during non-school hours. We cannot ensure that foods containing allergens will not be present in the school. To make non-school groups aware of areas where specific foods are not allowed, signs will be posted.
7. RCS wants to make parents/guardians aware that due to the increased age and maturity of students at the middle and high school levels, and due to the fact that entrance to these schools by the public occurs without general restriction, the foods brought into these schools are generally less restricted and less supervised than elementary buildings.
8. Common signage will be used in all schools to indicate areas where particular foods are not allowed. This signage will include pictures and written communication.
9. RCS is unable to guarantee that your student with life-threatening allergies will not be accidentally exposed to an allergen in the school environment. **This is why the term allergy “FREE” is not used as a descriptor.** We do not want to provide a false sense of security that might lead to less vigilance but rather to remain ever aware of possible food allergens and their avoidance.

Thank you for sharing information about your child that helps us protect them. Thank you also for educating your child on age-appropriate ways to avoid their allergic foods. This is an on-going process that will help to insure their safety at school.

Please contact the district school nurse coordinator or principal immediately if you have any questions or concerns about plans to accommodate your child at school. The ***Risk Reduction Strategy*** was developed as a tool for thinking about safeguards you might want to consider when planning for medical accommodations.

Sincerely,
Rochester Community Schools



Risk Reduction Strategy

Interview Worksheet

To be completed by school staff with the parent/guardian to help minimize possible exposure of student to specific allergens. These planning questions may not be all-inclusive but are meant as a guide. Additional strategies may be added. This form is not mandatory, but was designed to use as a tool when appropriate.

Student _____ School _____ Date _____

Grade _____ Classroom Teacher (pre-K through 5th) _____

Allergic Item(s) _____

New to Building Yes ☐ No ☐ New to District Yes ☐ No ☐

Comments _____

Emergency Plans (MAP)

A severe allergy Medical Action Plan (MAP) with a photo has been completed for this school year and epinephrine auto-injector was delivered to school. Yes ☐ No ☐ **Expiration date** _____

Location of epinephrine auto-injectors _____

Comments _____

All teachers of specials (elementary) and teachers in every hour (secondary) are aware of this allergy and have a copy of the severe allergy **MAP**? Yes ☐ No ☐

A **MAP** has been placed in all of the student's teacher's sub folders? Yes ☐ No ☐

For middle school and high school: rotation teachers and all change of semester teachers have been made aware of the student's allergy and have a copy of the severe allergy **MAP**? Yes ☐ No ☐

Marking periods: 1 Yes ☐ No ☐ 2 Yes ☐ No ☐ 3 Yes ☐ No ☐ 4 Yes ☐ No ☐

Attach a schedule of classes for reference and to check off teachers that are aware of this allergy, have a **MAP**, and know how to use an auto-injector.

Comments _____

Transportation

Has a copy of the **MAP**? Yes ☐ No ☐ There is a photo of the student on the **MAP**? Yes ☐ No ☐

Parent/guardian has introduced the student to their bus driver and identified the allergy? Yes ☐ No ☐

The student is to sit in a designated seat on the bus? Yes ☐ No ☐

Epinephrine is available on the bus (self-carry or provided for by the family)? **Yes** ☐ **No** ☐

If “**Yes**”, has the bus driver been trained to give an epinephrine auto-injector? **Yes** ☐ **No** ☐

Comments _____

Privacy and Education (initial all that apply)

_____ I give permission for classmates to be aware of my child’s allergy?

_____ I would like to have an approved book read to the class on food allergy, such as “Alexander the Elephant”? Other _____

_____ I would like for my child’s teacher to introduce him or her to other staff.

_____ I would prefer to make these introductions to other staff myself.

_____ Staff with a need to know (e.g. paraprofessionals, classroom volunteers, specials teachers, lunch room and playground aids) have my permission to receive a copy of my child’s **MAP**.

_____ I give permission to have a copy of the **MAP** posted in the classroom for general observation.

_____ I would like to have a copy of the **MAP** kept in the eating/serving area.

_____ Minimal information only to be shared, listing the allergy and my child’s name.

Comments _____

Eating at School (check all that apply)
--

_____ Student is instructed to eat only food sent from home.

_____ Parent/guardian will supply allergen-free treats to be kept in the classroom for their student.

_____ Student is allowed to eat the school program cafeteria food.

_____ Student will eat in a designated area apart from the general cafeteria.

_____ Student is to eat at a no-peanut/tree nut table.

_____ If the student with the food allergy is to eat at a no peanuts/tree nuts table, students with lunches purchased from the cafeteria food service will be permitted to sit at this table.

_____ Student is to eat at a no _____ allergy table.

_____ Student may eat with his/her classmates without restrictions.

_____ Student should sit at the end of their lunchroom table away from others at the table that might be eating allergen-containing foods.

_____ A disposable placemat is requested for the lunchroom table.

_____ Substitutions in the school lunch food program will be made for any food item containing:

Other _____

Comments _____

Food (check all that apply)

If a food allergen is not allowed in a particular room for part of a day (e.g. morning pre-school, 3rd

hour high school math, etc.) then that same food will not be allowed in the room for the whole day.

____ Student is independently capable of determining whether foods are safe for eating. Student will be responsible for reading labels.

____ Food allergen will not be allowed in student's classroom(s).

____ If an individual student or staff member eats the food allergen outside of a restricted food area, hands must be washed before returning to the restricted areas.

____ Regardless of what they have eaten, all students/staff members returning to a food-restricted classroom will wash their hands upon entering the classroom

____ Food allergen is restricted in specific zones _____

Comments _____

Field Trips (check all that apply)

*All medications and the **MAP** are to be kept with the designated trained staff member that will be with the student. The student's parent/guardian may assume this role but not another parent chaperone.*

____ Notify parent/guardian in advance when any trip is being planned so that potential hazards can be assessed and any needed precautions or accommodations can be made.

____ On every field trip, including walking field trips, all prescribed medications must accompany the teacher along with the **MAP** and a cell phone or walkie-talkie.

____ Bus driver will clean the designated assigned student seat prior to picking up the class.

____ Parent/guardian will provide transportation.

Comments _____

Hand Washing/Bathrooms/Drinking Fountains (check all that apply)

Hand Washing Options:

____ Routine hand washing should occur after eating for all students in this classroom.

____ Routine hand washing should occur at the start of the school day for all students in this classroom.

____ The student will carry hand wipes for personal use as instructed by parent.

____ The student understands that hand sanitizers will not remove allergens.

Bathroom Options:

____ The student will only use the bathroom in the classroom.

____ The student will have unrestricted use of the student bathrooms in the building.

Drinking Fountain Options:

____ The student will use only classroom drinking fountain or will carry his/her own water bottle throughout the building.

____ The student will have unrestricted use of any student drinking fountains.

Comments _____

Classroom: Snacks/Projects/Computers (check all that apply)
--

Snack options:

- _____ Parent will supply all treats/snacks for student.
- _____ Never offer any food to student that parent has not provided.
- _____ Notify parent before offering any food to student.
- _____ Student is allowed to accept food as long as it is not eaten at school (student understands to bring the food item home).
- _____ Student may eat snacks with food labels that are checked by an adult aware of the allergy and knowledgeable on how to read food labels.
- _____ Student may eat plain whole foods (nothing added), such as fruits and vegetables.

Projects

Class projects will not include the use of allergens of the student (including art class). Since birdseed often contains some peanuts and/or tree nuts, no birdseed projects will be allowed.

Computer Use Options:

- _____ Unrestricted use of computer lab.
- _____ A computer keyboard is to be designated for use by all students with specified allergies.
- _____ A plastic cover is provided for a keyboard and is cleaned prior to use by a student with a food allergy.
- _____ The student with a food allergy is provided with his/her own keyboard for school use that travels with the student and is stored at school.
- _____ The keyboard keys are wiped on the computer that the student will be using just prior to use.

Comments _____

Education (check all that apply)

- _____ The student knows what food(s) he/she is allergic to.
- _____ The student knows what to ask before eating any food offered at school.
- _____ The student knows their symptoms of an allergic reaction.
- _____ The student knows to tell an adult right away if having symptoms.
- _____ The student might say or do the following with a reaction:
 - _____ My tongue or mouth is tingling, hot, burning or spicy
 - _____ My mouth or ears itch, my lips feel tight
 - _____ There is a frog in my throat, or my tongue feels full or heavy
 - _____ My mouth feels funny, or my tongue feels like there is hair on it
 - _____ Other _____

Comments _____

Parent has been given copies of: ***Responsibilities of Parents/Guardians of Students with Food Allergies***, ***Information for Parents/Guardians of Students with Life-Threatening Food Allergies***, ***Responsibilities of Students with Food Allergies***, and this ***Risk Reduction Strategy*** worksheet.

Signature, Parent/guardian _____ **Date** _____

Signature, Staff _____ **Date** _____

Severe Allergy Medical Action Plan

The following 2 pages contain the severe allergy *Medical Action Plan*. This can also be accessed online: <http://www.rochester.k12.mi.us/pages/62523/allergy>

(RCS Website [<http://www.rochester.k12.mi.us>], Parents & Community Tab, Health, Medical Action Plans, Allergy folder)

Student Name

Attachement B

Bus

Drivers

Transportation Office Use ONLY if needed

Route #

Medical File

Child's picture
Face only

Student's Name _____
Date of birth _____ **School** _____
Age _____ **Grade** _____ **Teacher** _____

Page one of this MAP is to be completed, signed and dated by a parent/guardian.
Page two of this MAP is to be completed, signed and dated by the treating physician or licensed prescriber.
Without signatures this MAP is not valid. The parent/guardian is responsible for supplying all medications.

CONTACT INFORMATION

Call First

Try Second

Parent/	Name: _____	Name: _____
Guardian:	Relationship: _____	Relationship: _____
Phone:	Home: _____	Home: _____
	Cell: _____	Cell: _____
	Work: _____	Work: _____

Call Third (If a parent/guardian cannot be reached)

Name: _____ Relationship: _____
Address: _____ Phone: _____

ALLERGIC HISTORY

Has your child ever been given an epinephrine shot for an allergic reaction? ☐ YES ☐ NO

Does your child have Asthma? (If yes, at a higher risk for severe allergic reaction) ☐ YES ☐ NO

If your child needs medication at school for asthma, please complete a separate ASTHMA Medical Action Plan or FORM A for prescribed medication at school (you do not need to do both)

List all Allergic FOOD If nuts, please specify by circling one or both: Peanut Tree Nut

☐ YES ☐ NO I request that my child sit at a no peanut or tree nut table for lunch.

Other foods to avoid

List of Different SEVERE ALLERGIES (such as, Insect stings and Latex)

☐ YES ☐ NO I would like to talk with the school nurse coordinator about my child's allergies

☐ YES ☐ NO If my child is to self-carry epinephrine, I will still supply the school with a back up auto-injector.

☐ YES ☐ NO I would like epinephrine auto injectors kept in more than one school location

☐ YES ☐ NO I have read the attached information regarding section 504 eligibility

☐ YES ☐ NO I wish to be contacted regarding a 504 evaluation

I agree to have the information in this two page plan shared with staff needing to know. I understand that my child's name may appear on a list with other students having severe allergy to better identify needs. I give permission to use my child's picture on this plan (if I did not supply a photo.) I give permission for trained staff to give the medication(s) as ordered on page 2 of this MAP for allergic reactions and to contact the physician/licensed prescriber for clarification of orders, if needed.

Date _____ Parent/Guardian _____
Signature

- ☐ If checked, **give epinephrine immediately for ANY symptoms if the allergen was likely eaten.**
- ☐ If checked, **give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted.**

Any SEVERE SYMPTOMS after suspected or known ingestion:

One or more of the following:

LUNG: Short of breath, wheeze, repetitive cough
 HEART: Pale, blue, faint, weak pulse, dizzy, confused
 THROAT: Tight, hoarse, trouble breathing/swallowing
 MOUTH: Obstructive swelling (tongue and/or lips)
 SKIN: Many hives over body

Or **combination** of symptoms from different body areas:

SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)
 Gut: Vomiting, crampy pain



1. **Inject Epinephrine Immediately**
2. Call 911
3. Begin monitoring (See “Monitoring” box below)
4. Give additional medication*
 (If ordered)
 -Antihistamine
 -Inhaler

*Antihistamines & inhalers are not to be depended upon to treat a severe reaction (anaphylaxis). **USE EPINEPHRINE**

MILD SYMPTOMS ONLY:

Mouth: Itchy mouth
 SKIN: A few hives around mouth/face, mild itch
 GUT: Mild nausea/discomfort



1. **Give Antihistamine**
2. Stay with student; Call parent/guardian
3. If symptoms progress:
USE EPINEPHRINE (above)
4. Begin monitoring (See below)

Monitoring

Stay with student; call 911 and parent/guardian. Tell rescue staff that epinephrine was given and the time of administration. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For severe reaction, consider keeping student lying on back with legs raised. Keep head to side if vomiting. Treat student even if parents cannot be reached.

See Auto-Injector Directions Posted with Action Plans and in the Medication Storage Area. Directions for use are also printed on the medication. Check the expiration date when an Auto-injector is brought to school.

For Office Use: Epinephrine will expire this school year ☐ NO ☐ YES (if yes, when) _____
For Office Use: Location(s) of auto-injector (epinephrine) in the school _____

Authorized Physician/Licensed Prescriber Order & Agreement with Protocol in this 2 page plan (see page 1)

Epinephrine dose ☐.15 (junior) ☐.3 (adult)

☐ YES ☐ NO Two doses are to be made available at school

☐ YES ☐ NO It is my professional opinion that this student should self-carry epinephrine

NOTE: *If a student is to self carry their epinephrine, help may still be needed to give the medication.*

Antihistamine name _____ **Dosage** (please do not give a range) _____
 (note, liquid is faster acting than a pill form)

Other instructions or orders _____

Physician/licensed prescriber name (Print) _____

Phone number _____ FAX number _____

Signature _____ Date _____

Section 504: Procedural Safeguards

The following page contains information on rights provided by Section 504 of the Rehabilitation Act of 1973 to students with known or suspected disabilities; this document is provided along with the severe allergy ***Medical Action Plan*** form. This can also be accessed online:

<http://www.rochester.k12.mi.us/pages/62523/allergy>

(RCS Website [<http://www.rochester.k12.mi.us>], Parents & Community Tab, Health, Medical Action Plans, Allergy folder)



Rochester Community Schools

Section 504 – **Notice of Procedural Safeguards**

The following is a brief summary description of the rights provided by Section 504 of the Rehabilitation Act of 1973 to students with disabilities, or suspected disabilities. The intent of the law is to keep you fully informed about decisions concerning your child and to inform you of your rights in the event you disagree with any decisions concerning your child. Under Section 504, you have the right to:

1. Have the District advise you of your rights under federal law. The District must provide you with written notice of your rights under Section 504 (this document represents written notice of your rights as required under Section 504). If you need further explanation or clarification of any of the rights described in this notice, please contact the Building 504 Coordinator for the school that you or your student is attending.
2. Receive written notice before the District initiates any actions with respect to Section 504 identification, evaluation, educational program and/or placement of your child.
3. Have the right to agree or disagree to the implementation of the District's proposed evaluation plan for your child or to its proposed Section 504 Plan for your child.
4. Have an evaluation and placement decision for your child based upon information from a variety of sources and which is made by a team of persons knowledgeable about the student, the meaning of evaluation data, and placement options.
5. Have your child receive a free appropriate public education, which includes the right to be educated with non-disabled students to the maximum extent appropriate, if the child is Section 504 eligible.
6. Have your child take part in and receive benefits from the District without discrimination on the basis of disability.
7. Have your child educated in facilities and receive services comparable to those provided to non-disabled students.
8. Examine all relevant records of your child, including those relating to decisions about your child's Section 504 identification, evaluation, educational program, and placement; and obtain copies of those records at a reasonable cost, unless the fee would effectively deny you access to the records.
9. Receive information in your native language and primary mode of communication.
10. Have a periodic re-evaluation of your child to determine if there has been a change in educational need, including an evaluation before any significant change of placement. Generally, a re-evaluation will take place at least every three years.
11. Have your child given an equal opportunity to participate in nonacademic and extracurricular activities offered by the District.
12. Request and participate in an impartial due process hearing if you disagree with any District action with regard to the identification, evaluation, or placement of your child under Section 504. You have the right to participate personally at the hearing and the right to be represented by counsel in that process and to appeal an adverse decision to a court of competent jurisdiction. If you wish to request an impartial due process hearing, you must submit a written Request for a Hearing to Assistant Superintendent of Instruction.
13. File a complaint in accordance with the District's grievance procedures if you feel that the District has violated an express term of its Section 504 policies and procedures. Further details about the District's grievance process are set forth in the District's 504 procedures.
14. File a complaint with the U.S. Department of Education, Office for Civil Rights if you feel the District has violated Section 504. The address of the OCR Regional Office that covers Michigan is:

Office for Civil Rights Cleveland
U.S. Department of Education
1350 Euclid Avenue, Suite 325
Cleveland, Ohio 44115



Letter From the Teacher (Revised September 2014)

Date:

Dear Parent/Guardian,

Occasionally a health concern arises in the school setting that requires enlisting the support of parents/guardians and classmates to help make the classroom a safe and healthy place for all. This letter is to inform you that at least one student in your child's classroom has a severe allergy to peanuts and tree nuts. Strict avoidance of all nuts and nut products is the only way to prevent a **potentially life-threatening allergic reaction**. Even touching a small amount of a nut product or ingesting a trace amount of the allergen can lead to a life-threatening situation. We are asking for your assistance in providing a safe learning environment at school.

To reduce the risk of exposure, no peanuts or tree nuts will be allowed in your child's classroom this year. **Please do not send any products containing peanuts or tree nuts for your child to eat for a classroom snack. Also, homemade food is not allowed for classroom parties or other classroom-wide consumption.** Please read ingredient labels carefully. Because peanuts and tree nuts are often found in commercially prepared foods and because nuts may be listed by an unfamiliar name (e.g. arachis oil is peanut oil) and because the food might have been made where peanuts or tree nuts are processed, reading labels is not always easy. To help avoid nut products in this classroom, a staff member may help monitor the no-peanut/tree nut rule. If a food item is found in your child's snack with any nuts or nut products, the item will be saved in the office and sent home with your child at the end of the day with an explanatory note.

Since lunches are consumed in the cafeteria and the student(s) with the allergies sits in a designated zone, your child may bring what he/she wishes for lunch. However, please note that lunches may not enter the classroom, and students will be asked to place them on a bin or table outside of the classroom. If your child has eaten peanuts or any tree nuts for breakfast, please be sure their hands are washed before school. Following lunch, all children will wash their hands to help reduce the possible spread of nut proteins in the environment. The cafeteria table will be cleaned before lunch. Please remind your child not to share/trade any food, eating utensils, or food containers with other students.

We appreciate your support of these procedures. We believe all families understand a parent/guardian's concern and worry about their child's safety and that you will join us in protecting allergic students and the class environment so it is safe for all our students. Please complete and return this form so that we are certain every family has received this information. If you have any questions regarding ingredient lists or other questions, please contact one of us.

Sincerely,

Signature of Teacher: _____

Signature of Principal: _____

(Return below to your child's teacher)

I have read and understand the procedures regarding not sending peanuts or tree nuts or their products to school with my child. I agree to do my part in keeping all nut products out of this classroom.

Your child's name: _____

Parent/Guardian Signature: _____ Date: _____

Letter From the Principal



Date:

Dear Parent/Guardian,

You have probably all seen the news stories on the growing number of children with life-threatening food allergies. Deaths from allergic reactions to food occur every year across America and one death is one too many from something that might have been prevented. These children, who are perfectly healthy and normal in every other way, must watch and be careful about every bite they eat or risk suffering a severe or even life-threatening reaction called anaphylaxis. Food allergies have become a major health issue in this country. Anyone can develop this kind of allergy at any age, but younger children seem to be at greater risk.

First-time allergic reactions can occur anywhere including the school environment. The proteins from tree nuts and peanuts seem to be most often associated with anaphylaxis after ingestion or other exposures. All tree nuts and peanuts are part of the FDA required foods to be listed on manufacturer's ingredient labels. The other six most common foods that people are allergic to and that must be listed on ingredient labels are fish, shellfish, soy, wheat, egg, and milk.

The Rochester Community School District wants to reduce the possibility of our students with severe allergies being exposed to their allergens. To do this, we are taking a multi-pronged approach to prevention and have developed a Handbook with guidelines on allergy avoidance, education, and emergency readiness for all of our schools. This guide can be found on our Web site. We realize that the biggest part of avoidance is education, and that involves not just the families directly involved, but to be safe, the entire school community.

We have not declared our schools "Nut Free", as some districts have done, for several reasons. First, this is a claim that cannot be guaranteed and we feel that it would lead to a false sense of security. "Allergy Aware" and "No-Peanut/Tree Nut Classrooms" are the phrases and controls that best describe our efforts to keep allergic students safe. In this way, we can plan for each allergic child as best suits their individual needs. We can also allow the student that wants these foods to have them in an unrestricted classroom and in a controlled fashion in the cafeteria that will respect everyone's rights. Look for a letter from the teacher for a No-Peanut/Tree Nut Classroom.

We appreciate your support of guideline restrictions and procedures when they may require your cooperation. Below is a shared goal from our Handbook on allergies that we would like to see everyone embrace.

Shared goal: Students with life-threatening food allergies will over time develop greater independence to keep themselves safe from anaphylactic reactions. School communities will differentiate risk reduction strategies for students with food allergies reflecting the same generous spirit and understanding as is demonstrated for students with differentiated learning styles and other health-related student needs.

Sincerely,

[Principal/Administrator Name]

[School]



Note Home From School

Date _____

Dear Parent/Guardian,

As you know, there are student(s) in this class with life-threatening food allergies to peanuts/tree nuts. To provide a safe environment for all of our students, keeping this classroom free of peanut/tree nut products is important. The following food _____ contains peanuts/tree nuts or traces of nut product and was removed. This item can be picked up in the school office. Remember to read the product label and avoid foods with peanuts, tree nuts, nut extracts, or nut oils. It is helpful to label your child's lunch or items in their bag that are not whole foods (fruit and vegetables) or that do not have a manufacturer's label, with a note saying "no nuts."

We appreciate your efforts and support in keeping children with peanut and tree nut allergies safe at school.

Regards,

[Staff Name]



Date _____

Dear Parent/Guardian,

As you know, there are student(s) in this class with life-threatening food allergies to peanuts/tree nuts. To provide a safe environment for all of our students, keeping this classroom free of peanut/tree nut products is important. The following food _____ contains peanuts/tree nuts or traces of nut product and was removed. This item can be picked up in the school office. Remember to read the product label and avoid foods with peanuts, tree nuts, nut extracts, or nut oils. It is helpful to label your child's lunch or items in their bag that are not whole foods (fruit and vegetables) or that do not have a manufacturer's label, with a note saying "no nuts."

We appreciate your efforts and support in keeping children with peanut and tree nut allergies safe at school.

Regards,

[Staff Name]

Alternatives to Food-Based Celebrations and Rewards

More and more children have dietary restrictions, such as students with diabetes, food intolerance, food allergies, and those trying to reduce their consumption of foods that are high in calories and low in nutrition. Public schools have an obligation to be as inclusive as possible while meeting the needs of all students. Also, children naturally enjoy being physically active and do not want to feel left out or different. To comply with the spirit of inclusion and to promote wellness, the following ideas are being presented as ways to celebrate holidays or to honor children celebrating a birthday in class that improve the health and safety of our school children while promoting educational alternatives to such traditions as the “cupcake party.”

Watch a movie

Go outside for class

Have an extra recess

Play a computer game

Get a no-homework pass

Be a helper in another room

Make deliveries to the office

Listen to music while working

Play a favorite game or puzzle

Allow the student to teach the class

Design a class or hall bulletin board

Eat lunch with a teacher or the principal

Dance to favorite music in the classroom

Go to the library to select a book to read

Get a “free choice” time at the end of the day

Be first in line when the class leaves the room

If the parents/guardians of a birthday child prefer to buy a gift to acknowledge their child, below are 2 ideas that the entire class can enjoy:

- A pencil, stickers, or other small, non-food items for each classmate
- A book that is read and donated to the class library with the student’s name in it (this is a great way for the child to be remembered for years to come)

For more excellent suggestions on non-food classroom rewards, see *The Quick & Easy Guide to School Wellness: Constructive Classroom Rewards*; available at:

http://www.isbe.net/nutrition/pdf/const_clsrn_rewards.pdf

Alternatives to Food-Based Fundraisers

To Sell:

Activity Cards
Bath Accessories
Batteries
Books, Calendars
Buttons, Pins, Stickers
Candles
Car Emergency Kits
Cookbooks
Coupon Books
First Aid Kits
Flea Market
Flowers and Bulbs
Football Seats
Fruit & Vegetable Basket
Gift Items or Baskets

Gift Wrap, Boxes, or
Bags
Greeting Cards
Hats
Holiday Ornaments
House Decorations
Jewelry
License Plate Frames
Magazine Subscriptions
Megaphones
Mugs
Newspaper Ads/Space
Personalized Stationery
Plants
Pocket Calendars

Raffle Donations
Scarves
School Art/Drawings
School Frisbees
Scratch-Off Cards
Seasonal or School Flags
Silent Auction Donations
Spirit Accessories
Stadium Pillows/seats
Stuffed Animals
T-Shirts/Sweatshirts
Tupperware
Yearbook Space/
Monograms

To Do:

Auction
Bike-a-thon
Bowling Night
Car Wash
Carnivals
Celebrity Basketball
Games
Dances

Family/Glamour Portrait
Festivals
Gift Wrapping
Golf Tournament
Horseshoe Competition
Jog-a-thon
Magic Show
Raffles

Singing Telegrams
Skate Night
Spelling Bee
Staff vs. Student Games
Talent Shows
Treasure Hunt
Walk-a-thon



Rochester Community Schools

Allergy Incident Report

Name of Student: _____ Date of Report _____

Grade: _____ Age: _____ School: _____ Allergic to: _____

Exposed to allergen (circle): Ingested Touched Inhaled Not sure

Symptoms (circle): Anaphylaxis Hives/Skin Wheezing/Respiratory

Vomiting/Gastrointestinal Faint/Cardiac Other

Was epinephrine given? YES ☐ NO ☐ Time _____ Repeat _____

Location of epinephrine or self-carry?

Was 911 called? YES ☐ NO ☐ Time _____

Was parent/guardian called? YES ☐ NO ☐ Time _____

Was an antihistamine given? YES ☐ NO ☐ Time _____

Rescue inhaler used? YES ☐ NO ☐ Time _____

1. Description of how/where/when (date and times) of exposure incident:

2. Observed symptoms or student description of symptoms:

3. Staff alerted/actions/other in-put:

(Please use the back of this form if needed for more narrative space. Number the continuations as above)

Name of person completing this form _____

Copy sent to School Nurse Coordinator? YES ☐ NO ☐

When Taking a Student with Medications on a Field Trip

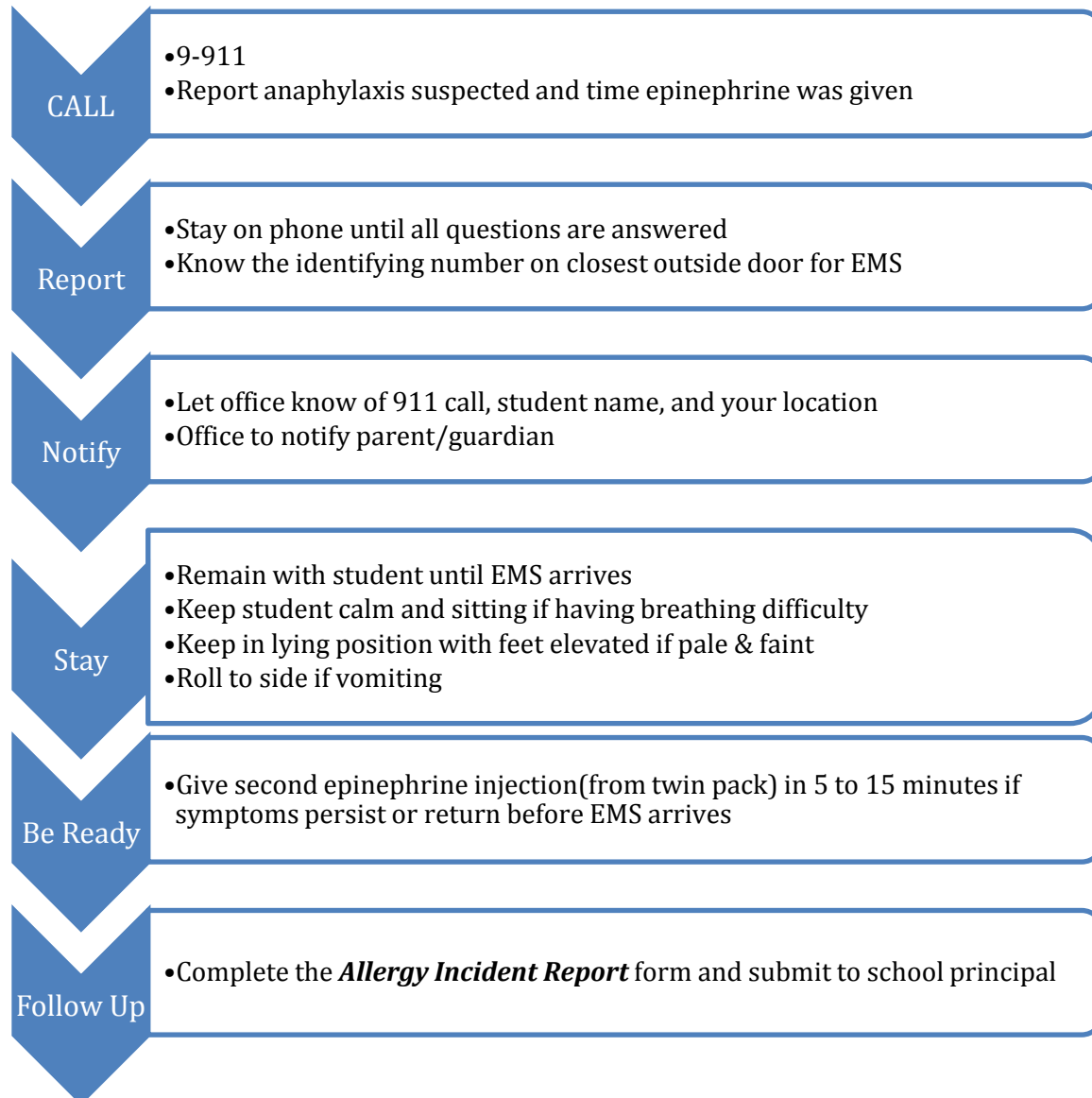
1. Take student's **emergency medications** (epinephrine auto-injector, antihistamine, asthma rescue inhalers, insulin, glucose tablets, etc.) with you on any field trip, including walking field trips. Also take **scheduled medications** with you that need to be given during the time period you will be out of the building.
 - a. Take the student's medication container from the office/area where it is stored and the **Medical Action Plan (MAP)** or other directions for administration. You may need to carry a fanny pack or back pack for multiple medications.
 - b. If a medication is given during the field trip, chart the time and initials of staff administering it and witnessing upon returning to school (see below).
 - c. Return all medications to their designated storage location upon returning to school.
2. The original container with all the medication in it must be taken on the trip. Individual pills may not be removed from the container prior to administration of the medication.
3. Medications should stay with the teacher or designated staff member at all times. Do not leave medications on a bus or in a car.
4. Maintain proper medication storage requirements, such as avoiding temperature extremes and protection from light (epinephrine should be protected from light).
5. Students with medication or potential health needs must stay under the supervision of the teacher or the designated staff member during a field trip. If the parent/guardian of the student with medication comes on the field trip, they may supervise their student and carry the medication.
6. Administration of medication will be done by RCS employees only (unless the parent/guardian is present, as explained above). The responsibility for administering medications to students may not be delegated to a non-RCS employee (e.g., parent/guardian of another student). Ask another employee to witness your administration of the medication.
7. To administer medication, **CHECK TO MAKE SURE YOU HAVE THE:**
 - a. **RIGHT STUDENT**
 - b. **RIGHT MEDICATION**
 - c. **RIGHT DOSE**
 - d. **RIGHT ROUTE** (e.g., oral, topical cream, injection, etc.)
 - e. **RIGHT TIME**
 - f. **RIGHT DOCUMENTATION**

Follow up upon return to the school by documenting administration of all medications on the student's Medication Log (document: medication, dose, time, and initials of person who gave the medication). Ask the witness to also initial the log.

8. Carry a cell phone on field trips. If you do not have one, let the office know so we can arrange for one to accompany you.
9. No eating or open food on buses except when medically ordered.

911 Emergency Protocol

Post-Epinephrine Administration



Cafeteria Cleaning Protocol

DAILY CLEANING PROCEDURE FOR ALLERGEN-FREE LUNCH TABLES

The following is the required procedure to be followed at all times when cleaning designated **allergen-restricted** lunchroom tables. This procedure can be used by custodians, Food Service personnel, or lunchroom paraprofessionals to include any Rochester Community Schools employee.

Equipment and supplies required:

The Custodian gathers the materials below for daily use.

- Disposable paper towels and pump-up sprayer for DMQ
- **Note: if expense is not an issue, consider use of pre-moistened wipes to clean lunch tables (one wipe per table) instead of paper towels/spray (as a time-saving measure)**

Procedure:

1. The custodian will fill the pump-up sprayer with DMQ disinfectant using the chemical dispenser.
2. Staff wiping tables will perform the following sequence before the first lunch period, between each lunch period, and after the last lunch period:
 - **Using a fresh paper towel, clean peanut/tree nut-free tables or any other allergen-free table (such as milk) first,** before cleaning other general-use lunch tables.
 - Dry debris can be removed prior to cleaning or simply pushed onto the floor and removed with daily cleaning procedure.
 - Survey table and lightly pre-spray any dried food spots.
 - Use paper towel and wipe completely. Wipe the seats as well.
 - Use sprayer as needed to ensure sufficient disinfectant is being used.
 - When finished cleaning each table, throw the paper towel away. Use a fresh paper towel for every table. **Do not re-use paper towels between tables.**

Latex Allergy

People with an allergy to latex react to products made from latex rubber. Other people can react to the chemicals found in latex rubber products. Some individuals are so sensitive that even being near latex products will cause a severe reaction. Breathing in the powder found in latex gloves can induce an allergic reaction for some people. Latex allergies can be life threatening and deaths have occurred. The symptoms of anaphylaxis and treatment for this reaction (epinephrine auto-injector followed by a 911 call) are the same as for food allergies (see definition of anaphylaxis on page 5).

Due to the uniqueness of this allergy and the variation of individual reactions to latex, risk reduction planning for school will be done apart from this document.

As a general rule, only use no-latex gloves and no-latex balloons in the school buildings, regardless of previously known latex allergies.

Stinging-Insect Allergy

(Taken from the American Academy of Allergy Asthma & Immunology)

Bees, wasps, hornets, yellow jackets, and fire ants are stinging insects (members of the Hymenoptera family) that can cause life-threatening allergic reactions (anaphylaxis) for a small percentage of people. These insects inject venom into their victims when they sting. The normal reaction to these stings lasts a few hours and the area may swell, hurt, itch and turn red. Occasionally a bite will cause what is termed as a large local reaction with more swelling and lasting for several days rather than a few hours, but this is not a life-threatening allergic reaction.

Allergic (anaphylactic) reactions to insect stings involve more than just a local skin reaction. As with all anaphylaxis, more than one organ system is involved. Symptoms develop rapidly and may include hives, nausea, dizziness, stomach cramps, diarrhea, breathing difficulty or a drop in blood pressure. Treatment is the same as for any anaphylactic reaction caused by any other allergen:

- **Immediate administration of an epinephrine auto-injector**
- **Call for 911**

Prevention

- If a stinging insect is seen, try to stay calm and quiet. Avoid sudden movement or waving of the arms that can cause the insect to react.
- The smell of food attracts most of these insects. Be careful when cooking or eating outside. Keep food covered until eating (especially sweet liquids such as pop).
- Stay away from outside trash containers and keep them covered.
- Stay away from fruit trees that have fallen fruit around them.
- Gardening can accidentally disrupt a hive and incite a swarm. Watch for nests in trees, vines, shrubs, woodpiles, and under eaves.
- Avoid the use of perfume, and scented products such as hair spray, sun lotions, and cosmetics.
- Don't go barefoot. Wear closed-toe shoes outdoors.
- Avoid loose-fitting clothes that can trap insects between the cloth and skin.
- Bright colors, flowery prints and black clothing attract insects more than white, tan, khaki or green.
- Keep an insecticide aerosol in the car in case a stinging insect gets trapped while the car is in motion.
- Do not participate alone in outdoor activities, such as hiking, boating, swimming and golf.

If an allergy to stinging insects is suspected, that person should be evaluated and treated by an allergist.

Medical Alert Labels

The following page contains medical alert labels to be applied to the sub folders for classrooms that have students with life-threatening food allergies.

How to Read a Food Label

The following pages contain information from Food Allergy Research & Education (FARE) on how to read food labels to identify the following food allergens: milk, soy, peanuts, wheat, shellfish, egg, and tree nuts.

How to Read a Label for a Milk-Free Diet

All FDA-regulated manufactured food products that contain milk as an ingredient are required by U.S. law to list the word “milk” on the product label.

Avoid foods that contain milk or any of these ingredients:

butter, butter fat, butter oil, butter acid, butter ester(s)	lactose
buttermilk	lactulose
casein	milk (<i>in all forms, including condensed, derivative, dry, evaporated, goat's milk and milk from other animals, lowfat, malted, milkfat, nonfat, powder, protein, skimmed, solids, whole</i>)
casein hydrolysate	milk protein hydrolysate
caseinates (<i>in all forms</i>)	pudding
cheese	Recaldent®
cottage cheese	rennet casein
cream	sour cream, sour cream solids
curds	sour milk solids
custard	tagatose
diacetyl	whey (<i>in all forms</i>)
ghee	whey protein hydrolysate
half-and-half	yogurt
lactalbumin, lactalbumin phosphate	
lactoferrin	

Milk is sometimes found in the following:

artificial butter flavor	luncheon meat, hot dogs, sausages
baked goods	margarine
caramel candies	nisin
chocolate	nondairy products
lactic acid starter culture and other bacterial cultures	nougat



FARE

Food Allergy Research & Education (FARE)

7925 Jones Branch Drive, Suite 1100

McLean, VA 22102

800-929-4040

info@foodallergy.org

www.foodallergy.org

How to Read a Label for a Soy-Free Diet

All FDA-regulated manufactured food products that contain soy as an ingredient are required by U.S. law to list the word “soy” on the product label.

Avoid foods that contain soy or any of these ingredients:

edamame	soybean (<i>curd, granules</i>)
miso	soy protein (<i>concentrate, hydrolyzed, isolate</i>)
natto	soy sauce
shoyu	tamari
soy (<i>soy albumin, soy cheese, soy fiber, soy flour, soy grits, soy ice cream, soy milk, soy nuts, soy sprouts, soy yogurt</i>)	tempeh
soya	textured vegetable protein (<i>TVP</i>)
	tofu

Soy is sometimes found in the following:

Asian cuisine	vegetable gum
vegetable broth	vegetable starch

Keep the following in mind:

- The FDA exempts highly refined soybean oil from being labeled as an allergen. Studies show most allergic individuals can safely eat soy oil that has been highly refined (**not** cold pressed, expeller pressed, or extruded soybean oil).
- Most individuals allergic to soy can safely eat soy lecithin.
- Follow your doctor's advice regarding these ingredients.

How to Read a Label for a Peanut-Free Diet

All FDA-regulated manufactured food products that contain peanut as an ingredient are required by U.S. law to list the word “peanut” on the product label.

Avoid foods that contain peanuts or any of these ingredients:

artificial nuts	monkey nuts
beer nuts	nut pieces
cold pressed, expeller pressed, or extruded peanut oil	nut meat
goobers	peanut butter
ground nuts	peanut flour
mixed nuts	peanut protein hydrolysate

Peanut is sometimes found in the following:

African, Asian (<i>especially Chinese, Indian, Indonesian, Thai, and Vietnamese</i>), and Mexican dishes	egg rolls
baked goods (<i>e.g., pastries, cookies</i>)	enchilada sauce
candy (<i>including chocolate candy</i>)	marzipan
chili	mole sauce
	nougat

Keep the following in mind:

- Mandelonas are peanuts soaked in almond flavoring.
- A study showed that unlike other legumes, there is a strong possibility of cross-reaction between peanuts and lupine.
- The FDA exempts highly refined peanut oil from being labeled as an allergen. Studies show that most allergic individuals can safely eat peanut oil that has been highly refined (not cold pressed, expeller pressed, or extruded peanut oil). Follow your doctor's advice.
- Arachis oil is peanut oil.
- Many experts advise patients allergic to peanuts to avoid tree nuts as well.
- Sunflower seeds are often produced on equipment shared with peanuts.

How to Read a Label for a Wheat-Free Diet

All FDA-regulated manufactured food products that contain wheat as an ingredient are required by U.S. law to list the word “wheat” on the product label. The law defines any species in the genus *Triticum* as wheat.

Avoid foods that contain wheat or any of these ingredients:

bread crumbs	<i>protein, instant, pastry,</i>	sprouted wheat
bulgur	<i>self-rising, soft wheat, steel</i>	triticale
cereal extract	<i>ground, stone ground, whole</i>	vital wheat gluten
club wheat	<i>wheat)</i>	wheat (<i>bran, durum, germ,</i>
couscous	hydrolyzed wheat protein	<i>gluten, grass, malt, sprouts,</i>
cracker meal	Kamut®	<i>starch)</i>
durum	matzoh, matzoh meal	wheat bran hydrolysate
einkorn	(<i>also spelled as matzo,</i>	wheat germ oil
emmer	<i>matzah, or matza)</i>	wheat grass
farina	pasta	wheat protein isolate
flour (<i>all purpose, bread,</i>	seitan	whole wheat berries
<i>cake, durum, enriched,</i>	semolina	
<i>grabam, high gluten, high</i>	spelt	

Wheat is sometimes found in the following:

glucose syrup	starch (<i>gelatinized starch,</i>	surimi
soy sauce	<i>modified starch, modified</i>	
	<i>food starch, vegetable</i>	
	<i>starch)</i>	

How to Read a Label for a Egg-Free Diet

All FDA-regulated manufactured food products that contain egg as an ingredient are required by U.S. law to list the word “egg” on the product label.

Avoid foods that contain eggs or any of these ingredients:

albumin (*also spelled albumen*)
egg (*dried, powdered, solids, white, yolk*)
eggnog
lysozyme
mayonnaise
meringue (*meringue powder*)
ovalbumin
surimi

Egg is sometimes found in the following:

baked goods
egg substitutes
lecithin
macaroni
marzipan
marshmallows
nougat
pasta

Keep the following in mind:

- Individuals with egg allergy should also avoid eggs from duck, turkey, goose, quail, etc., as these are known to be cross-reactive with chicken egg.

How to Read a Label for a Shellfish-Free Diet

All FDA-regulated manufactured food products that contain a crustacean shellfish as an ingredient are required by U.S. law to list the specific crustacean shellfish on the product label.

Avoid foods that contain shellfish or any of these ingredients:

barnacle	lobster (<i>langouste, langoustine,</i>
crab	<i>Moreton bay bugs, scampi,</i>
crawfish (<i>crawdad, crayfish,</i>	<i>tomalley)</i>
<i>ecrevisse)</i>	prawns
krill	shrimp (<i>crevette, scampi)</i>

Mollusks are not considered major allergens under food labeling laws and may not be fully disclosed on a product label.

Your doctor may advise you to avoid mollusks or these ingredients:

abalone	oysters
clams (<i>cherrystone, geoduck,</i>	periwinkle
<i>littleneck, pismo, quahog</i>)	scallops
cockle	sea cucumber
cuttlefish	sea urchin
limpet (<i>lapas, opibhi</i>)	snails (<i>escargot</i>)
mussels	squid (<i>calamari</i>)
octopus	whelk (<i>Turban shell</i>)

Shellfish is sometimes found in the following:

bouillabaisse	seafood flavoring (<i>e.g., crab or</i>
cuttlefish ink	<i>clam extract)</i>
fish stock	surimi
glucosamine	

Keep the following in mind:

- Any food served in a seafood restaurant may contain shellfish protein due to cross-contact.
- For some individuals, a reaction may occur from inhaling cooking vapors or from handling fish or shellfish.

How to Read a Label for a Tree Nut-Free Diet

All FDA-regulated manufactured food products that contain a tree nut as an ingredient are required by U.S. law to list the specific tree nut on the product label.

Avoid foods that contain nuts or any of these ingredients:

almond	natural nut extract (<i>e.g., almond, walnut</i>)
artificial nuts	nut butters (<i>e.g., cashew butter</i>)
beechnut	nut meal
Brazil nut	nut meat
butternut	nut paste (<i>e.g., almond paste</i>)
cashew	nut pieces
chestnut	pecan
chinquapin nut	pesto
coconut	pili nut
filbert/hazelnut	pine nut (<i>also referred to as Indian,</i>
gianduja (<i>a chocolate-nut mixture</i>)	<i>pignoli, pignolia, pignon, piñon, and</i>
ginkgo nut	<i>pinyon nut)</i>
hickory nut	pistachio
litchi/lychee/lychee nut	praline
macadamia nut	shea nut
marzipan/almond paste	walnut
Nangai nut	

Tree nuts are sometimes found in the following:

black walnut hull extract (<i>flavoring</i>)	nut oils (<i>e.g., walnut oil, almond oil</i>)
natural nut extract	walnut hull extract (<i>flavoring</i>)
nut distillates/alcoholic extracts	

Keep the following in mind:

- Mortadella may contain pistachios.
- There is no evidence that coconut oil and shea nut oil/butter are allergenic.
- Many experts advise patients allergic to tree nuts to avoid peanuts as well.
- Coconut, the seed of a drupaceous fruit, has typically not been restricted in the diets of people with tree nut allergy. However, in October of 2006, the FDA began identifying coconut as a tree nut. Medical literature documents a small number of allergic reactions to coconut; most occurred in people who were not allergic to other tree nuts. Ask your doctor if you need to avoid coconut.
- Talk to your doctor if you find other nuts not listed here.

Common Signage for Doors and Other Areas

The following pages contain signage to be used to identify allergen-restricted areas and other aspects pertaining to food allergy.

Allergy Alert



No Food or Drink

Allergy Alert



No Milk or Eggs

Allergy Alert



No Peanuts or
Tree Nuts

Allergy Alert



No Latex Rubber
Gloves/Products
No Latex Balloons

Allergy Alert

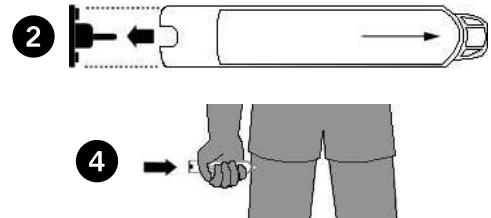


Do Not Forget
Your EpiPen!

Epinephrine Auto-Injector Instructions

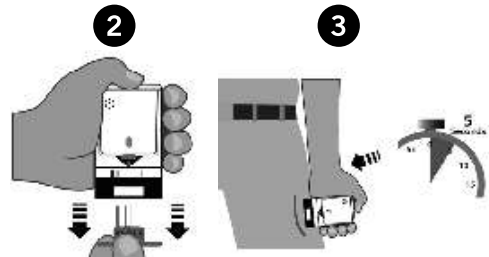
EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



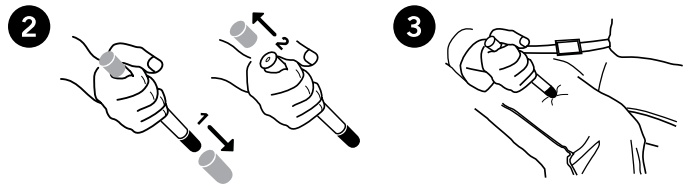
AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



ADRENALCLICK®/ADRENALCLICK® GENERIC DIRECTIONS

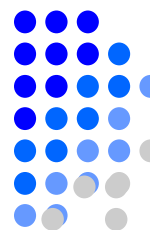
1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.



From FARE's Food Allergy Field Guide 2014. Available here:
<http://www.foodallergy.org/document.doc?id=263>



Food Allergy Tips for PTA Leaders



School Community

PTAs often serve as the glue that binds the school community together. As a PTA leader, you play a critical role in creating an atmosphere of acceptance and inclusivity for all students. Children with food allergies can have life-threatening reactions (anaphylaxis) with exposures to even tiny amounts of allergen. All food allergies need to be taken seriously. Strict avoidance of food allergens is the only way to prevent a reaction. Epinephrine auto-injectors are the first line treatment for a severe allergic reaction. Someone must be able to recognize and treat anaphylaxis when caring for a child with a food allergy.

Kids with food allergies need to do certain things to stay safe. Sometimes the constant need to avoid allergens and be prepared for an allergic reaction can set these members of our school communities apart from their peers. Unfortunately, students with food allergies are sometimes excluded from activities or experiences and sometimes the subject of bullying, teasing or harassment.



Let's help "make every child's potential a reality by engaging and empowering families and communities to advocate for all children."

FOOD ALLERGY FACTS

- 1 in 13 children in America has a food allergy (2 children in every classroom)
- Food allergies can be life-threatening and need to be taken seriously
- Strict avoidance of the food allergen is the only way to prevent a reaction
- Children can be allergic to any food, but 90% of children are allergic to one or more of the following foods: milk, egg, peanut, tree nut, fish, shellfish, wheat and soy
- 35% of children with food allergies have been bullied due to their allergy
- Outside foods are a common cause of allergic reactions in the classroom

Planning Events: Consider Non-Food Options

With food allergies on the rise, your PTA can make a huge difference to help ensure that all students in your community can safely participate.

Consider putting each event/activity through a 3-point checklist:

1. What is the goal of the event/activity?
2. Can this goal be achieved without food? (If so, eliminate it.)
3. If not, how can we choose foods that will allow everyone in our school community to fully & safely participate? (The answer to this will vary based on the specific needs of your school community. Check out some simple tips at right!)

Tips to Make PTA Events Safe & Inclusive

- Avoid using food when possible.
 - If not possible to eliminate all food, choose activities and foods that allow all children to safely participate.
 - Engage parents of children with food allergies in PTA event planning process. They are a valuable resource!
 - Use individually wrapped and labeled foods at event. This helps prevent cross-contact and allows parents to read labels to ensure child safety.
 - Do not serve food to any child without parent knowledge and consent.
 - If food is served, try to keep it isolated to one area and encourage hand washing afterward.
 - Provide means for children to wash their hands, as necessary. (Commercial wipes okay. Hand sanitizer not sufficient.)
 - Invite parents of children with food allergies to attend events and monitor their child.
 - Be aware that some non-food items, such as craft supplies, may contain allergens.
 - Adult attitudes can have significant impact on how children with food allergies are treated.
- Make it a priority to create a caring environment!**

Allergy Resources

Allergic Child: Empowering families and communities managing food allergies

Web site: <http://allergicchild.com/home/>

Allergy Home (training resources by pediatric allergists for school staff and community)

Web site: <http://www.allergyhome.org/>

American Academy of Allergy, Asthma & Immunology (AAAAI)

Web site: <http://www.aaaai.org/home.aspx>

Centers for Disease Control and Prevention, *Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Centers.*

<http://www.cdc.gov/healthyyouth/foodallergies/publications.htm>

Food Allergy Research & Education (FARE)

Web site: <http://www.foodallergy.org/>

Kids with Food Allergies Foundation (KFA)

Web site: <http://community.kidswithfoodallergies.org/>

National Association of School Nurses

Web site: <http://www.nasn.org/>

National Institute of Allergy and Infectious Diseases (NIAID)

(Department of Health and Human Services, National Institutes of Health)

Web site: <http://www.niaid.nih.gov/Pages/default.aspx>

National PTA: Anaphylaxis, A How-To Readiness Guide for Schools

Web site: <http://onevoice.pta.org/?p=3570>

School Staff Training Video:

Food Allergies in School: What School Staff Need to Know

<http://www.allergyhome.org/schools/food-allergy-school-staff-training-full-length-module/>

Children's Books on Food Allergy:

Allie the Allergic Elephant: A Children's Story of Peanut Allergies

Cody the Allergic Cow: A Children's Story of Milk Allergies

Chad the Allergic Chipmunk: A Children's Story of Nut Allergies

by Nicole Smith, available at: <http://home.allergicchild.com/products/>

The Peanut Pickle, by Jessica Ureel, *No Nuts for Me*, by Aaron Zevy, *The Peanut Butter Jam*, by Elizabeth Sussman Nassau, *The Peanut-Free Café*, by Gloria Koster

Spanish version of How to Read a Food Label:

http://www.foodallergy.org/files/how20to20read20a20food20label_SP.pdf