

**Wilson Area School District**

**Severe Food Allergies**

- Purpose** The Board is committed to providing a safe and healthy environment for all students and staff.
- Authority** The Board authorizes the Superintendent, in conjunction with the District’s certified school nurses, to prepare detailed administrative procedures to ensure the safety and well-being of students and staff. The purpose of this policy shall be two-fold: to safeguard the health and well-being of students and employees and, concurrently, to protect the rights of the individual.
- Definitions** **Food Allergy** – A food allergy is any reaction to food or food component that involves the body’s immune system. A reaction occurs when the body’s immune system responds abnormally to the protein or proteins in that particular food. The body reacts by flooding the system with histamines and other chemicals to fight off what is perceived as an invader in the body. Reactions to food or food ingredients that do not involve the immune system are called food intolerance or sensitivities.
- Guidelines** **Family’s Responsibility**
1. Contact the school nurse each year to complete and/or update all medical records including specific information pertaining to any and all known allergies.
  2. Provide written documentation from the attending physician to the school nurse regarding the specific allergy, severity and treatment.
  3. Work with the school team to develop a plan that accommodates the child’s needs throughout the school including in the classroom, in the cafeteria, during school sponsored activities, and on the school bus.
  4. Educate the child in self-management of their food allergy including:
    - Safe and unsafe foods
    - Strategies for avoiding exposure to unsafe foods
    - Symptoms of allergic reactions
    - How and when to tell an adult they may be having an allergy-related problem
    - How to read food labels (age appropriate)

**School Staff's Responsibility**

1. The building nurse will review all medical records including documentation from the attending physician on the student's allergy.
2. A Severe Food Allergy Plan will be developed by the building nurse, in consultation with the parents and principal.
3. Annually, the school nurse shall plan and implement a program, with the support of the building principal, to inform all staff in the building of methods and guidelines for recognizing symptoms of student allergies, and providing emergency treatment.
4. Assure that all staff that interact with the student on a regular basis understands the food allergy, can recognize symptoms and knows what to do in an emergency. The school nurse will review the plan with staff.
5. Discuss field trips with the family of the food allergic child to decide appropriate strategies for managing the allergy.

**General**

1. It is understood that due to the ages of students and the varying intensity of allergies, it is likely that a Severe Food Allergy Plan for an elementary student will be different than for a secondary student.
2. Regardless of the allergy, the District will not support a complete ban of specific or specified foods in the cafeteria that may contribute to the student's allergy unless approved by the Board of School Directors.

**Food Allergy Action Plan**

Student's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Teacher: \_\_\_\_\_

Place  
Child's  
Picture  
Here

ALLERGY TO: \_\_\_\_\_

Asthmatic Yes\*  No  \*Higher risk for severe reaction

◆ **STEP 1: TREATMENT** ◆

<b>Symptoms:</b>	<b>Give Checked Medication**:</b> <small>** (To be determined by physician authorizing treatment)</small>	
▪ If a food allergen has been ingested, but <i>no symptoms</i> :	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ Mouth Itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ Skin Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ Gut Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ Throat† Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ Lung† Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ Heart† Weak or thready pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ Other† _____	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
▪ If reaction is progressing (several of the above areas affected), give:	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine

†Potentially life-threatening. The severity of symptoms can quickly change.

**DOSAGE**

**Epinephrine:** inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject® 0.3 mg Twinject® 0.15 mg (see reverse side for instructions)

**Antihistamine:** give \_\_\_\_\_  
medication/dose/route

**Other:** give \_\_\_\_\_  
medication/dose/route

**IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.**

◆ **STEP 2: EMERGENCY CALLS** ◆

1. Call 911 (or Rescue Squad: \_\_\_\_\_). State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. Parent \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

4. Emergency contacts:  
Name/Relationship \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

a. \_\_\_\_\_ 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

b. \_\_\_\_\_ 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

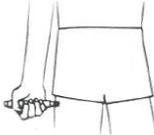
**EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!**

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_

(Required)

TRAINED STAFF MEMBERS	
1. _____	Room _____
2. _____	Room _____
3. _____	Room _____

<p><b>EpiPen® and EpiPen® Jr. Directions</b></p> <ul style="list-style-type: none"> <li>▪ Pull off gray activation cap.</li> </ul>  <ul style="list-style-type: none"> <li>▪ Hold black tip near outer thigh (always apply to thigh).</li> </ul>  <ul style="list-style-type: none"> <li>▪ Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.</li> </ul>	<p><b>Twinject™ 0.3 mg and Twinject™ 0.15 mg Directions</b></p>  <ul style="list-style-type: none"> <li>▪ Pull off green end cap, then red end cap.</li> <li>▪ Put gray cap against outer thigh, press down firmly until needle penetrates. Hold for 10 seconds, then remove.</li> </ul> <p><b>SECOND DOSE ADMINISTRATION:</b> If symptoms don't improve after 10 minutes, administer second dose:</p> <ul style="list-style-type: none"> <li>▪ Unscrew gray cap and pull syringe from barrel by holding blue collar at needle base.</li> <li>▪ Slide yellow or orange collar off plunger.</li> <li>▪ Put needle into thigh through skin, push plunger down all the way, and remove.</li> </ul>  
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Once EpiPen® or Twinject™ is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.

*\*\*Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.*



### Health Room Procedure for Food Allergies

1. Contact the parent of the student with the food allergy. Discuss the allergy and the signs and symptoms of an allergic reaction. We also will discuss medication that maybe needed if the child is having an allergic reaction. We will send home a Food Allergy Action Plan to be filled out by the parent and the physician. We will also send home the WASD medication policy with the correct form to be filled out by the physician and signed by the parent in the event that medication needs to be given at school.
2. We will add the students name and allergy to the health awareness list. The teacher is also informed and given a copy of the health awareness. We also will inform the Principal and the cafeteria workers of the student and the allergy.
3. All teachers in the building are taught how to use the Epi –Pen in case of an emergency. At the beginning of every school year the nurse offers any staff the opportunity to either stop by the health room to practice the use of an Epi- Pen and or borrow the training DVD on how to use an Epi-Pen.
4. The parent of the child who has the allergy is given the option to bring in a safe snack to be kept in school. That way if a snack was given to the class the child would have something safe to eat and not be left out of the classroom activity.
5. If the teacher is doing a special project in the class, they are to call the parent to discuss what materials are going to be used. At this time if the materials that are going to be used maybe a danger to the student the teacher and parent can discuss that and come up with an appropriate and safe solution.
6. It has been recommended that food brought into the building be pre-packaged with ingredients listed.
7. If food is brought into school for a special event the nurse should be told ahead of time. This will allow the nurse to check the ingredients to make sure that all ingredients are safe for the child with the food allergy. If it is unclear what ingredients are in the snack or if the nurse is unsure, a phone call is made to the parent to inform them of the snack. We will ask the parent if they give permission for the child to eat the snack If the parent states they do not want the child to have that treat the parent is given the opportunity to provide an alternate snack. If the nurse were not informed of the snack that is brought into the building then it would be the responsibility of the teacher to look up the ingredients and call the parent.

8. The student with the food allergy is given a designated seat in the cafeteria. The table is covered with a paper covering or the student is given a place mat. The nurse, principal or teacher will discuss with the parent who is allowed to sit with the student and how much space is needed to provide the student with a safe lunch environment. For example, the parent may want their child to sit alone. Another parent may want their child to sit with students who only purchase school lunches and may request that only one other student sit at their child's table so there is plenty of space given to their child

These are the steps we take at the elementary level.