

# Saints Peter and Paul School Anaphylaxis Policy

## Introduction

- These policies are to promote a safe learning environment for all children with anaphylactic food allergies. Every effort is made to adhere to best practices but it is understood that there is no guarantee of performance.
- Food allergies now affect 1 in 25 children and the frequency is increasing. Some of these allergies induce anaphylaxis.
- Peanuts are the most common food to cause anaphylaxis but there are others such as milk, eggs, wheat and shellfish. Anaphylaxis is a life-threatening condition, regardless of the substance that triggers it.
- Completion of training in anaphylaxis management and emergency procedures should be completed and verified in the same way that Virtus training is implemented.
- The school should consider having “stock” epinephrine available, by order of a physician to be administered to a student experiencing suspected anaphylaxis who has not otherwise been identified as anaphylactic and/or who does not have an IEHP.
- This policy recognizes that an attempt to produce a “peanut free” or “allergen free” environment is not possible. The more allergen in the environment, the greater the risk that an anaphylactic student will encounter it. This will require vigilance and rapid emergency response anywhere and anytime at the school. There is no “letting the guard down”.

## Definitions

- **Anaphylaxis** - A serious allergic reaction that is rapid in onset and may cause death. Symptoms include:
  - hives
  - itching (on any part of the body)
  - swelling (of any body parts, especially eyes, lips, face, tongue)
  - red watery eyes
  - runny nose
  - vomiting
  - diarrhea
  - stomach cramps
  - change of voice
  - coughing
  - wheezing
  - throat tightness or closing
  - difficulty swallowing
  - difficulty breathing
  - sense of doom
  - dizziness

- fainting or loss of consciousness
- change of color
  
- **Asthma** - is an inflammatory condition of the bronchial airways. This inflammation causes the normal function of the airways to become excessive and over-reactive, thus producing increased mucus, mucosal swelling and muscle contraction. These changes produce airway obstruction, chest tightness, coughing and wheezing. If severe, this can cause severe shortness of breath and low blood oxygen including death.
- **Auto-injector** - A pre-measured, spring-loaded pen-like device used to administer epinephrine and designed for ease of use by non-medical persons. Example is the EpiPen.
- **Epinephrine (adrenaline)** - A drug that can be successfully utilized to counteract anaphylaxis. Usually administered by auto-injector.
- **EpiReady** – A secure, unlocked box that is clear blue and placed in a prominent and visible location and can hold two EpiPen auto-injectors.
- **Food Allergy** - Food allergy is a group of disorders characterized by immunologic responses to specific food proteins. In the United States, the most likely common allergens in adults and children are cow's milk, eggs, peanuts, wheat, soy, fish, shellfish, and nuts.
- **Individualized Emergency Healthcare Plan (IEHP)** - A personalized healthcare plan that specifies the delivery of accommodations and services needed by a student in the event of an emergency.
- **Individualized Healthcare Plan (IHP)**- A plan that details accommodations and/or nursing services to be provided to a student because of the student's medical condition based on medical orders written by a health care provider in the student's medical home.
- **In loco parentis** – A legal term meaning in the place of a parent or with a parent's rights, duties and responsibilities.
- **School-Sponsored Function** - Any activity, event, or program occurring on or off school grounds, whether during or outside of regular school hours, that is organized and/or supported by the school.

## Principles of Anaphylaxis Management

The general principles of anaphylaxis management in the school are education, avoidance/risk reduction and emergency procedures.

### ***Education***

#### **Staff, after school supervisors, bus drivers**

Training sessions shall be held annually and as early in the school year as possible and will include:

- a) signs and symptoms of anaphylaxis;
- b) common allergens;
- c) avoidance strategies;
- d) emergency protocols;
- e) how to use the epinephrine auto-injector;

- f) identification of at-risk students;
- g) emergency plans;
- h) method of communication with and strategies to educate and raise awareness of parents, students, employees and volunteers about anaphylaxis.
- i) Participate in a mock drill for managing an anaphylaxis crisis incorporating the elements above.

Learn diocesan and state regulations regarding privacy of health information.

## **Students**

- 1) Anaphylactic students should know when a reaction is taking place. If an anaphylactic student complains of any symptoms which could signal the onset of a reaction, school staff should not hesitate to implement the emergency response. There is no danger in reacting too quickly, and grave danger in reacting too slowly.
- 2) The anaphylactic student (as age appropriate) should learn to take responsibility for his or her own well-being.
- 3) The student should be fully aware of the symptoms and understand what to do in the event of a reaction.
- 4) The student should understand how to use an EpiPen, and should not be afraid to use it in a supervised environment or to ask an adult to use it.

Educate the child in the self-management of their food allergy including:

- a) safe and unsafe foods;
- b) strategies for avoiding exposure to unsafe foods;
- c) symptoms of allergic reactions;
- d) how and when to tell an adult they may be having an allergy-related problem; and
- e) how to read food labels (age appropriate).

## **Parents**

Parents are to be educated on the school policy. This will be communicated at the time of application for enrollment to reassure allergic parents and enlist the cooperation in safety from non-allergic parents.

## ***Avoidance and Risk Reduction***

While it is impossible to create a risk-free environment, school staff and parents can take important steps to attempt to minimize potentially fatal allergic reactions and reduce the “allergen load” at the school.

## **General School Environment**

The principal will communicate to the general school community at the start of each school year, the policy regarding allergens in the school:

- a) There will not be a ban on bringing an allergen to school in a lunch or personal snack by a parent or student or staff
- b) All parents and students will be asked to voluntarily desist from bringing personal use allergen to the school or school-sponsored event. The theory is that a

complete ban is not possible but a voluntary ban will reduce the amount of allergen threatening the student/s.

- c) All parents, students and staff will use proper hand washing and cleaning procedures after known contact with an allergen recognizing that casual contact and odors do not cause anaphylaxis but transfer to an allergic student's hand or utensil can cause accidental ingestion.
- d) No sharing of unlabeled food is allowed by an allergic child.
- e) No bullying or other harassing behavior relating to a student's allergy status will be tolerated.
- f) All students are responsible for each others well being and where possible should learn to help manage allergies at the school.
- g) No cooking or boiling of allergen containing ingredients in the school as vapors can induce anaphylaxis.
- h) All supervisors of before and after school programs should be trained in the same manner as the start of year staff training and must be made aware of the allergic students in their charge.

### **Cafeteria**

- a) Provide training to food service personnel on food label reading and safe handling, as well as safe meal substitutions for food-allergic children.
- b) Educate cafeteria staff and monitors about food-allergy management and make them aware of the students who have life-threatening food allergies.
- c) Develop standard procedures for cleaning tables, chairs, and trays, and if relevant those designated as allergen-safe, after lunch periods using dedicated and disposable supplies to avoid cross contact.
- d) When possible, share ingredient/allergen information for food provided by the school to students and parents.
- e) Make allergen-safe table(s) an available option for allergic students if requested.
- f) Consider allergen-full table(s) (i.e., all those eating peanut butter sit together) if requested.
- g) Discourage students from sharing or trading food/snack items, drinks, straws, or utensils.
- h) Encourage students to wash hands before and after eating.

### **Classroom**

- The only foods allowed in the classroom are:
  - a) Commercially packaged food with clear labeling of ingredients.

- b) Unlabeled food prepared at home by a parent is consumed by that parent's child only.
- Encourage the use of non-food items for all classroom events/activities, as a way to avoid the potential presence of major food allergens.
  - Food items that contain allergens are **not** to be used for craft projects.
  - Develop a procedure that will alert substitute teachers to the presence of any students with food allergies and any accompanying instructions.
  - Encourage students to wash hands before and after eating.
  - Develop standard procedures for cleaning desks, tables and the general classroom area.

### **Field Trips**

- A cellular phone should accompany supervisors on field trips.
- Encourage, but do not require, parents/guardians of food-allergic students to accompany their child on school trips.
- Communicate (with parent/guardian permission) relevant aspects of the Individualized Emergency Healthcare Plan to staff, as appropriate, for field trips.

## **Identification of Students with Allergies**

The development and implementation of an Individualized Healthcare Plan (IHP) and an Individualized Emergency Healthcare Plan (IEHP) for each student at risk for a life-threatening allergic reaction. This will be separate from the Medical Concern policy already in place for diabetes and seizures.

## **Management**

### ***Individual Health Plan***

Individual health plans will be completed by parents and physicians and reviewed by the school principal and teachers.

### ***Individual Emergency Health Plan***

Individual emergency health plans will be completed by the parents, physician and reviewed by the principal and teachers and will give instructions for emergency management of the allergic child and will hold harmless school personnel for rendering treatment in a suspected emergency.

### ***Emergency Management***

- A student who has been exposed to an allergen should never be left alone except if no help is available to procure epinephrine.
- Emergency systems will be mobilized by calling 911 as soon as anaphylaxis is suspected.

- EpiPens will be available in secure, unlocked and accessible EpiReady boxes whose locations are known to all staff and students. These will be placed in the office, wellness room, cafeteria, home rooms of allergic students and in as many locations as is possible in consultation with the diocese and in accordance with state law.
- Parents of allergic students will supply at least one and ideally two autoinjectors at the start of the school year for each allergic student. These devices will have an expiration date that will last to the end of the school year.
- Students will be allowed to carry and self administer epinephrine with an auto-injector.
- All school employees will be trained to understand the school's general emergency procedures and steps to take should a life-threatening allergic reaction occur.

## **Roles and Responsibilities**

### ***Parents and Family***

- Notify the school of the student's allergies.
- Work with the school team to develop a plan that accommodates the student's needs throughout the school including the Individualized Emergency Healthcare Plan (IEHP).
- Provide written medical documentation, instructions, and medications as directed by a physician. Include a photo of the child on written form.
- Provide properly labeled medications and promptly replace medications after use or upon expiration.
- Educate the child in the self-management of their food allergy including:
  - a) safe and unsafe foods;
  - b) strategies for avoiding exposure to unsafe foods;
  - c) symptoms of allergic reactions;
  - d) how and when to tell an adult they may be having an allergy-related problem; and
  - e) how to read food labels (age appropriate).
    - Participate in a post incident review.
    - Provide current emergency contact information and update regularly.

### ***Classroom Teacher***

- 1) Participate in in-service training that addresses the student with allergies.
- 2) Be sure volunteers, student teachers, aides, specialists and substitute teachers are informed of the student's allergies and necessary safeguards.
- 3) Leave information in an organized, prominent, and accessible format for substitute teachers that ensures essential information is transmitted to the new teacher

assuming you may be incapacitated and unable to communicate..

- 4) Educate classmates to avoid endangering, isolating, stigmatizing, or harassing students with allergies; be aware how the student with allergies is being treated; enforce school rules about bullying and threats.
- 5) Never question or hesitate to act if a student reports signs of an allergic reaction.
- 6) Use stickers, pencils, or other non-food items as rewards instead of food to decrease the risk of reactions

## **School**

- 1) Review the health records submitted by parents and physicians.
- 2) Identify a core team including the school nurse, teacher, principal, school food service and nutrition manager/director to work with parents and the student (age appropriate) to establish an IEHP. Changes to the IEHP that promote food allergy management should be made with core team participation.
- 3) Assure that all staff are familiar with the school anaphylaxis policy and participate in anaphylaxis training.
- 4) Staff provides care “in loco parentis”.
- 5) Coordinate with the school nurse/principal to ensure medications are appropriately stored, and ensure sure that an emergency kit is available that contains a physician’s standing order for epinephrine. Epinephrine should be kept in a secure but unlocked location that is easily accessible.
- 6) Students who are permitted to self-administer should be permitted to carry their own epinephrine, in accordance with state regulations and district and nonpublic school policies.
- 7) Designate school personnel who volunteer to administer epinephrine in an emergency.
- 8) Be prepared to handle a reaction and ensure that there is a staff member available who is properly trained to administer medications during the school day, regardless of time or location.

- 9) Discuss field trips with the family of the food-allergic child to decide appropriate strategies for managing the food allergy.
- 10) Follow federal and/or state laws and regulations regarding sharing medical information about the student.
- 11) Take threats or harassment against an allergic child seriously.
- 12) Work with the transportation administrator to:
  - a) insure that school bus drivers receive training that includes symptom awareness and what to do if a reaction occurs, and
  - b) assess the means by which bus driver can communicate during an emergency, including proper devices and equipment.

## ***Student***

- 1) Should not trade food with others if has food allergy.
- 2) Should not eat anything with unknown ingredients or known to contain any allergen if has food allergy.
- 3) Should be proactive in the care and management of their allergies and reactions based on their developmental level.
- 4) Should notify an adult immediately if they eat something they believe may contain the allergen.
- 5) Wash hands before and after eating if has food allergy.
- 6) Learn to recognize symptoms of an allergic reaction.

## **Monitoring/Evaluation**

### ***Post Incident Review***

Review policies and procedures with the school staff, the child's physician, and the child (if age appropriate) after a reaction has occurred.

### ***Reports of Policy Deviations***

If any parent or staff member has concerns about the content of this policy or deviations from it they should make this known to the principal of the school. If issues persist the contact person is the Chairman of the School Council.

### **Concerns/Feedback**

*The Saints Peter and Paul School Council has a mission to nurture a safe school environment while maintaining excellent academic standards. It invites all comments or feedback that can help further these goals.*