

Allergy Handbook

MANAGING SEVERE ALLERGIES IN THE SCHOOL
SETTING

Grafton Public School District
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Handbook Development

This handbook was developed by a Grafton Public School District team. Content was adapted from the **Bismarck Public Schools Severe Allergy Handbook** and the **Grand Forks Public Schools Allergy Handbook**.

Overview and Goal of this Handbook

Grafton Public Schools recognizes the growing number of students enrolling in our schools with potentially life-threatening food allergies. As public educators, we recognize our responsibility to develop appropriate health plans for students with food allergies which 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/herself.

While the medical and health-related needs are unique for each child, the intention of this manual is to establish a set of consistent, systemic practices within the district as a starting point. Principals and school personnel do not need to "re-invent" the wheel each time a student with serious food allergies enrolls nor need do students and their families to fear experiencing variable levels of familiarity with regard to food allergens.

As an educational environment we believe in our capacity to *educate* our families, teachers, and students to better understand life-threatening food allergies.

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

A consistent and well-implemented approach will help students learn to:

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

An Individual Anaphylaxis Health Plan should be written for all students having life-threatening allergies. The Plan and this Handbook identify accommodations that are needed to keep students safe. In rare instances, principals, school personnel, and parents may determine a 504 Plan may be written. Section 504 is part of the Rehabilitation Act of 1973.

What is Food Allergy?

Students with food allergies have over-reactive immune systems that target otherwise harmless elements of our diet and environment. During an allergic reaction to the food, the immune system recognizes a specific food protein as a target. 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) and the respiratory system (coughing, 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 and systemic, the reaction is termed “anaphylaxis”, a potentially life-threatening event.

What is Anaphylaxis?

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

The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock, which are potentially fatal. Common examples of potentially life-threatening allergies are those to foods and stinging insects. Life-threatening allergic reactions may also occur to medications or latex rubber and in association with exercise. Peanuts and tree nuts are responsible for the vast majority of fatalities due to food-induced anaphylaxis.

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.

In many fatal reactions, the initial symptoms of anaphylaxis were mistaken for asthma, this leading to the delay in appropriate treatment with epinephrine.

When in doubt, it is better to give the Epi-Pen Auto-Injector (epinephrine) and seek medical attention. Fatalities occur when epinephrine is withheld or delayed.

Anaphylaxis can occur immediately or up to two hours following allergen exposure. In about a third of the anaphylactic reactions, the initial symptoms are followed by a delayed wave of symptoms two to four 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 following the administration of epinephrine, the student be transported by emergency medical services to the nearest hospital emergency department even if the symptoms appear to have been resolved. If epinephrine is administered in the Grafton Schools, 911 will be called.**

For those at risk for food induced anaphylaxis, the most important aspect of the management in the school setting should be prevention and prompt response to a possible reaction. In the event of anaphylactic reaction, epinephrine is the treatment of choice and should be given immediately. This shall require the training of unlicensed personnel if nursing staff cannot be available immediately.

The severity and explosive speed of food anaphylaxis emphasizes the need for an effective emergency plan that includes recognition of the symptoms of anaphylaxis, rapid administration of epinephrine, and prompt transfer of the student by the emergency medical system to the closest hospital.

- Any student with a medical diagnosis of a life-threatening allergy that requires epinephrine shall have a Health Care Provider Anaphylaxis plan and GPS Health Care Plan in place and have medication (EpiPen, antihistamine) stored at the school.
- The fact that 25% of allergic reactions that take place in a school setting are by students who are undiagnosed, there is a possibility that an allergic reaction may occur with a student that has no emergency plan or an EpiPen® at school. Because of this the Grafton Public Schools will keep stock EpiPen® in each school building. These stock EpiPens® will be used in cases of undiagnosed anaphylaxis and/or for a diagnosed student requiring a second dose of epinephrine (as deemed necessary by a school nurse or emergency medical support). Stock EpiPens® are not provided for students previously diagnosed with a severe allergy.
- In cases of students already diagnosed with an allergy, all medications must be provided by parents and stored at the school site.

Glossary of Terms

504 Plan: A legal document that refers to Section 504 of the Rehabilitation Act of 1973 and protects individuals with disabilities. It protects people who are found to have a physical or mental impairment that substantially limits one or more major life activities. A 504 Plan can be a useful tool to legally address appropriate accommodations that may be needed in the school setting for students with specific health needs.

Adrenaline: A naturally occurring hormone that increases heart rate, blood pressure, and affects other adverse bodily functions (such as vomiting and diarrhea).

Allergen: A substance that causes an allergic reaction.

Anaphylaxis: A severe, life-threatening allergic reaction to an allergen (nut, bee sting, latex, etc). It occurs suddenly and can worsen quickly and may cause death. This reaction requires emergency care.

Antihistamines: A class of medication used to block the action of histamines in the body and reduce the symptoms of an allergic reaction. One common brand of antihistamine is Benadryl.

Asthma: A chronic, inflammatory condition of the lungs, resulting in difficulty breathing that causes coughing, chest tightness, and wheezing. It is commonly triggered by infection, an allergy, and/or physical factors such as exercise and cold air temperatures.

Auto-injector: A medication delivery device that automatically administers an injectable medication (i.e. epinephrine). Often referred to as an “EpiPen”.

Chronic: Symptoms that occur frequently or are long lasting.

Cross Contamination: Occurs when a safe food item comes in contact with a food allergen such as peanuts, tree nuts, milk, fish, or any other allergen.

Degree of severity: The projected allergic reaction and its impact on the patient - from mild (skin irritations) to severe (life threatening: immediate anaphylaxis shock).

(allergy) airborne: allergic reaction that can occur by breathing in the allergen

example: student has an allergic reaction when a bag of peanuts is opened in the same room. This is very uncommon.

(allergy) ingestion: allergic reaction from the allergen being ingested

example: student eating food that contains peanuts

(allergy) skin/touch: allergic reaction resulting from the allergen coming in contact with the skin of the student

example: student touching a food product with peanut ingredient. This is not common.

EpiPen® and EpiPen Jr.®: A device used to automatically give one measured dose of epinephrine when injected into the thigh muscle during an anaphylaxis reaction. EpiPen® and EpiPen Jr.® are registered trade names of Dey®.

Epinephrine: A medication used for immediate treatment of an allergic reaction.

Food allergies: Allergic reaction that occurs when the body responds defensively to an allergen.

Food intolerance: Inability to digest certain foods, NOT an allergy (i.e. intolerance to lactose, which is found in milk and other dairy products, is the most common food intolerance).

Histamine: Released by the body as part of the allergic reaction. Histamine causes the symptoms of the allergy such as itching, sneezing, wheezing, etc. The actions of histamine are blocked by antihistamine.

Hives: Itchy, swollen, red bumps or welts on the skin that appear suddenly. They may be a result of the body's adverse reaction to certain allergens. They can appear anywhere on the body including the face, lips, tongue, throat or ears. Hives vary in size and can last for minutes or days. Hives are also known as urticaria.

Latex: Also known as rubber or natural latex. Latex is a milky fluid derived from the rubber tree. It is used in a wide variety of consumer products, including rubber gloves, tubing, rubber bands, etc.

Health Care Team: Building-level team including, but not limited to, the parent/guardian, classroom teacher, principal, school nurse, and possibly the student. The purpose for this team is to create and implement a GPS Health Care Plan and/or 504 plan.

Health Care Plan: The GPS Student Anaphylaxis Action Plan and Parent Authorization for EpiPen® completed by the parent(s) that supports the necessary accommodations and needs of a student with a medical diagnosis. This plan is communicated to the Health Care Team.

HCP: Health Care Providers with prescriptive authority.

Health Care Provider Anaphylaxis Action Plan: The Health Care Plan completed by the student's Health Care Provider that supports the necessary accommodations and needs of a student with a medical diagnosis. This plan is communicated to the Health Care Team.

Peanuts: Legumes that are grown underground rather than on trees.

Allergen-safe/restricted table: A table reserved solely for students with peanut allergies and students that are also eating meals that are peanut free. The need for this table is declared in the individual Health Care Plan or 504 plan.

Allergen-safe/restricted zone: Area such as a table, cafeteria, classroom, or an entire campus. No peanuts or products containing nuts are allowed in this zone.

Risk reduction: Actions taken to reduce the risk that a student will come in contact with an allergen that would put him/her at risk for anaphylaxis or other allergic symptoms.

Tree nuts: Nuts harvested from trees such as cashews, almonds, pecans, and walnuts.

Responsibilities of the Parent/Guardian

Communication:

- € Notify the school of the student's allergic condition upon registration or recent diagnosis if the student is already enrolled in the district.
- € If your student is new to the school, contact the school to set up a health care team meeting.
- € Prior to the health care team meeting, have your doctor complete and sign the Health Care Provider (HCP) Anaphylaxis Action Plan. This form must be submitted annually.
- € Participate in your student's health care team meetings to write the GPS Anaphylaxis Action Plan and/or 504 Plan.
- € Review and revise your student's GPS Anaphylaxis Action Plan and/or 504 Plan with the school health care team.
- € Strongly consider the purchase of a medical alert bracelet or jewelry for your student to wear to school.
- € Provide the school with a doctor's statement if your student no longer has an allergy and does not need a 504 Plan, GPS Anaphylaxis Action Plan and HCP Anaphylaxis Action Plan.
- € Keep updated phone numbers with the school office.
- € Inform the school if an allergic reaction has occurred outside the school setting.
- € Inform all teaching staff including coaches, advisors, chaperones, etc., of known allergy and plan in place.
- € At the conclusion of the school year, pick up your student's EpiPen® and any other medication in the school office.
- € If an allergic reaction has occurred in the school setting, attend the post-incident team meeting.
- € Develop trusting relationships with peers who understand importance of avoiding allergens.
- € If your student rides the school bus daily, inform the bus driver(s) of the known allergy and assure they have received the transportation health plan.

Training/Education:

- € Educate your student on self-management of his or her allergies:
 - o The location of his/her EpiPen® and antihistamine at school.
 - o Depending on age and development level, train your student how to self-administer an EpiPen®.
 - o Which foods are safe for your student, which are not.
 - o How to avoid exposure.
 - o Learn the signs and symptoms of an allergic reaction.
 - o How and when to tell an adult if a reaction is or may be starting.
 - o How to read food labels, if applicable.
 - o Proper hand washing before and after eating.
 - o Report any teasing or bullying to an adult.
 - o Avoid trading or sharing food.

Risk Reduction:

- € Epinephrine:
 - o In elementary provide at least one EpiPen® for the school office.
 - o If student has been authorized by their Health Care Provider (HCP) to self-administer their own EpiPen®, strongly consider providing a second EpiPen® for the school office.
 - o Ensure that any medication and the EpiPen® have not expired. Replace as needed.
 - o If a student stores an EpiPen® in their belongings and if an EpiPen® has not been provided for the school office, delays in locating the student's EpiPen® in an emergency may occur. The condition of the EpiPen® or its contents may be such that the medication is not effective due to storage conditions.
 - o Field trip destinations are communicated with parents in advance. GPS cannot assure the destination will be allergen-free.

Medical Management:

- € Provide properly labeled medications.
- € Review and revise the GPS Anaphylaxis Action Plan and HCP Anaphylaxis Action Plan yearly.
- € Medication (EpiPen® and antihistamine) is stored in designated area with GPS Anaphylaxis Action Plan and HCP Anaphylaxis Action Plan.
- € If student is participating in a before and/or after-school program or athletic team, provide the necessary medication and EpiPen®.
- € Participate in class field trips if available.

Responsibilities of the Student

While appropriate accommodations for students with life-threatening allergies will be made in the school setting, it is the goal for student with allergies to become self-advocates as they mature. It is our goal for students with severe allergies to become prepared for life outside of the school setting. The responsibilities asked of a student with allergies will change as the student develops and matures. Students should work to take responsibility for avoiding allergens (based on their developmental level), learn to recognize their symptoms of an allergic reaction, and report a reaction to an adult without hesitation.

Communication:

- € Inform all teaching staff, including coaches, advisors, chaperones, etc., of known allergy (age appropriate).
- € Report any bullying, teasing, or harassment to a school staff member.
- € Consider informing peers of your known allergy and reaction.
- € Develop trusting relationships with peers who understand the importance of avoiding allergens.

Training/Education:

- € Learn self-management of his or her allergies (age-appropriate):
 - o How to administer an EpiPen® (dependent on age and developmental level).
 - o Which foods are safe and which are not safe.
 - o How to avoid exposure.
 - o Learn the signs and symptoms of an allergic reaction.
 - o How and when to tell an adult.
 - o How to read and interpret food labels.

Risk Reduction:

- € Food allergies:
 - o Do not trade or share food.
 - o Tell the school nurse and other staff members that you have a food allergy.
 - o Wash your hands before and after eating.
 - o Do not eat any foods with unknown ingredients.
 - o Learn to read food labels.
 - o Preview school lunch menu and make responsible choices.
 - o When riding the school bus, if necessary sit in the seat designated by the bus driver.
- € Insect stings:
 - o Avoid wearing brightly colored clothing.

- o Avoid perfumes and heavily scented hair products, body soap, and lotions.
 - o Wear closed-toed shoes.
 - o Wear clothing that inhibits insect bites.
 - o When outdoors, stay away from garbage receptacles.
 - o Avoid eating outdoors if possible and keep food covered.
- € Latex allergies:
- o Tell the school nurse and/or designated staff members that you are allergic to latex.
 - o Avoid any contact with latex gloves or other latex products.

Medical Management:

- € Inform an adult if you have ingested a known allergen or believe that you are having an allergic reaction.
- € Know where your EpiPen(s) is stored in the building. This is particularly important as the student enters adolescence and interacts within environments with less oversight.
- € Carry your EpiPen® if appropriate and if Health Care Provider (HCP) has signed authorization. Do not share EpiPen® with other students.
- € Complete the training checklist yearly with the school nurse, where a school nurse is on staff.
- € If age-appropriate (i.e. middle school, high school) represent yourself as a member of your health care team, being involved with developing your GPS Anaphylaxis Action Plan.

Responsibilities of the District Administration

Communication:

- € Communicate the policy for managing life-threatening allergies to families and community members.
- € Provide guidance to building level administrators and school nurses in special situations.

Training/Education:

- € Ensure that all staff members receive training relative to their role(s) in the school setting.
- € Develop a plan for all substitute teachers to be trained in the administration of epinephrine.
- € Monitor building level notification and training of staff members in relation to students with allergies.

Risk Reduction:

- € Develop and implement a protocol for the use of EpiPen(s) for emergency treatment of unknown anaphylaxis.
- € Review rental agreement when outside groups (i.e. non-school related organizations) will use school property and food is present to ensure that students with allergies are not put at risk.

Medical Management:

- € Have a plan in place for cases when and where a school nurse is not available during an emergency situation.
- € Develop, adopt, and implement a school district Health Care Provider (HCP) Anaphylaxis Action Plan for students with life-threatening allergies. This plan should include procedures and expectations of all stakeholders. This plan should be written for students K-12.

Responsibilities of Building Administrator

Communication:

- € Implement and monitor procedures for managing life threatening allergies.
- € Require a completed GPS Anaphylaxis Action Plan and/or 504 Plan and Health Care Provider (HCP) Anaphylaxis Action Plan for every student that has a life-threatening allergy prior to the student's start date or upon new diagnosis.
- € Participate in the collaboration with the health care team and assist with the monitoring of the implementation of the GPS Anaphylaxis Action Plan and HCP Anaphylaxis Action Plan.
- € Reconvene health care team to conduct post-incident meeting if a severe allergic reaction occurs at school. Assure the GPS Documentation of Anaphylaxis Event form is completed within one week of the incident.
- € Assure that a letter is provided to all parents of students assigned to a classroom where one of the students has been medically diagnosed with a life-threatening allergy (carried out in accordance with FERPA regulations).
- € If a school nurse is not on staff in a building, identify and designate staff that will perform the school nurse responsibilities and duties.
- € Communicate with any non-school organizations that are renting or using the facility after school hours re: allergen restrictions in the building.
- € Ensure all staff members know where medication, GPS Anaphylaxis Action Plan and HCP Anaphylaxis Action Plans are stored.
- € Plan for a transition meeting to the student's next grade level if needed.
- € Alert all visitors and guest speakers of allergen safe guidelines set in the school when appropriate.
- € Notify bus drivers or Transportation Company of students with life-threatening allergies, naming the allergen and including the transportation health plan.
- € When a substitute reports to the office to check in, a note should be attached to the time sheet alerting the substitute that a child with a potentially life- threatening food allergy attends the class.

Training/Education:

- € Mandate training of all personnel in the administration of an EpiPen® every two years; assign someone to keep track of attendance at these trainings.
- € Ensure that all personnel hired mid-year attend a training session as well.
- € Ensure that if the substitute teacher (in a classroom with a student with severe allergies) has not received training, another trained staff member is designated to give the EpiPen®.

Risk Reduction:

- € Monitor the strategies of risk reduction and compliance with any school health care plans that are in place.
- € Monitor the strategies of risk reduction and compliance of after-school and off premises school events that students participate in.
- € Assure common signage is posted outside restricted classrooms.

Medical Management:

- € Require parent to provide the school with a current EpiPen®.
- € Health Care Provider (HCP) Anaphylaxis Action Plan, GPS Anaphylaxis Action Plan, and EpiPen® are kept in a readily available area of school.
- € Identify location for storing EpiPens® with visual descriptors.
- € Conduct and track attendance of emergency response drill for staff members.
- € Follow the protocol for the use of EpiPens® for emergency treatment of unknown anaphylaxis.
- € Provide accessible emergency communication between classroom-office, playground-office, field trips-office (e.g. walkie talkies, cell phones).

Responsibilities of School Nurse in Buildings where Nurse is on Staff

Communication:

- € Assure completion of the GPS Anaphylaxis Action Plan and/or 504 plan before school starts.
- € Ensure the Health Care Provider (HCP) Anaphylaxis Action Plan is completed and signed.
- € Initiate parent/teacher meetings regarding the student's allergy before the start of school.
- € Provide the GPS Anaphylaxis Action Plan and HCP Anaphylaxis Action Plan to each teacher assigned to the student and to the administrator and the counselor.
- € Meet with the student to discuss their GPS Anaphylaxis Plan and HCP Anaphylaxis Action Plan and complete the training checklist yearly.
- € Obtain an exchange and release of information between school and health care provider, if needed.
- € Conduct a transition meeting when the student is moving to the next grade level (if needed).
- € Assure EpiPen(s) are properly labeled with prescription label affixed or on file in the office.
- € Provide the Transportation Health Plan to the school bus driver; this only pertains to students with severe allergies that ride the bus daily.

Training/Education:

- € Train staff members in the administration of EpiPens® and in the understanding of anaphylaxis versus non-life threatening allergic reactions.

Risk Reduction:

- € Be a resource for teachers and staff members with questions regarding allergies and how to provide the necessary accommodations for students.
- € Be a resource and care coordinator for parents of students with severe allergies.

Medical Management:

- € Prior to entry into school (or for a student who is already in school, immediately after the diagnosis of a life-threatening condition), the nurse will review the GPS Anaphylaxis Action Plan and HCP Anaphylaxis Action Plan to make sure it is complete.
- € Continue to work with parents, student(s) and staff members to address the needs of the student with severe allergies.
- € Assure that medication (EpiPen® and antihistamine) is stored in designated area as well as the HCP Anaphylaxis Action Plan and the GPS Anaphylaxis Action Plan.
- € Monitor and record expiration dates and inform parents when replacements are needed.
- € Assure check in/check out forms are used if an EpiPen® must be taken out of the school office.

Responsibilities of the Teacher

(Applies only to classrooms with students who have severe allergies)

Communication:

- € Participate in the initial writing of the GPS Anaphylaxis Action Plan and/or 504 Plan.
- € Inform your substitute and student teachers about the students with severe allergies and review their GPS Anaphylaxis Action Plan and Health Care Provider (HCP) Anaphylaxis Action Plan. Discuss these plans with guest speakers, volunteers, etc. as needed.
- € Discuss anaphylaxis in age-appropriate terms with the class to ensure a safe environment for a peer with allergies.
- € Communicate with parents/guardians of your students (dependent on age and developmental level) if you are having an event in your classroom that involves food, or if a field trip involves eating away from school.
- € Participate in the post-incident meeting for the student who had an anaphylactic reaction at school.
- € Provide a letter to all parents of students assigned to a K-4 classroom where one of the students has been identified as having a life-threatening allergy (carried out in accordance to FERPA regulations). Describe any accommodations that will be made in the classroom and how that affects other students in the class.
- € Provide required education in upper elementary classrooms.

Training/Education:

- € Become knowledgeable of the signs and symptoms of a severe allergic reaction in addition to the specific signs and symptoms noted in the student's GPS Anaphylaxis Action Plan and/or 504 and HCP Anaphylaxis Action Plan.
- € Participate in the training to handle the everyday health needs as well as emergency health needs of the student with severe allergies. This should include:
 - o Education of allergens that cause the allergic reaction.
 - o How to prevent exposure (risk reduction).
 - o How to recognize symptoms of an allergic reaction (both those known for this student and general symptoms that could also occur with an allergic reaction).
 - o Study the HCP Anaphylaxis Action Plan and GPS Anaphylaxis Action Plan, and the readiness to implement this plan.
 - o Training and practice of the administration of an EpiPen®.

Risk Reduction:

- € Do not allow the sharing and trading of food in the classroom.
- € Allow parents of the student with allergies to send in supplemental snacks in the case of special events where foods with allergens may be served.
- € Do not use food as incentive or reward.
- € In middle and high school, classroom accommodations will be made according to the student's need and developmental level.

Classrooms:

- o Parents of all students in these classrooms should receive a letter asking them to not send food to the classroom that contains the diagnosed allergen or has been made in a location where the allergen is also processed.
- o Post appropriate signage outside the door of the classroom.
- o Need to be restricted from diagnosed food allergens. If restricted food items are brought into the classroom, remove them and allow students to take them home with a note of explanation.
- o Optional: Require children to bring their own daily snack rather than having parents bring daily snacks for the whole class. This reduces the risk of students with severe allergies eating an unsafe food.
- o Ensure that all students wash their hands before and after eating lunch and before returning to the classroom. Students who bring cold lunches may have had food containing the allergen. School lunch does not contain peanuts or tree nuts.
- o Foods that are brought to be shared with the class (celebrations, etc.) cannot be homemade or fresh bakery items due to the risk of cross contamination. Shared foods must have original seal from the manufacturer and contain an ingredient label.
- o Individual snacks or shared food whose ingredient label indicates the item was made where the food allergen is processed will not be allowed.
- o Cafeteria seating will require a restricted table (or section of table) where the student with food allergies will sit. Classmates who have a safe lunch will also be allowed to sit at this table.
- o Field trip accommodations should be the same as in the classroom. Parents need to be informed in advance. Sack lunches must be separated during storage.
- o Classroom pet food and bedding must not contain the allergen due to it becoming airborne.

Classroom Activities/Lessons:

- o Teach upper grades to recognize dangers of anaphylaxis, read labels, and maintain safe eating zones.
- o Do not use food allergens in lessons, crafts, and centers.
- o Consider revising classroom celebrations to include non-food items.
- o Do not allow pets to visit classroom if a student is allergic.
- o Assure that pet food or bedding allowed into the classroom does not contain the allergen.

Field Trips:

- o All staff accompanying the group out of the building are trained and briefed on the GPS Anaphylaxis Action Plan and Health Care Provider (HCP) Anaphylaxis Action Plan.
- o Invite parents of student with allergies to chaperone the field trip.
- o Inform parents that parent vehicles used to transport students may not be allergen-free.
- o Take a copy of the student's GPS Anaphylaxis Action Plan and/or 504 Plan and HCP Anaphylaxis Action Plan along with EpiPen® and other related medication.
- o Store EpiPen® in a temperature range of 59°-86° Fahrenheit. It is light and temperature sensitive.
- o A trained district employee, such as the classroom teacher, will accompany the class on the field trip and bring and maintain each applicable student's EpiPen® and related medications, GPS Anaphylaxis Action Plan and/or 504 Plan and HCP Anaphylaxis Action Plan and follow these plans.
- o Carry a communication device, such as a cell phone, in the event of an allergic reaction.
- o Educate classmates about the seriousness of an allergy.
- o Maintain classroom restrictions, rules, and practices.
- o Separate sack lunches (if applicable) or ask students to keep lunches in backpacks.
- o When food will be eaten, bring hand wipes if hand washing facilities are not available.

Medical Management:

- € For substitute teachers, provide a copy of the student's GPS Anaphylaxis Action Plan and/or 504 Plan and the Health Care Provider (HCP) Anaphylaxis Action Plan in a substitute folder.
- € Do not hesitate to put the HCP Anaphylaxis Action Plan and GPS Anaphylaxis Action Plan into action if the student reports or the teacher is witnessing allergic symptoms and/or anaphylaxis.
- € Ensure that all individuals working with the student (and class) are informed of the GPS Anaphylaxis Action Plan and/or 504 Plan and HCP Anaphylaxis Action Plan.
- € In the event of a suspected allergic reaction, an adult will call the office. One member of the office staff will bring the student's EpiPen®. Another staff member calls 911. If the student is authorized to self-administer the EpiPen®, but unable to do so, a trained adult will administer it. An adult will stay with the student at all times. Follow their HCP Anaphylaxis Action Plan and GPS Anaphylaxis Action Plan.
- € Be aware of how the student with the allergy is being treated by others. Ensure that students are not endangering, harassing, teasing, bullying, or isolating students with allergies.
- € Act upon any form of bullying (refer to GPS policy) that has been witnessed or reported by a student, parent, or staff member.

Responsibilities of Building Food Service Personnel

Communication:

- € Head Food Service Personnel will determine if food allergens are on the menu and consider removing the item(s) if warranted.
- € Head Food Service Personnel will meet with parents/guardians upon request, either in person or via phone, to review current menu.
- € Food Service staff will take seriously all complaints/concerns for any student with a life-threatening allergy, allowing the student to see school nurse (or other designated school staff when nurse is not present) if complaining of any potential symptoms.
- € Food Service staff will report complaints/concerns, including any type of bullying or inappropriate behavior on the part of other students, to school building administrators.
- € Changes to a student's diet will be made with a physician signed medical statement form in accordance with USDA's Accommodating Students with Special Dietary Needs in the School Nutrition Program.

Training/Education:

- € Food service staff (and substitutes) participate in training to recognize food allergens, identify students with food allergies, and awareness of the signs and symptoms of an allergic reaction.
- € Receive training on administering an EpiPen® every other year.
- € Participate in training regarding correct cleaning solutions (NO DISH SOAP) and procedures to assure tables needing to be allergen free are maintained appropriately.

Risk Reduction:

- € Eliminate cross-contamination if food items contain known allergens. Develop plans and procedures for cleaning, cooking, and sanitizing:
 - o Utensils
 - o Food handling
- € Create an "allergen-restricted" table, if need be. These tables need to be washed with separate solution and cloths.
- € Food Service staff will monitor and enforce cleaning procedures that eliminate exposure to allergens.

Medical Management:

- € Upon receiving the physician signed medical statement form, the nutrition staff will individualize a menu plan by the school dietitian to instruct them on the student's allergens. Staff will be able to identify each student with a special need diet. All information will remain confidential and shared on a need-to-know basis in compliance with federal privacy regulations.
- € Maintain records of which food products contain allergens.

Responsibilities of the School Secretary

Communication:

- € Upon enrollment, review the registration form for any allergies requiring an EpiPen® and/or antihistamine. If prescribed, proceed with the following responsibilities:
 - o Give a copy of or refer the parent to the link for the Grafton Public Schools Severe Allergy Handbook upon registration of student with severe allergies.
 - o Notify principal and school nurse of the students with severe allergies.
 - o Code student as “Medical Alert” in PowerSchool. Enter the alert as an allergy and note the type of allergy (ex: allergic to bee stings). Include if student has an EpiPen® and location of EpiPen® (i.e. office or with student).
- € Generate a report from PowerSchool that lists all Medical Alert students for school nurse, administration and any requesting personnel.

Training/Education:

- € Participate in training for students with life-threatening allergies including demonstration of Epinephrine use every other year and as needed.

Risk Reduction:

- € Assist staff members with the printing of “allergen restricted” posters when necessary.

Medical Management:

- € Maintain locked medication storage area if designated by the principal.

Responsibilities of School Counselors

Communication:

- € If/as necessary, develop and monitor 504 plans for students with life-threatening allergies.
- € If/as necessary, be available to provide individual counseling to student diagnosed with life-threatening allergies.
- € If/as necessary, be available to provide classroom conversations regarding life-threatening allergies and its social impact/outcomes.

Training/Education:

- € Receive training on life-threatening allergies and symptoms/treatment options and district protocol.
- € Participate in training for students with life-threatening allergies including demonstration of Epinephrine use every other year.

Responsibilities of Custodians

Training/Education:

- € Receive training on allergen-restricted guidelines.
- € Participate in training for students with life-threatening allergies including demonstration of Epinephrine use every other year.

Risk Reduction:

- € Use separate wash bucket and cloth with district-approved cleaning agents (NO DISH SOAP) solely for the cleaning of allergen-restricted zones.
- € Maintain allergen signage within the buildings (on tables, doors, walls, etc.) when requested.
- € Perform cleaning in accordance with Severe Allergy Handbook when needed, after facilities are used by outside groups and after-school functions.
- € Communicate expectations for cleaning to school staff.
- € Monitor prevalence of stinging insects on building grounds and near entry and exit doors.
- € Take necessary action to eliminate stinging insects from building grounds by removing insect nests and properly storing garbage in well-covered containers.

Responsibilities of all other GPS Employees and Contracted Staff

Communication:

- € Have a communication device available at all times (walkie-talkie, cell phone, etc.).

Training/Education:

- € Participate in allergy management training at least every other year. The training will be documented and kept on file.
- € Ensure that all other staff members are aware of the allergy management plan and have had training in administering an EpiPen®.

Risk Reduction:

- € Surfaces are cleaned adequately if used for serving food where allergen restriction is in effect.
- € Consider the presence of allergens involved in after-school activities and modify as needed.
- € Clearly identify who is trained and responsible for administering the EpiPen® and where it is stored.

Medical Management:

- o Conduct activities in accordance with all school policies and procedures regarding life-threatening allergies.
- o Keep a copy of the Health Care Provider (HCP) Anaphylaxis Action Plan and GPS Anaphylaxis Health Care Plan for all students with life-threatening allergies.
- o Student will be under the supervision of at least one adult. Epinephrine will be taken outside if specified in the student's GPS Anaphylaxis Action Plan and/or 504 Plan and HCP Anaphylaxis Action Plan. The epinephrine will be carried by a designated district employee or by the student (if possible) with a completed authorization for Administration for Anaphylaxis. Store EpiPen® in a temperature of 59-86° Fahrenheit.
- o Know how to access EMS if an allergic reaction is suspected, following district policies:
 - o Call 911: Grafton ambulances carry epinephrine
 - o Implement other school board approved emergency procedures.

Responsibilities of School Busing Personnel

- € Communicate problems and concerns with appropriate or designated school staff.
- € Maintain a functioning communication device.
- € Maintain appropriate allergy signage provided by the school district.
- € Do not allow food consumption on the bus unless medically necessary.
- € Receive training in allergy management (EpiPen® administration).
- € Buses carry transportation health plan for elementary students.
- € Establish procedure for contacting emergency medical services or 911 according to district policy.
- € Know the closest, local emergency medical facilities when transporting students on a field trip or to/from home.
- € Bus drivers should not hand out treats to students.

How a Student Might Describe an Allergic Reaction

- € This food is too spicy.
- € My tongue is hot (or burning).
- € It feels like something is poking my tongue.
- € My tongue (or mouth) is tingling (or burning).
- € My tongue (or mouth) itches.
- € It (my tongue) feels like there is hair on it.
- € My mouth feels funny.
- € There's a frog in my throat.
- € There's something stuck in my throat.
- € My tongue feels full (or heavy).
- € My lips feel tight.
- € It feels like there are bugs in there (to describe itchy ears).
- € It (my throat) feels thick.
- € It feels like a bump is on the back of my tongue (throat).
- € My chest is tight.
- € I can't breathe.
- € My throat hurts.

Parts taken from: Food Allergy News, Vol. 13, No. 2. ©2003 The Food Allergy & Anaphylaxis Network.

Steps to Take in the Event of an Allergic Reaction

If a student displays signs and symptoms of an allergic reaction and/or reports an exposure to their allergen, school personnel should immediately implement the school's policy on allergy anaphylaxis which should require that immediate action be taken, such as:

- Locate student's epinephrine immediately; ask someone to locate the school nurse.
- Implement the student's GPS Anaphylaxis Action Plan and Health Care Provider (HCP) Anaphylaxis Action plan.
- Call 911 if epinephrine has been administered.
- Notify the school nurse (if available).
- Call the student's emergency contact.

Important considerations:

- Know your school's emergency procedures and protocols in advance of an emergency and be prepared to follow them. Refer to GPS Emergency Manual.
- In the presence of symptoms or known exposure to allergen, GIVE EPI-PEN WITHOUT DELAY! Do not wait! Note time administered on the GPS Anaphylaxis Action Plan or HCP Anaphylaxis Action Plan.
- Use a calm and reassuring voice with the student and do not leave him/her unattended.
- Do not attempt to stand the student up or ask them to walk around (this may increase the danger to the student in the event of a reaction).
- Implement GPS Emergency Manual procedures.
- **Call 911** to activate the Emergency Medical System.
 - Grafton ambulances carry Epinephrine.
 - Have ambulance dispatcher repeat back the school address and specific entrance that should be used.
 - Inform 911 services that epinephrine has been administered.
 - Have someone meet the Emergency Medical Team at the door and escort them to your exact location.
- € Notify the school administrator.
- € Gather accurate information about the reaction and the student to give to ambulance personnel when they arrive. (This includes the EpiPen® used and the HCP Anaphylaxis Action Plan and GPS Anaphylaxis Action Plan with noted time of administration of the EpiPen®).
- € Complete GPS Documentation of Anaphylaxis Event form and return it to Administration.

Some information taken and adapted from Making a Difference: Caring for Students with Life-Threatening Allergies courtesy of the state of New York.

Post Incident Plan

This plan has been developed as a reflective practice for all members of a student's health care team in the event that the student has experienced an allergic reaction. This reaction may have occurred in the school setting or at home. The purpose of this plan is for the principal to reconvene the team and discuss any new information regarding the student's allergy, reaction, GPS Anaphylaxis Action Plan and/or 504 Plan, and Health Care Provider (HCP) Anaphylaxis Action Plan.

Within 1st week after the event and the student returns to the school setting:

1. Ensure that all medications are supplied to the school and housed in the locations identified in the GPS Anaphylaxis Action Plan.
2. Health care team (parent, nurse, classroom teacher, administrator and counselor) meets to discuss any changes or additions to the current plan.
 - a. Obtain as much accurate information as possible about the allergic reaction. Helpful information might include:
 - i. Discuss what was seen and dispel any rumor
 - ii. Items ingested (food, drink, over the counter medications or prescription medications)
 - iii. Any insect stings or bite
 - iv. Timing from ingestion to symptoms
 - v. Type of symptoms
 - vi. Time and response of medications that were given
3. Identify those who were involved in the medical intervention and those who witnessed the event and obtain any necessary information from them.
4. If an allergic reaction is thought to be from a food provided by the school food service, request assistance of the Food Service Director to ascertain what potential food item was served/consumed. Review food labels from Food Service Director and staff.
5. Agree on a plan to disseminate factual information about food allergies with schoolmates who witnessed, or were involved in the allergic reaction, with consent from both the parent/guardian and the student. Explanations shall be age appropriate.
6. Review what changes need to be made to prevent another reaction; do not assign blame.
7. If the 504 Plan and/or GPS Anaphylaxis Action Plan or HCP Anaphylaxis Action Plan is revised, copies are to be distributed to all staff members that work with the student.
8. Factual information that does not identify the individual student can be provided to the school community without parental permission (i.e., a letter from the principal to parents/guardians and teachers that doesn't disclose identity but reassures them the crisis is over, if appropriate.)

Some information taken from the Guidelines for Managing Life-Threatening Allergies in Illinois Schools, p 43.

Documentation of Anaphylaxis Event

Student: _____ School: _____ School Year: _____

Diagnosis/History of Asthma: YES NO

Date/Time of Anaphylaxis Event: _____ Trigger Before the Event: _____

Initial Vital Signs: Pulse: _____ Respiratory Rate: _____ BP: _____

Skin or Mouth Itching/Rash: YES NO Nausea, Abdominal Cramps or Pain, Vomiting: YES NO

Shortness of breath, labored breathing, wheezing or stridor: YES NO

Other Symptoms: _____

Location of student when symptoms developed: _____

Location of student when EpiPen was administered: _____

EpiPen administered by: _____

First Dose:	Location of injection:	Right Thigh _____	Left Thigh _____
	Dose:	0.3 mg _____	0.15 mg _____

Second Dose:	Location of injection:	Right Thigh _____	Left Thigh _____
	Dose:	0.3 mg _____	0.15 mg _____

Antihistamine Administered: YES NO Name/Dose: _____ Time: _____

CPR Performed: YES NO

Approximate time between onset of symptoms and administered EpiPen(s): _____

Section Completed By: _____ Date: _____

Disposition

Transferred to ER: YES NO (Discharged after ___ hours)

Transferred to Hospital: YES NO (Discharged after ___ hours)

Debriefing Meeting: _____

Recommendation for changes / improvements to current policy / procedures: _____

Section Completed By: _____ Date: _____

Release/Exchange of Information

Provide information as it exists when the service is requested.

Name (Last, First)	Date of birth
Address, City, State, & Zip	Phone

Release and Signature:

I hereby authorize: (name and address of person/agency) _____ <div style="text-align: right;">Attn: _____</div>
To exchange information with: (name and address of person/agency) _____ <div style="text-align: right;">Attn: _____</div>
Grafton Public School District The following information is requested: <input type="checkbox"/> Involvement, participation in treatment, work, or school <input type="checkbox"/> Progress reports or notes <input type="checkbox"/> Recommendations <input type="checkbox"/> Discharge summary and status <input type="checkbox"/> Psychiatric evaluation <input type="checkbox"/> Medical records <input type="checkbox"/> Other: _____
The above information will be used for: <input type="checkbox"/> Case management <input type="checkbox"/> Consultation <input type="checkbox"/> Treatment planning & coordination <input type="checkbox"/> Referral information <input type="checkbox"/> Other: _____

I authorize contact to be written and verbal. Release of information is given voluntarily and remains in effect for one year from today's date, _____, unless revoked in writing or in person by the individual names above or parent/guardian as indicated below.

Signature: _____ Date: _____

Signature of Parent/Guardian (if child is under 18): _____

GPS Student Anaphylaxis Action Plan And Parent Authorization for EpiPen®

SECTION A

Student's Name		DOB:	
Parent(s)/Guardian(s)		Parent/Guardian Phone	
School	Teacher	Grade	School Year
Emergency Contact		Emergency Phone	
Physician	Physician Phone	Hospital	Hospital Phone

SECTION B: ACTION PLAN

1. This student is severely allergic to : _____
2. Does this student have asthma? _____ Yes* _____ No *higher risk for severe reaction
3. This student is allergic by the following ways of exposure (check all that apply):
 _____ Direct contact (touching) _____ Ingestion (if eaten) _____ If bitten or stung
 _____ In the air (inhalation) _____ Other: _____
4. Has an EpiPen® ever been administered to this student for this allergen? _____ Yes _____ No
 - a. If Yes, Explain: _____
 - b. What symptoms were present? _____
 - c. What was the response? _____
5. Will this student have an antihistamine at school? _____ Yes _____ No

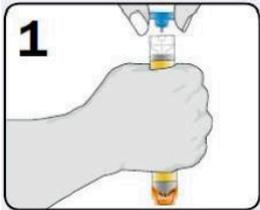
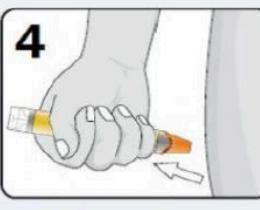
Self-Care:

- a. Is this student able to monitor and prevent his/her own exposure? _____ Yes _____ No
- b. Does this student:

€ Tell an adult immediately after an exposure?	_____ Yes	_____ No
€ Wear a medical alert bracelet, necklace, or watchband?	_____ Yes	_____ No
€ Tell peers and adults about the allergy?	_____ Yes	_____ No
€ Know what foods to avoid?	_____ Yes	_____ No
€ Ask about food ingredients?	_____ Yes	_____ No
€ Read and understand food labels?	_____ Yes	_____ No
€ Firmly refuse a problem food?	_____ Yes	_____ No
- c. Does this student know how to use this emergency medication? _____ Yes _____ No
- d. Has this student ever administered his/her own emergency meds? _____ Yes _____ No

Action Plan: Retrieve EpiPen® which will be located here: _____

- | | |
|---|--|
| <ol style="list-style-type: none"> e. GIVE ONE TIME (check one): € EpiPen Jr. 0.15 mg € EpiPen 0.3 mg. | <ol style="list-style-type: none"> b. Call ambulance (911) c. Notify parent/emergency contact d. Trained staff may administer EpiPen
in event student becomes unable to self-administer |
|---|--|

 <p>1 Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.</p>		 <p>2 PLACE ORANGE END against outer mid-thigh (with or without clothing).</p>		After Administering an EpiPen®:	
				1. Call ambulance (Telephone #911)	
				2. Keep student at rest until ambulance arrives.	
				3. The effects of the EpiPen wear off after 10-20 minutes. Symptoms can recur.	
				4. Student may feel a rapid heartbeat, and become nervous, anxious, or have a headache. Reassure student – these are normal side-effects of epinephrine.	
				5. Send the used EpiPen® with ambulance staff.	
				6. If this EpiPen is accidentally injected into a hand or foot, the individual needs to go to the emergency room.	
 <p>3 PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds.</p>		 <p>4 REMOVE EpiPen® Massage injection site for 10 seconds.</p>			

SECTION C: PARENT AUTHORIZATION

The GPS “Healthcare Provider Anaphylaxis Action Plan” must be completed by the student’s healthcare provider, and should be brought to school prior to or at the time as the EpiPen®.

Check One:

- € I will obtain the “Healthcare Provider Anaphylaxis Action Plan” from my student’s healthcare provider and **return it to the school within 7 days; OR**
- € I give my consent for Grafton Public Schools to obtain the “Healthcare Provider Anaphylaxis Action Plan” from my child’s healthcare provider.

For Self-Administration Only:

- € I request permission for and authorize my student to self-administer this EpiPen® during school hours and district-sponsored activities. I also acknowledge and understand the following: School personnel and/or medical personnel working on behalf of the District will not be responsible, legally or financially, for the administration of this medication, and may not monitor my student’s failure to self-administer it. My student and I shall be solely responsible to ensure the medication is taken as prescribed. In exchange for granting my request to permit my student to self-administer this medication, I agree: (1) To indemnify, defend and hold harmless the Grafton Public School District, its officers, employees and all other individuals working in their official capacities on behalf of the District from any claim or liability for injuries or damages resulting from the self-administration of the above-named medication; and (2) To acknowledge that I will not seek any recovery from the District for any claim or liability for injury or damages, including without limitation reasonable attorneys’ fees and costs, caused or claimed to be caused by the self-administration of the above-described medication.

Parent Signature of Approval (required): _____ **Date:** _____

For Staff Administration Only:

- € I give permission to Grafton Public School personnel, and medical personnel contracted by the School District, to administer my student’s EpiPen®. I understand that school/medical personnel will make good faith efforts to provide this medical care to my student. I also acknowledge and understand school/medical personnel will not be responsible, legally or financially, for the administration of this medication or related medical care. I will notify the school immediately if my student’s health status changes, this medication is discontinued, or any part of this Plan needs to change.

Parent Signature of Approval (required): _____ **Date:** _____

Healthcare Provider Anaphylaxis Action Plan Grafton Public Schools

Student's Name: _____

DOB: _____ School: _____ Grade: _____

Allergic to: _____

Does the student have asthma? Yes* No *higher risk for severe reaction

Medication/Dosage

Epinephrine: Inject into thigh (circle one) EpiPen® EpiPen Jr.®

Antihistamine or other medication: give _____
(medication/dose/route)

Student has been instructed and may administer his/her own epinephrine: Yes No

Plan of Care

If student has ingested the food allergen or has been stung by the allergen, but NO SYMPTOMS are present then (Check all that apply):

Administer Antihistamine Administer EpiPen
 Monitor student and treat according to the development of the following symptoms:

<p>MILD SYMPTOMS ONLY: <u>Mouth:</u> Itching or tingling to the mouth or face <u>Skin:</u> A few hives around mouth/face, mild itch or tingling. Hives, redness, or welts without generalized swelling.</p>		<ol style="list-style-type: none"> 1. GIVE ANTIHISTAMINE 2. Stay with the student; contact parent(s) or guardian(s) 3. If symptoms progress (see below) USE EPINEPHRINE 4. Monitor student
<p>Any SEVERE SYMPTOMS: One or more of the following: <u>Lung:</u> Short of breath, wheeze, persistent cough, difficulty talking <u>Heart:</u> Pale, blue, faint, weak pulse, dizzy, confused <u>Throat:</u> Tight, hoarse, trouble breathing/swallowing <u>Mouth:</u> Obstructive swelling (tongue and/or lips) <u>Skin:</u> Many hives over body Or combination of symptoms from different body areas: <u>Skin:</u> Hives, itchy rashes, swelling (e.g., eyes, lips) <u>Stomach:</u> Vomiting, diarrhea, cramping pain</p>		<ol style="list-style-type: none"> 1. INJECT EPINEPHRINE IMMEDIATELY 2. Call 911 and parent(s) or guardian(s) 3. Begin monitoring (see box below) 4. Give additional medications:* -inhaler (bronchodilator) if asthma <p>*Antihistamines and inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.</p>
<p>Monitoring after injection of EpiPen® Stay with student; alert healthcare professionals and parent. Tell rescue squad epinephrine was given. Note time when epinephrine was administered. A second dose of epinephrine can be give 5 minutes after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached.</p>		

Even if parent/guardian cannot be reached, do not hesitate to call 911!

Other instructions for school personnel: _____

Healthcare Provider Signature: _____ Date: _____

Healthcare Provider Printed Name: _____

Health Care Plan

Student: _____ School: _____

Birth Date: _____ Grade: _____

Preferred Hospital in Case of Emergency: _____ Phone: _____

Parent/Guardian: _____

Phone: _____

Physician: _____ Contact: _____

Medical Condition: _____

Treatment Program: _____

Medications: _____

Allergy: _____

If an emergency occurs and is life-threatening, immediately call a designated emergency number.

- a. State who you are
- b. State where you are
- c. State problem
- d. Stay with student or designate another adult to do so
- e. Call or designate someone to call the hospital.

The following staff members are trained to deal with an emergency and to initiate the appropriate procedures:

- 1.
- 2.
- 3.

I approve the above Emergency Care Plan and request school personnel to follow the above plan in the event of an emergency involving my child. I will notify the school immediately if my child's health status changes or if there is a change or cancellation of this Emergency Care Plan.

In consideration of this authorization made at our request, the undersigned agrees to indemnify, defend, and save harmless the School Board, the individual members thereof and any officials or employees involved in the rendering of care in accord with the above Emergency Care Plan from any claims or liability for injury or damages, including but not limited to costs and reasonable attorney's fees, caused or claimed to be caused or to result from the administration of care in accord with the above Emergency Care Plan.

Parent/Guardian: _____ Date: _____

Nurse: _____ Date: _____

Snacks (Peanut Free and/or Tree Nut Free)

Read labels carefully to make sure the products are nut free. Labels that contain “May contain traces of peanuts/nuts” or “processed in a facility that processes products that contain peanuts/nuts” are not considered safe snacks. Food labels and ingredients change over time, so remember to read the label each time before purchasing snacks.

*For an updated list of safe snacks, you can check out the website www.snacksafely.com.

Listed below are suggested snacks to use as a guide. Fresh fruits and vegetables are always safe choices.

SNACK CHOICES

● Fresh fruit or vegetables	● Beef jerky
● Canned fruit in light syrup	● Hard boiled eggs
● 100% fruit or vegetable juice	● Crackers (original Triscuits or Wheat Thins)
● Yogurt	● Pretzels (Rolls Gold)
● String cheese	● Graham crackers (Nabisco Honeymaid)
● Cottage cheese	● Animal crackers (Zoo & Barnum brands)
● Lean meat slices	● Goldfish (Pepperidge Farm)

Below are Guidelines for Reading Labels when checking for Peanut and/or Tree Nut Allergens

PEANUT ALLERGY – INGREDIENTS TO AVOID

Artificial Nuts (Nu-nuts)	Extruded Peanut Oil	Nutmeal
Beer Nuts	Goobers	Nut Pieces
Cold-Pressed Peanut Oil	Ground Nuts	Peanut
Crushed Nuts	Hydrolyzed Plant Protein	Peanut Butter
Expeller-Pressed Peanut Oil	Mixed Nuts	Peanut Flour
Expressed Peanut Oil	Monkey Nuts	Peanut Starch

TREE NUT ALLERGY – INGREDIENTS TO AVOID

Almonds	Macadamia Nuts	Pine Nuts (pignolia nut)
Brazil Nuts	Nut Butters	Pistachios
Cashews	Nutmeal	Pralines
Chestnuts	Nut Oil, Nut Paste, Nut Pieces	Walnuts
Filberts/Hazelnuts	Pecans	

THANK YOU FOR YOUR CONSIDERATION AND SUPPORT IN KEEPING THE FOOD-ALLERGIC CHILD SAFE FROM HAVING A LIFE-THREATENING ALLERGIC REACTION IN SCHOOL.

Developed by Joan Knoll, Licensed Registered Dietician
Bismarck Public Schools

GRAFTON PUBLIC SCHOOLS

***Inspiring Excellence
Building Character***

Superintendent

Jack Maus
1548 School Road
701-352-1930
701-352-1943 Fax

Grafton High School

Darren Albrecht
1548 School Road
701-352-1940
701-352-1943

Central Middle School

Michael Kaiser
1548 School Road
701-352-1930
701-352-1120 Fax

Century Elementary

Jill Olson
1540 School Road
701-352-1930
701-352-0163 Fax

Activities Director

Randy Rice
1548 School Road
701-352-1930
701-352-1943 Fax

Fall 2016

Dear Parents, Staff, Students, and Community Members,

As we face a growing number of children dealing with food allergies and, specifically, potentially life-threatening peanut and tree nut allergies, Grafton Public Schools will be a peanut and tree nut free district beginning with the 2016-2017 school year. We understand that many of our students are not old enough to make sound and safe decisions when it comes to what should go into their mouths and are less able to manage their allergies independently. Many elementary-aged children are not yet aware of potential food allergies. While our faculty and staff do an excellent job of sanitizing playing surfaces, toys, tables, and chairs and monitoring snacks and lunches brought into school, there are some children within our school who could have a serious life-threatening allergic reaction from contact with even a microscopic amount of the offending foods. **Therefore, we have decided to make Grafton Public School District a peanut and tree nut (Brazil nuts, almonds, cashews, pistachios, walnuts, pecans, and hazelnuts) free school.**

All snacks and lunches served by the school district will be peanut and tree nut free. We also ask that no peanut or tree nut products be brought into school or on any school bus. Foods that are sent in for snack or lunch should be carefully checked to make sure they do not indicate that they "contain or may contain peanuts or tree nuts." Foods that are intended to be shared among the class must not "contain or possibly contain peanuts or tree nuts" nor may they be "made in a facility or on equipment that processes peanuts or tree nuts." We realize and regret this policy eliminates the sharing of homemade goodies, but the health and safety of all our students must take priority. Families can help ensure that our school stays peanut and tree nut free by reading packaging labels and reminding children not to share food with other children at school. The goal of this policy is to promote the wellness and safety of all students and limit any opportunity for any child to be exposed to foods that could harm him/her.

We appreciate your cooperation with this policy - the sacrifice of not having peanut or tree nut products in the school is a small one to make compared to the consequence a child with severe allergies could face. For your reference, you can access <http://snacksafely.com/snackguide> for a list of items that should not be brought to school, along with ideas for peanut and tree nut free lunches, snacks, and treats. All of this information will be available on our website and updated regularly for your reference throughout the school year.

The Grafton Public School District recognizes that students with medically documented life-threatening allergies are covered by the Americans with Disabilities Act and Section 504 of the Rehabilitation Act. It is the policy of the Grafton Public Schools to ensure access to a free and appropriate education for all students.

We recognize that parents/guardians have the primary responsibility for the health of their children. It is the parents'/guardians' responsibility to inform the school district and provide medical documentation when a child's medical condition might affect the child's welfare or safety. The school district will cooperate with parents and appropriate health professionals in the development of a Health Care Plan (HCP).

The Grafton Public School District cannot guarantee to provide an allergen-free environment for all students with allergies or prevent any harm to students in emergencies. The goal is to work toward minimizing the risk of exposure to food allergens that pose a threat to students with severe allergies, as well as educating the community and maintaining and regularly updating a system-wide protocol for responding to the needs of students with allergies. A system-wide effort requires the cooperation of all parties within the system.

The goal of the Grafton Public School District is to engage in a system-wide effort to:

- Prevent the occurrence of allergic reactions
- Prepare for any allergic reactions
- Respond appropriately to any allergy emergencies

In accordance with the procedures and guidelines, a Health Care Plan (HCP) and GPS Student Anaphylaxis Action Plan will be developed for each student after written notification from the student's physician.

District procedures and guidelines will be provided for parents/guardians and district employees. These will be reviewed annually.

Sincerely,

Jack Maus
Superintendent

Date:

Dear Parents/Guardians:

This letter is to inform you that a student in your child's classroom has a severe allergy to [insert allergen]. Strict avoidance of [insert allergen] products is the only way to prevent a life-threatening allergic reaction. We are asking for your assistance in providing the student with a safe learning environment.

To reduce the risk of exposure, please do not send any [insert allergen] containing products with your students. Any exposure to [insert allergen] through contact or ingestion can cause a severe reaction. If your student accidentally brings a [insert allergen] snack item, we will send a reminder home and your student will be offered a different snack.

If your student is bringing a food item to share with the class, it must be a prepackaged item with a complete ingredient list so potential allergens can be identified. Supplies brought to the classroom for projects and activities must also be [insert allergen] free.

Since lunch is eaten in the cafeteria, your student may not bring any [insert allergen] products for lunch. While our faculty and staff do an excellent job of sanitizing surfaces, tables, and chairs, a serious life-threatening allergic reaction can occur from contact with even a microscopic amount of the offending allergen.

We appreciate your support of these procedures. Please complete and return this form so that we are certain that every family has received this information. If you have any questions, please contact me.

Signature of Principal/Teacher/Nurse

I have read and understand the classroom procedures that will avoid exposing students to [insert allergen]. I agree to do my part in keeping the classroom safe for all students.

Student's Name: _____

Parent's Signature: _____

Date: _____

**MEDICAL STATEMENT TO REQUEST
 SPECIAL MEALS AND/OR ACCOMMODATIONS**

1. School/Agency Name	2. Site Name	3. Site Telephone Number										
4. Name of Child or Adult Participant		5. Age or Date of Birth										
6. Name of Parent or Guardian		7. Telephone Number										
<p>8. Check One:</p> <p><input type="checkbox"/> Participant has a disability or a medical condition that requires a special meal and/or accommodation. (Refer to definitions on reverse side of this form.) Schools and agencies participating in federal nutrition programs must comply with requests for special meals and any adaptive equipment.</p> <p><input type="checkbox"/> Participant does not have a disability, but is requesting a special meal or accommodation due to a food intolerance or other medical reason. Food preferences are not an appropriate use of this form. Schools and agencies participating in federal nutrition programs are encouraged to accommodate reasonable requests.</p> <p>A licensed physician, physician assistant, or nurse practitioner must complete and sign this form.</p>												
9. The participant's disability or medical condition requiring a special meal or accommodation:												
10. If participant has a disability, provide a brief description of his/her major life activity affected by the disability:												
11. DIET PRESCRIPTION AND/OR ACCOMMODATION (please describe in detail to ensure proper implementation-use extra pages as needed):												
<p>12. Indicate food texture for above participant:</p> <p><input type="checkbox"/> Regular <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed</p>												
<p>13. Foods to be omitted and substitutions (please list specific foods to be omitted and suggested substitutions. You may attach a sheet with additional information as needed):</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; padding: 5px;">A. Foods To Be Omitted</td> <td style="width:50%; text-align: center; padding: 5px;">B. Suggested Substitutions</td> </tr> <tr> <td style="border: none; padding: 5px;">_____</td> <td style="border: none; padding: 5px;">_____</td> </tr> <tr> <td style="border: none; padding: 5px;">_____</td> <td style="border: none; padding: 5px;">_____</td> </tr> <tr> <td style="border: none; padding: 5px;">_____</td> <td style="border: none; padding: 5px;">_____</td> </tr> <tr> <td style="border: none; padding: 5px;">_____</td> <td style="border: none; padding: 5px;">_____</td> </tr> </table>			A. Foods To Be Omitted	B. Suggested Substitutions	_____	_____	_____	_____	_____	_____	_____	_____
A. Foods To Be Omitted	B. Suggested Substitutions											
_____	_____											
_____	_____											
_____	_____											
_____	_____											
14. Adaptive equipment to be used:												

15. Signature of Recognized Medical Authority*	16. Printed Name	17. Telephone Number	18. Date

***For this purpose, a recognized medical authority in California is a licensed physician, physician assistant, or nurse practitioner.**

The information on this form should be updated to reflect the current medical and/or nutritional needs of the participant.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, [AD-3027] found online at: <http://www.aphis.usda.gov/indianaffairs/programs/indianaffairs>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: program_intake@usda.gov. This institution is an equal opportunity provider.

INSTRUCTIONS

1. **School/Agency:** Print the name of the school or agency that is providing the form to the parent.
2. **Site:** Print the name of the site where meals will be served (e.g., school site, child care center, etc.).
3. **Site Telephone Number:** Print the telephone number of site where meal will be served. See #2.
4. **Name of Participant:** Print the name of the child or adult participant to whom the information pertains.
5. **Age of Participant:** Print the age of the participant. For infants, please use date of birth.
6. **Name of Parent or Guardian:** Print the name of the person requesting the participant's medical statement.
7. **Telephone Number:** Print the telephone number of parent or guardian.
8. **Check One:** Check (✓) a box to indicate whether participant has a disability or does not have a disability.
9. **Disability or Medical Condition Requiring a Special Meal or Accommodation:** Describe the medical condition that requires a special meal or accommodation (e.g., juvenile diabetes, allergy to peanuts, etc.).
10. **If Participant has a Disability, Provide a Brief Description of Participant's Major Life Activity Affected by the Disability:** Describe how physical or medical condition affects disability (e.g., Allergy to peanuts causes a life-threatening reaction).
11. **Diet Prescription and/or Accommodation:** Describe a specific diet or accommodation that has been prescribed by the recognized medical authority.
12. **Indicate Texture:** Check (✓) a box to indicate the type of texture of food that is required. If the participant does not need any modification, check "Regular".
13. **A. Foods to Be Omitted:** List specific foods that must be omitted (e.g., exclude fluid milk).
B. Suggested Substitutions: List specific foods to include in the diet (e.g., calcium-fortified juice).
14. **Adaptive Equipment:** Describe specific equipment required to assist the participant with dining (e.g., sippy cup, large handled spoon, wheel-chair accessible furniture, etc.).
15. **Signature of Medical Authority:** Signature of medical authority requesting the special meal or accommodation.
16. **Printed Name:** Print name of medical authority.
17. **Telephone Number:** Telephone number of medical authority.
18. **Date:** Date medical authority signed form.

Citations are from Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act (ADA) of 1990, and ADA Amendment Act of 2008:

A person with a disability is defined as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.

Physical or mental impairment means (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory; speech; organs; cardiovascular; reproductive, digestive, genito-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

Major bodily functions have been added to major life activities and include the functions of the immune system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions.

“Has a record of such an impairment” means a person has, or has been classified (or misclassified) as having, a history of mental or physical impairment that substantially limits one or more major life activities.

SEVERE ALLERGY PLAN CHECKLIST

Student Name: _____ Grade: _____

Homeroom Teacher: _____ Year: _____

ALLERGY: _____

****This completed checklist should be given to the building principal, initialed, and placed in the student’s cum folder.****

Initials	Date MM/DD/YEAR	Task	Person Responsible
		A copy or the link to the allergy handbook was offered.	Secretary or Principal
		Notify school nurse, teacher, and counselor of student with allergy.	Secretary or Principal
		Parent turns in completed Health Care Provider Anaphylaxis Action Plan. The plan is placed with EpiPen®.	School Nurse / Secretary
		Parent turns in completed GPS Student Anaphylaxis Action Plan. The plan is placed with their EpiPen®.	School Nurse / Secretary
		Parent turns in completed medical release form, if requested.	School Nurse
		Parent met with staff to review the GPS Health Plan.	Parent, teacher, school nurse, and/or principals
		An EpiPen® is stored in the office with completed GPS Student Anaphylaxis Action Plan/Health Plan.	Secretary / School Nurse
		Oral antihistamine is stored in the office with completed GPS Student Anaphylaxis Action Plan/Health Plan.	Secretary / School Nurse
		If applicable, an EpiPen® is located outside of the office in: _____	Secretary / School Nurse
		Teacher and Head Food Service Personnel review of training with EpiPen and allergy symptoms, if necessary.	School Nurse

		Signage outside of classroom depending upon need.	Teacher
		Health Plan (or 504 plan) is distributed to all teachers, paras, and specialists who work with this student.	Counselor or School Nurse



This is a
PEANUT
and
TREE NUT
Restricted
Campus



No Nuts Please



Our classroom is
Tree Nut Free!

NO NUTS PLEASE



**OUR CLASSROOM
IS TREE NUT FREE**

EpiPens

Stored Here



Inhalers

Stored Here





Attention

Visitors:

Students with **severe allergies** are present in our school.

Please:

- Visit with classroom teacher or supervisor regarding the needs of students with whom you'll be working.
- Speak with school nurse, administrator, or other designated staff member if you have any questions.



Attention

Substitute

Staff:

Students with **severe allergies** are present in our school.

Remember:

- Review substitute plans prior to students entering the class.
- Speak with the school nurse, administrator, or other designated staff member if you have any questions.