Lincoln Akerman School's Food Allergy Management and Prevention Plan

Food Allergies

Food allergies are a food safety and public health concern that affect an estimated 8% of children in the United States. The body's immune response can be severe and life threatening, such as anaphylaxis. Although the immune system normally protects people from germs, in people with food allergies, the immune system mistakenly responds to food as if it were harmful. There is no cure for food allergies. Strict avoidance of the food allergen is the only way to prevent a reaction. However, because it is not always easy or possible to avoid certain foods, staff in schools should develop plans for preventing an allergic reaction and responding to a food allergy emergency, including anaphylaxis. Early and quick recognition and treatment can prevent serious health problems or death.[1]

Symptoms of an allergic reaction may involve the skin, the gastrointestinal tract, the cardiovascular system and the respiratory tract. They can surface in one or more of the following ways:

- Vomiting and/or stomach cramps
- Hives
- Shortness of breath
- Wheezing
- Repetitive cough
- Shock or circulatory collapse
- Tight, hoarse throat; trouble swallowing
- Swelling of the tongue, affecting the ability to talk or breathe
- Weak pulse
- Pale or blue coloring of skin
- Dizziness or feeling faint
- Anaphylaxis, a potentially life-threatening reaction that can impair breathing and send the body into shock; reactions may simultaneously affect different parts of the body (for example, a stomach ache accompanied by a rash)

Most food-related symptoms occur within two hours of ingestion; often they start within minutes. In some very rare cases, the reaction may be delayed by four to six hours or even longer. Delayed reactions are most typically seen in children who develop eczema as a symptom of food allergy and in people with a rare allergy to red meat caused by the bite of a lone star tick.[2]

Due to the danger of allergic reactions among school aged children with food allergies it is critical that staff have an understanding of food allergies, recognize the symptoms which may suggest a reaction, and be clear about steps involved in an emergency situation. Most importantly we need to be constantly vigilant of our students with food allergies, help to maintain the safest environment possible with the focus on preventing a life threatening food allergy. To achieve this, close partnership between families, staff and medical providers must be established.

Ensuring the Daily Management of Food Allergies for Individual Children

Lincoln Akerman School is an "Allergy Aware" school. We take food allergies very seriously and strive to provide the safest environment possible for our students with life threatening food allergies. We cannot guarantee, however, that classrooms are allergen-free spaces. It is impossible to know for certain that library books being returned have not been contaminated by a food protein or hands playing a musical instrument are not contaminated. Children are encouraged throughout the day including before and after meals to wash hands with soap and water. This is not a guaranteed practice during the school day. Hand wipes are available at both snack and lunch, access to bathrooms is always available and hand sanitizer is placed in each classroom*, although this is known to not remove food protein from skin*.

When a parent informs the school of his/her child having a food allergy, the parent is asked to speak with the school

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[1] Centers for Disease Control and Prevention. https://www.cdc.gov/healthyschools/foodallergies/index.htm Gupta RS, Warren CM, Smith BM, Blumenstock JA, Jiang J, Davis MM, Nadeau KC. The public health impact of parent-reported childhood food allergies in the United States. Pediatrics. 2018;142(6):e20181235

[2] American College of Allergy, Asthma, and Immunology https://acaai.org/allergies/allergic-conditions/food/

nurse so that additional information may be gathered. This information includes a past medical history, history of food allergy reactions, whether epinephrine has ever been needed, whether the child has a history of asthma, which significantly increases the risk of a fatal reaction, the name of the child's allergist or suggestion that child become established with an allergist if not already done.

Paperwork to be completed includes:

- Anaphylactic Allergy Emergency Care Plan completed by both the parent or guardian and healthcare provider
- Special Dietary Medical Statement completed by the healthcare provider
- Food Allergy Individual Healthcare Plan completed by a parent or guardian.

A copy of the Emergency Care Plan and Individual Health Care Plan is shared with staff members with whom the child might come into contact. The Food Service Director receives the Special Dietary Medical Statement.

- The parent has a choice of implementing a Section 504 Plan.
- Emergency medication including an Epipen appropriate for child's body weight as well as an antihistamine, either in liquid or rapidly dissolvable form is kept in the Health Office. If the student has permission from the healthcare provider, parent or guardian, and school nurse, they may remain in possession of their rescue medication.
- The parent may choose to have the child sit at an allergen aware table during snack/lunch. This table is wiped down after use. The table is always available at meal time should a food allergic child choose to sit. Students sitting at this table are instructed to keep their own food in front of them, and as with every table in the cafeteria, there is no sharing of food allowed.
- The kitchen at Lincoln Akerman School is a nut free kitchen. Every food label entering the kitchen is examined by the Food Service Director and staff and deemed safe so long as no nut products are included, the food is not processed in a plant that processes nuts, or is potentially cross contaminated with nut products.
- Coaches are provided with emergency medication, a copy of the child's Allergy Action Plan and Epipen administration instruction. Hand wipes are also included in first aid kits for snack time.
- With regard to field trips, parents of allergic children are generally invited to attend the trips. There may be exceptions based on the trip or grade. Emergency medication and a copy of the child's Allergy Action Plan must go on all field trips. Epipen administration is reviewed with the allergic child's teacher.
- There is no eating on the school bus. A notification of children with life threatening food allergies is provided to the Bus Company each year for bus driver awareness, if parental permission is given. The school nurse speaks to children on buses reinforcing this rule.
- The school nurse speaks with children in elementary grades about food allergies, the importance of not sharing food at school, not treating food allergic children any differently because of their allergy and hand washing technique.

Lincoln Akerman School is prepared for food allergy emergencies by demonstrating the following:

- The school nurse carries a two way radio/walkie talkie on her person throughout the school day. There is a walkie talkie in the main office as well as the cafeteria and playground during meal time and recess, respectively. All classrooms have intercom access into the main office, which is constantly staffed during school hours.
- Epinephrine and an antihistamine for allergic students are stored in the Health Office, in unlocked drawers, each in individually labeled and sealed zip lock bags. A copy of the Allergy Action Plan is also included with the medication.
- Treatment with Epinephrine should not be delayed. Articles on the subject have stressed the use of Epinephrine "first and fast". Should this medication be delivered, 911 will be called immediately.
- Should there be an instance where a child needs to be assessed and treated for a life threatening food allergy, a staff member will stay with the student until the school nurse arrives. Members of the team include the school nurse, principal, guidance counselor, and front office staff.. A teacher present will be directed to remove surrounding students from the scene. Via walkie talkie the office will be notified to call 911. The student will then be treated per his/her Allergy Action Plan with the parent being notified as well.
- In the event that a child without a known food allergy experiences his/her first reaction at school, the Health Office is stocked with generic unassigned Epinephrine in both adult and child doses.
- All documentation of a food allergy reaction will take place in SNAP, a Health Office medical record system.

Staff at Lincoln Akerman School are prepared for food allergies and possible reactions as demonstrated by:

- All staff receive annual training on food allergies, how a child may describe a reaction, the difference between Epipen Jr and Epipen, what each looks like and administration of Epinephrine in the form of an Epipen. Trainer Pens are used for reinforcement. Refresher training occurs midyear and as necessary.
- The school nurse is in constant close contact with classroom teachers of food allergic children to ensure the classroom is as safe as possible, the teacher has a clear understanding of the child's allergy and plan, all food entering the classroom is nut free, and to reinforce hand washing for students.
- At Lincoln Akerman School, the school nurse is the person responsible for maintaining the health of all children. Food allergic children are not assigned to paraprofessionals for this matter and there is only one nurse present during the school day.

Children and Families are educated on food allergies as demonstrated by:

- A posting on the School Health webpage will have a copy of this Food Allergy Management and Prevention Plan so that all families are able access information on the management of food allergies at Lincoln Akerman School.
- The school nurse speaks with students in grades Kindergarten through 4th on the presence of food allergies in their grades, methods to keep schoolmates safe, hand washing and food bullying.

Lincoln Akerman School creates and maintains a healthy and safe educational environment as demonstrated by:

- Lincoln Akerman School is an "Allergy Aware" environment. The condition of food allergies is taken very seriously and staff works diligently to create the safest environment possible, yet are realistic in acknowledging that it cannot be guaranteed that there is no food residue on an individual's hands or items prior to entry into classrooms. For this reason, we do not post "Nut Free Classroom" signs outside the room. We do however promote hand washing and provide constant access to a bath room for appropriate hand washing.
- The school kitchen is a nut free kitchen. Food labels on all foods entering the kitchen are read to ensure the food is safe and deliverable to a child with a nut allergy. A "Special Meals Prescription Form" is available should an allergic child require this documentation from his/her pediatrician.
- Lincoln Akerman School recognizes that children with food allergies are a potential target for food related bullying. We stand by the saying, "Caring Counts" and are extremely vigilant about potential bullying incidents, whether or not related to food allergies. Staff works hard to provide a caring, yet safe and supportive environment for all students.

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