

# **MEDINA CITY SCHOOLS LIFE-THREATENING ALLERGIES**

**DISTRICT-WIDE PLAN  
DEPARTMENT OF EDUCATIONAL SERVICES**

**This plan was initially developed with the assistance and  
expertise of  
Teresa Newlands and Lori Hogue and updated with the  
assistance of Ellen Nolan and Allison Schoch**

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Children with life threatening allergies face health challenges that can affect their ability to learn and can even pose a daily threat to their ability to lead productive lives. The Medina City School District and the committee that developed this plan are committed to strong partnerships to ensure students with life threatening allergies reach their maximum potential.

**Facts about children with allergies:**

- Nearly 6 million or 8 percent of children have food allergies with young children affected the most (CDC, 2011)
- Every 3 minutes in the United States a food allergy reaction sends someone to the emergency department (Clark, S, Espinola J, Rudders SA, Banerji, A, Camargo, CA, 2011)
- Every 6 minutes the food allergy reaction is one of anaphylaxis (Clark, S, Espinola J, Rudders SA, Banerji, A, Camargo, CA, 2011)
- 3 to 8 percent of children have reactions to some foods (Asthma and Allergy Foundation of America, 2015)
- The prevalence of peanut allergies had doubled in the U.S. in the 5 years from 1997 to 2002 (American Academy of Allergy, 2002)
- 80% of people with a peanut allergy have had a reaction that involves a breathing problem or a reaction that affected multiple areas of their body (Scott A. Sicherer, M.D., Mt. Sinai School of Medicine)
- 100 to 150 people in the U.S. die each year from peanut allergies (Scott A. Sicherer, M.D., Mt. Sinai School of Medicine)
- An allergic reaction can occur from 2 minutes to 2 hours after ingestion
- Approximately 20-25% of epinephrine administrations in the schools involve individuals whose allergy was unknown at the time of the reaction (McIntire CL, Sheetz AH, Carroll CR, Young MC, 2005)
- More than 15% of school aged children with food allergies have had a reaction in school (Nowak-Wegrzyn A, Conover-Walker MK, Wood RA, 2001)

**Reaction**

An allergic reaction can be immediate and deadly. In a matter of minutes a child can lose consciousness and their lives. Hesitation in an anaphylactic situation can mean the difference between life and death; staff should administer life saving epinephrine if there is ever a question of anaphylaxis. Because of the severity of a reaction, school personnel need to have a concise plan in place. A district wide plan makes it easier on parents, students, and school personnel to be prepared in an anaphylactic situation. A

plan also helps the students to be safe and parents to feel more comfortable about sending their child to school.

### **Identification**

Identifying students with severe allergies is the first step in the process of developing a plan. Students need to be identified by using registration, school newsletters, health history forms, communication with families and community organizations. Identification can aid in proper planning for the school year and allow the school personnel to be educated, trained, and prepared for the entrance of the student on the first day of school.

### **Individualized Healthcare Plans**

After the school has identified the students with life-threatening allergies, an individualized healthcare plan needs to be written. The school nurse and other key personnel need to meet with the parents and develop a plan that is unique to the child and their specific allergies. The plan should include the child's name, identifying features with a photo, specific allergies, warning signs of reactions, and treatment. Location of medication and epinephrine injectors should also be included. Access to these life saving devices should be considered at all times. These healthcare plans need to be considered for all situations in the school setting. These would include classrooms, cafeterias, recess, field trips, extra-curricular functions and bus rides. All staff that have responsibility for the student with life-threatening allergies need to be made aware of the individualized healthcare plan.

### **Prevention and Implementation**

One of the key elements in a district is prevention. Preventing exposure to the deadly allergen is very difficult in some cases but very important. After identifying the student's allergy and writing an individualized healthcare plan, prevention measures should be evaluated and implemented. The most important prevention is to have an allergen free classroom. Other allergen free zones may be needed in the cafeteria, bus, libraries, art room, etc. Promoting hand washing is another good preventative measure. Children in elementary can be taught to hand wash before and after eating, in order to promote healthy choices and keep the child with allergies safe. Other preventative measures include:

## **MEDINA CITY SCHOOL DISTRICT STAFF RESPONSIBILITIES**

- **Effective sanitation measures**

- Proper washing of cafeteria tables, food preparation areas, and classroom areas
- Research indicates that common household cleaning agents such as Formula 409®, Lysol® Sanitizing Wipes, and Target® Brand Cleaner with bleach removed peanut allergen from tabletops (except for dishwashing liquid, which left traces of the allergen on 4 out of 12 tables)(Journal of Allergy and Clinical Immunology, 2004, Vol. 113, No.5)
- Peanut free tables will be washed with a cloth, bucket, and solution that is used for the sole purpose of cleaning the peanut free table. It should never be utilized for any other purpose and will only be cleaned by an adult.

- **Promoting safe practice among students including**

- No swapping or sharing of food
- No eating on buses, in libraries or other common areas
- Classroom and cafeteria signage

- **Keeping life-saving epinephrine in an available location where staff can easily access and administer medication**

- The Medina City School District policy allows for district epinephrine pens; these pens are located in or near each building cafeteria in bright yellow cabinets
- Staff should immediately radio the office or clinic staff when suspecting allergic reaction
- Student prescribed epinephrine pens are located in the clinic or with the student if they are prescribed to carry their medication per physician's recommendation

## **Guidelines for Managing Students with Food Allergies**

**Schools are public buildings and cannot be “allergen free”. The following guidelines are to be followed to provide a safe learning environment for students with severe food allergies.**

### **School Nurse Responsibilities**

1. To work with parents, health care providers, and school staff to develop the student's yearly individualized healthcare plans and more often as needed. These meetings are encouraged to take place prior to the beginning of the school year.
2. To instruct staff who interact with the student on a regular basis in the dynamics of the student's food allergy, to recognize symptoms of a reaction and to know what to do in an emergency at the beginning of the school year (first six weeks) and when newly diagnosed.
3. To train designated staff in the individualized healthcare plan. This could include training in giving emergency medications and/or administering the epinephrine auto-injector.
4. To make educational information available to staff, students, and the community when requested.
5. To reinforce self-management of students in dealing with their food allergies.
6. To keep emergency medications in a secure location that is easily accessible to designated school personnel.
7. To have an emergency communication plan for all school activities including gym, recess, and transportation.
8. To make sure district epipens are current.
9. To receive and efficiently organize medication prior to the first day of school and communicate open hours for parents to drop of medication/student visitation at each building.
10. To provide letters for classroom teachers to notify parents about students with life threatening allergies.
11. Contact newly enrolled parents to begin safety planning.

## **School Responsibilities**

1. To contact the school nurse immediately when notified of a child with a life threatening allergy. If notified at registration, the registrar will email the district nurse so he/she is aware of the student prior to starting in the district.
2. Be knowledgeable about and follow applicable federal laws including the Americans with Disabilities Act (ADA), the Individuals with Disabilities Improvement Act (IDEIA), Section 504 of the Rehabilitation Act of 1973 and Family Education Rights and Privacy Act (FERPA) and any state laws or district policies that apply.
3. To work to eliminate the use of the food allergens in the student's meals, educational tools, arts and crafts projects and classroom incentives. In some cases, to work to eliminate the specific food allergens from the school cafeteria, vending machines and other food products given to students or sold at school.
4. To ensure that students with food allergies are not excluded from school activities based solely on their food allergens.
5. To send advance notification to the parents and the school nurse of any school activities off school property (e.g. field trips) that the student with food allergies will be attending.
6. Proper planning for birthday parties, holidays, and other celebrations by alerting parents in advance of a school celebration that involves food.
7. Alerting all parents whose children are in the same class as a child with allergies to instruct them about contamination and allergen free classrooms.
8. Good communication by all staff members during all times of the day including the use of walkie talkies, phone, or other accessible means of communication available at all times.
9. Supervision in the cafeteria and on the playground done by well trained staff who know the signs of anaphylaxis and the correct response.
10. Posting a picture of student(s) with life threatening allergies in a location where staff can identify the child (with the parents' permission) so all staff are more aware in an emergency situation.
11. To ensure that there is an adequate number of staff members designated and trained to implement the individualized healthcare plan and administer emergency medications, including the epinephrine auto injector, during those off school property trips. To also ensure that a trained staff member accompanies the student on any school activities that are off school property. In addition, if any food items are to be provided or encountered on any school activities off school

property, to provide parents a list of those items in case an alternative is warranted.

12. To keep emergency medications in a secure location that is easily accessible to designated school personnel.
13. To have an emergency communication plan for all school activities including gym, recess, and transportation.
14. To make sure substitute teachers have a copy of the individualized healthcare plan and substitute folders are clearly marked to identify the child(ren) with an allergy. Pictures of students in substitute plans can be provided by parents if unavailable in our computer system.
15. To review this district-wide plan with management level employees, building level staff, preferably at the beginning of every school year, with semester/trimester reminders.
16. To notify parents sending food for parties/celebrations that they should refer to the [snacksafely.com](http://snacksafely.com) website and minimize allergens presence from any snacks they send in.
17. Ensuring adequate space is available for a peanut free table.

### **Transportation Responsibilities**

1. Training will be provided for all school bus drivers on managing life-threatening allergies by nursing staff or a certified professional.
2. The individualized healthcare plan should be given to the driver along with a photo of the student.
3. Maintain a policy of no eating on school buses.
4. Be familiar with the individualized healthcare plan and review it regularly.
5. If necessary, have the student ride in the first few seats of the bus.
6. To review this district-wide plan with management level employees and bus drivers, preferably at the beginning of every school year, with semester/trimester reminders.

### **Food Service Responsibilities**

1. Maintain department wide safety and sanitation plans by establishing proper food handling techniques to avoid cross contamination with the allergens.
2. The individualized health plan for students with allergies should be given to cafeteria managers.
3. Be familiar with students' individualized healthcare plans and review them regularly.

4. To review this district-wide plan with management level employees, building level staff, preferably at the beginning of every school year, with semester/trimester reminders.
5. Cafeteria managers welcome parents to review any food labels for allergens as food delivered to each cafeteria can vary. Contact your cafeteria manager by calling your school office and asking to speak with the cafeteria manager.

### **Family Responsibilities**

1. To notify the school and the student's teacher of the student's allergies at enrollment in the district and prior to the start of each school year. Parents would do this by:
  - a. Indicating their student's have allergies under the "medical information" portion of the registration paperwork and check "yes" under "life threatening" if applicable
  - b. Listing the required medications required for school administration
  - c. Having an adult bring to the school the medication for the student in the original package with the Prescription Medication Administered at School Form (can be found at [www.medinabees.org](http://www.medinabees.org), under links on left hand side and "medical forms") completed and signed by the healthcare provider by the first day of school.
  - d. Forms and medication should be delivered to the school at least ONE day prior to the start of school and in coordination with the school nurse who will be available prior to the start of school.
2. To provide the school nurse with all necessary documentation from the student's healthcare provider, including student specific symptoms that could help identify an issue.
3. To provide the Director of Food Service at 330-636-4382 or [sellarsa@medinabees.org](mailto:sellarsa@medinabees.org) with a medical diagnosis of the food allergy and diet restrictions and any appropriate substitutions so that the cafeteria may provide appropriate food selections for the student.
  - In order for the Department of Food Service to make substitutions to the meal they need a written diagnosis of the allergy and restrictions from a medical professional
4. Families are encouraged to attend classroom parties if available.



### **Student Responsibilities**

1. To be proactive in the care and management of their food allergies and reactions based on developmental level and to educate/inform their teacher and classmates of their allergy
2. To never trade food or share utensils with other students.
3. To wash hands before and after eating.
4. To not eat anything with unknown ingredients or known to contain any allergen.
5. To notify an adult immediately if he/she has eaten something that may contain the known allergen.
6. To participate in the development of his/her individualized healthcare plan, including signing and complying with the epinephrine auto injector contract, if indicated.

**The school cannot be responsible for food brought to the school by other students and/or parents. Therefore, letters may be sent at various times throughout the school year (as determined by the principal and school nurse), to the parents of other students in the classroom to inform them that a student in the classroom has a food allergy and to please avoid sending food items that may contain the known food allergen.**

**This plan will be reviewed every 3 years with a committee of district representatives and parents.**

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