

Guidelines for Care of Students with Life-Threatening Food Allergies



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Public Instruction

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INTRODUCTION AND ACKNOWLEDGMENTS

On January 15, 2002, a Food Allergy Advisory Committee met to provide recommendations to the Office of Superintendent of Public Instruction (OSPI) on essential components of guidelines for schools to ensure the provision of a safe learning environment for students with life-threatening food allergies. Committee members and consultants represented parents, school nutrition services, school nurses, school administration, pupil transportation, and others. A list of these committee members, consultants, and their affiliations is in Appendix A. Draft guidelines were prepared by Judy Maire, Health Services Supervisor, OSPI, based upon the work of this committee. Judy retired shortly after this work was completed and as a result, the drafted guidelines were not finalized at that time.

The 2007 Washington State Legislature appropriated \$45,000 for OSPI to convene a workgroup to develop school food allergy guidelines and policies for school district implementation in 2008–09 (see Appendix B for the budget proviso language). A new workgroup met to review and revise the previously drafted guidelines. They incorporated state and federal laws that impact the management of food allergies in the school setting. See Appendix C for the list of 2007 workgroup members.

OSPI wishes to acknowledge and thank the members of the committees for their time, sharing their expertise, and their ongoing interest and support. Their contributions and suggestions ensure that this document will provide useful, comprehensive guidelines for schools, parents, students, and their Licensed Health Care Providers* (LHCPs).

PURPOSE

The purpose of this educational guide is to provide families of students with life-threatening food allergies, school personnel, and LHCPs with the information, recommendations, forms, and procedures necessary to provide such students with a safe learning environment at school and during all other nonacademic school-sponsored activities. A comprehensive plan must be cooperatively developed with families, school personnel, the LHCP, and lead by the school nurse. Through this cooperative effort, plans that are reasonable and appropriate for implementation in the public school setting can be developed to meet the individual needs of these students and their families.

The guidelines address only students with acute life-threatening food allergies that could precipitate a reaction during the school day or any time the student is in the custody of the school, such as a field trip or after school sport.

*According to RCW18.79.260(2), Washington State defines the licensed health care provider as a licensed physician and surgeon, dentist, osteopathic physician and surgeon, naturopathic physician, podiatric physician and surgeon, physician assistant, osteopathic physician assistant, or advanced registered nurse practitioner acting within the scope of his or her license.

Schools have a responsibility to students with life-threatening health conditions under state law and to students with disabilities under federal law. Schools also may have a responsibility to address other chronic food-related health concerns (non-anaphylactic reactions) that impact students during the school day. Additional information will be provided in Appendix D to address other food-related concerns such as food intolerances.

The guidelines provide:

- General information for school personnel about life-threatening food allergies (Section 1).
- Information concerning state and federal laws (Section 2).
- Guidelines to ensure appropriate planning for a learning environment that is safe for the student (Section 3).
- Information concerning district policies and procedures and staff training (Section 4).
- Suggested roles and responsibilities of school personnel (Section 5).
- Sample forms and tools to document individualized information about students (Section 6).
- Resources (Section 7).
- Frequently Asked Questions (Section 8).

SECTION 1

OVERVIEW OF LIFE-THREATENING FOOD ALLERGIES

Food allergy is a growing concern in the United States (11 million Americans suffer from food allergies) and creates a significant challenge for children in school. Increasing numbers of children are diagnosed with life-threatening food allergies that may result in a potentially life-threatening condition (anaphylaxis). Currently, there is no cure for life-threatening food allergies. The only way to prevent life-threatening food allergies from occurring is strict avoidance of the identified food allergen. Deaths have occurred in schools because of delays in recognizing and responding to symptoms with immediate treatment and further medical interventions. Critical to saving lives are plans that focus on life-threatening food allergy education and awareness, avoidance of allergens, and immediate treatment of anaphylaxis.

Food allergies are a group of disorders distinguished by the way the body's immune system responds to specific food proteins. In a true food allergy, the immune system will develop an allergic antibody called Immunoglobulin E (IgE), sensitive to a specific food protein. Children with moderate to life-threatening eczema have about a 35 percent chance of having food protein specific IgE. Children with allergies to environmental agents such as pollens and dust mites are more likely to develop food allergies, and those with asthma and food allergies are at the highest risk of death from food allergies. Manifestations of food allergies range from mild skin reactions to life-threatening reactions.¹

CAUSES

Ingestion of the food allergen is the principal route of exposure leading to allergic reactions. Even very minute amounts of food particles (for example, a piece of a peanut) can, in some instances, quickly lead to fatal reactions unless prompt treatment is provided. Research indicates that exposure to food allergens by touch or inhalation are extremely unlikely to cause a life-threatening reaction. However, if children with life-threatening food allergies touch the allergen and then place their fingers in their mouth, eye, or nose, the exposure becomes ingestion and could lead to anaphylaxis. The amount of allergen capable of triggering a life-threatening reaction is dependent upon the sensitivity level of each individual child.

The top eight most common food allergens are: milk, eggs, peanuts, tree nuts (such as pecans and walnuts), shellfish, fish, wheat, and soy; although an individual can have an allergy to any food. The most prevalent food allergens for children are milk, eggs, and peanuts while for adults the most prevalent allergens are shellfish and peanuts. Children will frequently outgrow an allergy to eggs, milk, and soy. However allergies to peanuts, tree nuts, fish, and shellfish usually continue into adulthood. **Not eating the foods the child is sensitive to is the only proven therapy for food allergies.**

SYMPTOMS

In some individuals symptoms may appear in only one body system such as the skin or lungs, while in others, symptoms appear in several body systems. The symptoms range from mild to life-threatening and may quickly become life-threatening depending upon the sensitivity of the individual and the amount of food ingested. No one can predict how a reaction will occur or progress.

Food is the leading cause of anaphylaxis in children

Anaphylaxis symptoms usually happen immediately after the offending food is eaten. Sometimes, however, the symptoms subside, then return hours later. In some cases, serious food reactions might take hours to become evident. Children who have asthma are at a greater risk for anaphylaxis and may often react more quickly requiring aggressive and prompt treatment.

Signs and symptoms of adverse reactions may include any or several of the following:

- **Skin:** Hives, skin rashes, or flushing. Itching/tingling/swelling of the lips, palate, tongue, or throat. Nasal congestion or itchiness, a runny nose or sneezing or itchy, teary, or puffy eyes.
- **Respiratory:** Chest tightness, shortness of breath, hoarseness, choking, or wheezing (a whistling sound when breathing).
- **Gastro-Intestinal:** Nausea, vomiting, abdominal cramps, or diarrhea.
- **Cardiovascular:** Fainting, flushed or pale skin, cyanosis (bluish circle around lips and mouth).
- **Mental/Psychological:** Changes in the level of awareness, crying, anxiety, a sense of impending doom.

Any of the above symptoms may require immediate emergency treatment.

Some children have been observed to react in the following more subtle ways:

- Exhibit screaming or crying.
- Very young children will put their hands in their mouth or pull at their tongues.

Or will say:

- This food's too spicy. It burns my mouth or lips.
- There's something stuck in my throat.
- My tongue and throat feel thick.
- My mouth feels funny. I feel funny or sick.²

TREATMENT

Prevention is the most important method to manage food-related anaphylaxis.

Treatment will always require specific training and interventions for anyone involved in the care of students with life-threatening food allergies (or other similar conditions).

There are several medications that are essential for treating anaphylaxis. However, in the event of an anaphylactic reaction, an epinephrine injection (shot) is the treatment of choice and must be given immediately to avoid death.

Epinephrine, also known as adrenaline, is a natural occurring hormone in the body. It is released in the body in stressful situations known as the “fight or flight syndrome.” It increases the heart rate, diverts blood to muscles, constricts blood vessels, and opens the airways. Administering epinephrine by injection (such as an EpiPen® auto-injector) quickly supplies individuals with a large and fast dose of the hormone. An injection of epinephrine will assist the student temporarily. Sometimes, a second dose is needed to prevent further anaphylaxis before the student is transported to a medical facility for further emergency care. If a child is exhibiting signs of a life-threatening allergic reaction, epinephrine must be given immediately and the Emergency Medical Services (EMS) 911 called for transport. There should be no delay in the administration of epinephrine. Sections 4 and 5 cover additional information regarding epinephrine training.

All students, regardless of whether they are capable of epinephrine self administration, will require the help of others. The severity of the reaction may hamper their attempt to self-inject. Adult supervision is mandatory.

The American Academy of Allergy Asthma & Immunology (AAAAI) notes that *“all individuals entrusted with the care of children need to have familiarity with basic first-aid and resuscitative techniques. This should include additional formal training on how to use epinephrine devices...”*³

For additional information and resources concerning life-threatening food allergies, please visit the AAAAI Web site at <http://www.aaaai.org/patients/gallery/foodallergy.asp>.

SECTION 2

STATE AND FEDERAL LAWS

Several state and federal laws provide protection for students with life-threatening food allergies. School districts are legally obligated by these laws to ensure that students with life-threatening food allergies are safe at school. School districts must have and follow their own policies and procedures for the health and well-being of such students.

Washington State Laws

RCW 28A.201.260 Administration of Oral Medication in School

This law describes the administration of oral medications in the school setting. It also states who may administer oral medication and under what conditions and circumstances. See [RCW 28A.210.260–270](#).

RCW 28A.210.270 Immunity from Liability

Under this law districts are not liable for students receiving oral medication administration when the district is in substantial compliance with the law. To review, see [RCW 28A.210.260–270](#) or the OSPI Bulletin B034-01 at <http://www.k12.wa.us/HealthServices/pubdocs/b034-01.pdf>.

RCW 18.79 Nurse Practice Act

This law establishes that only licensed nurses (Registered Nurses or Licensed Practical Nurses) can provide nursing care and medication administration to individuals for compensation. The law includes oral medications, ointments, eye and ear drops, suppositories, or injections. To review, see [RCW 18.79](#). However, under the school law [RCW 28A.210.260–270](#), nurses may delegate, with training and supervision, oral medication administration to unlicensed staff under specific conditions. Another exception in the Nurse Practice Act (RCW 18.79.240 (1) (b)) allows for the administration of medication in the case of an emergency. This exception includes the administration of injectable epinephrine during an anaphylactic, life-threatening emergency.

RCW 28A.210.320 Children with Life-Threatening Health Conditions

This law adds a condition of attendance for students with life-threatening conditions. Treatment and medication orders and nursing care plans requiring medical services must be in place prior to the student's first day of school. For additional information see [RCW 28A.210.320](#) or [WAC 392-380-005–080](#) and OSPI Bulletin B061-02 at <http://www.k12.wa.us/HealthServices/pubdocs/SHB2834-ESSB6641/B061-02.pdf>.

RCW 28A.210.370 Students with Asthma [and Anaphylaxis]

This law directs the Superintendent of Public Instruction and the Secretary of the Department of Health to develop a uniform policy for all school districts providing for the in-service training for school staff on symptoms, treatment, and monitoring of students with asthma. The law also provides that students may self-administer and self-carry medication for asthma and anaphylaxis contingent upon specific conditions.

Additionally, students are entitled to have backup asthma or anaphylaxis medication, if provided by the parent, in a location to which the student has immediate access. See [RCW 28A.210.370](#) for further details.

RCW 28A.210.255 Provision of Health Services in Public and Private Schools- Employee Job Description

This law states that any employee of a public school district or private school who performs health services, such as catheterization, must have a job description that lists all of the health services that the employee may be required to perform for students. See [RCW 28A.210.255](#).

RCW 4.24.300 Good Samaritan Law-Immunity from Liability in Medical Care

This law provides immunity from civil damages resulting from any act or omission in the rendering of emergency care for a volunteer provider of emergency medical services, without compensation. In the school setting, trained and compensated staff are responsible to intervene in student emergencies. See

<http://apps.leg.wa.gov/RCW/default.aspx?cite=28A.210.360> for details.

Federal Laws and Regulations

Section 504 of the Rehabilitation Act of 1973 (Section 504)

Under this law, public school districts have a duty to provide a Free Appropriate Public Education (FAPE) for students with disabilities. A student with a life-threatening food allergy qualifies as a disabled student under Section 504, if in a licensed health care provider's assessment, the student is at risk of having a life-threatening (anaphylactic) reaction. This section of the federal law protects disabled public school students from discrimination. See 504 fact sheet at <http://www.hhs.gov/ocr/504.pdf> or Frequently Asked Questions (FAQs) and further information from the Office for Civil Rights at <http://www.ed.gov/about/offices/list/ocr/504faq.html>.

The Americans with Disabilities Act (ADA) of 1990

The ADA law also prohibits the discrimination of individuals with a disability. A life-threatening food allergy is identified as a physical disability that substantially limits one or more of the major life activities. For more information, see <http://www.dol.gov/esa/regs/statutes/ofccp/ada.htm>.

The Individuals with Disabilities Act of 1976 (IDEA)

IDEA is a federal law that governs how states and public agencies provide early intervention, special education, and related services. IDEA district procedures must be followed if the student is determined to be eligible for special education services under IDEA. For additional information, visit <http://www.k12.wa.us/SpecialEd/regulations.aspx>.

Accommodating Children with Special Dietary Needs in the School Nutrition Programs-Child Nutrition Program Regulations: 7 CFR Part 15b; 7 CFR Sections 210.10(i)(1), 210.23(b), 215.14, 220.8(f), 225.16(g)(4), and 226.20(h)

The United States Department of Agriculture (USDA) provides guidance for public schools concerning special dietary needs of children. The school must provide a special diet if requested by the parent of a student with a life-threatening food allergy. However, the diet must follow USDA guidelines, including a special diet order as defined under the School Nutrition Services on page 21 of this document. If a student does not have a life-threatening food allergy, school nutrition services may, but are not required to, make food substitutions. To review the entire federal guide, see http://www.fns.usda.gov/cnd/Guidance/special_dietary_needs.pdf.

The Family Education Rights and Privacy Act of 1974 (FERPA)

Under FERPA, student information is protected by restricting access to individual student records. The law addresses student confidentiality including the notification of student and parental rights regarding access to student records. In schools, specific student information and records may be shared with school personnel only under certain circumstances. See <http://www.ed.gov/policy/gen/guid/fpc/ferpa/index.html>.

Occupational Safety and Health Administration (OSHA)

The federal regulatory agency sets standards that include the provision for the possible employee exposure to bloodborne pathogens. The Washington Industrial Safety Health Act (WISHA) addresses the requirements and procedures for the protection of Washington State workers with the potential for occupational exposure to bloodborne pathogens. See <http://www.lni.wa.gov/wisha/Rules/bbpathogens/PDFs/823-Complete.pdf>.

SECTION 3

SCHOOL DISTRICT GUIDELINES

Any student diagnosed with a life-threatening food allergy, must have an individual health plan (IHP) and/or emergency care plan (ECP). An ECP may be separate or a part of the IHP. The ECP/IHP may also be the 504 plan. The plans must be completed prior to the student attending school. Care plans are developed by the school nurse in collaboration with the family and a team of professionals, addressing the school's overall responsibilities for the provision of a safe school environment. The ECP/IHP is distributed to school staff having contact with the student. The school nurse organizes and trains school staff regarding their responsibilities and care under the guidance of the written care plan(s).

State law requires all students with life-threatening health conditions to have medication or treatment orders, a nursing care plan, and staff training completed prior to attending school.

Prior to the beginning of every school year, the school nurse should review the health history forms submitted by parents and obtain any additional information necessary regarding life-threatening food allergies. The school nurse may request written permission from the parents to communicate with the student's LHCP if needed. An ECP/IHP should then be developed by the nurse with team input including the student and parents. The parents should supply the medications ordered by the LHCP. If the parents do not provide the appropriate information needed to complete the care plans and orders, the school district may exclude students from school as required in [RCW 28A.210.320](#) (requiring a medication or treatment order as a condition for students with life-threatening conditions to attend public school). If the parents are requesting meal accommodations from the district nutrition services, a diet prescription form must also be completed by a licensed physician.

Developing Individual and Emergency Care Plans – The Team Approach

The parents and student are the experts on the student's food allergy. To ensure a safe learning environment for the student with a life-threatening food allergy, the parents and the student should plan to meet with the school nurse, school officials, school nutrition services, and other school staff as necessary to develop the IHP and/or ECP. This meeting needs to occur prior to the student attending school, upon returning to school after an absence related to the diagnosis, and any time there are changes in the student's treatment plan.

Parents of students with life-threatening food allergies are very concerned about their child's welfare during the school day. One parent commented, *"I feel that I am sending*

my child to a school and a district that has not taken seriously enough the responsibility for accommodating kids with food allergies. I do much of the food allergy education; I check up on the substitute teachers; and I try to be in the school as much as possible to make sure I catch what they have missed. It is exhausting.” Having the parents actively involved in the development of the IHP/ECP greatly eliminates many unnecessary concerns.

The IHP and/or ECP are integral parts of the overall school policies and procedures for ensuring a safe learning environment for students with life-threatening food allergies. The IHP/ECP may serve as the 504 plan as determined by the district. The general guidelines in this manual must be individualized for each student with a life-threatening allergy to foods.

The ECP is distributed to all appropriate school staff trained to respond to a student’s anaphylactic emergency. The ECP is student specific and should have a current picture of the student on the plan to aid in identification. Only those staff who will have direct responsibility for the student will be trained in student specific procedures, but all school staff should receive awareness training yearly in symptoms of anaphylaxis.

The following activities are recommended for school staff and parents in order to complete an ECP:

- Obtain a medication authorization form signed by both parent and LHCP. Obtain a signed release to access information from the student’s LHCP, if needed.
- Secure medication and other necessary supplies.
 - Parents should provide all the supplies. Districts may assist families in this process.
 - Districts must provide appropriate, secure, accessible storage as needed. Students may self-carry epinephrine. Backup medication, if supplied by the parent, should be stored in secure designated location.

Note: EpiPen® auto injectors exposed to temperatures below 59°F or above 86°F may not function properly. The auto-injector has not been tested below or above the United States Pharmacopeia Controlled Room Temperature standard. Districts may want to consider sending EpiPens® home over extended winter breaks when thermostats are set below 59°F.

- Develop disaster preparedness plans to accommodate a minimum of 72 hours without outside access to care.
- Establish a plan for in-service training to staff on risk reduction strategies including avoidance prevention, recognizing symptoms of anaphylaxis, administration of epinephrine and other emergency medications, and monitoring of students with life-threatening food allergies. This training should include the student and parents, as appropriate, and should be provided by a RN, ARNP, or LHCP. When the student’s IHP/ECP is developed, the school nurse should obtain parent and LHCP written approval to implement the student’s plan of care after the IHP/ECP has been developed.

Using the Coordinated School Health (CSH) Model can be quite helpful in planning for students with life-threatening food allergies. Many schools and districts have adopted the CSH Model in an effort to ensure that coordination and collaboration occurs in schools at the highest level for the greatest impact. The model of CSH developed by the [Centers for Disease Control and Prevention \(CDC\)](http://www.k12.wa.us/CoordinatedSchoolHealth/default.aspx)⁴ includes eight interconnecting components. Each component makes an important contribution to students' well-being and readiness to learn. With a coordinated approach, the components complement each other and have a greater impact than each piece could have by itself. See <http://www.k12.wa.us/CoordinatedSchoolHealth/default.aspx> for additional information.

When a student comes to school with a life-threatening food allergy, accommodations are carried out across the school system from the classroom and lunchroom to the playground and on the bus. The CSH structure better ensures that staff in the school system are communicating and working across silos and together with families and communities to create a safety net for students. Below is a sample using the CSH Model for students with life-threatening food allergies.



SCHOOL DISTRICT POLICIES AND PROCEDURES

Accommodations

Under Section 504 of the Rehabilitation Act of 1973, students with life-threatening food allergies must be provided with the environmental accommodations and emergency school health services they need to safely attend school. It is possible that a Section 504 accommodation plan would *not* be required for a student with a food allergy or intolerance *not* considered a life-threatening condition. If the student is determined to be eligible for services under Section 504, then the district's Section 504 procedures

should be followed. The IHP and/or the ECP may serve as the Section 504 accommodation plan. IDEA district procedures must be followed if the student is determined to be eligible for special education services under IDEA.

Life-Threatening Food Allergy Policies and Procedures

School districts must have policies and procedural guidelines for students with life-threatening food allergies. Some of the policies and procedures may be common to students with any life-threatening condition and some may be unique to students with life-threatening food allergies.

EMS 911

The school district policy and procedural guidelines must address emergency responses including:

- Who will call 911.
- What kind of medical response is requested.
- Who is to be notified of the call including notification of parents.
- Who is assigned to meet the first responders.
- What paperwork must be completed and by whom.
- What to do with the used epinephrine injector.
- What are the debriefing procedures.

If epinephrine is administered, 911 emergency response must be activated. The standard practice is to transport the student to the local medical facility regardless of the student's status at the time of the EMS arrival. A second dose of epinephrine may be necessary. Once transported to a medical facility the student should be observed for four hours because symptoms can return even after initial treatment with epinephrine.

Incident debriefing must occur at school among those who implemented the ECP, the school nurse, and the building/district administration including risk management. Input may be sought from the parents, the student, the first responder, and the student's LHCP. The ECP must be reviewed and revised, if needed. Subsequent training must then follow to address the revised ECP.

Anti-Bullying Policies and Procedures

The unique health needs of students with life-threatening food allergies may cause them to become targets for harassment, intimidation, and bullying. Parents and students need to know that school districts are required by [RCW 28A.300.285](#) to have anti-bullying policies and procedures. It is expected that students found to be subjecting a student with a life-threatening food allergy to such behavior will be disciplined according to district policies.

For additional resources and information regarding bullying visit OSPI's School Safety Center's Web site at

<http://www.k12.wa.us/SafetyCenter/LawEnforcement/StudentDiscipline.aspx>.

All School Staff Training

Awareness training for all school staff must be provided each school year. This could be included in any or all staff training opportunity. The Spokane School District uses the video "It Only Takes One Bite" as one training tool. This video is available to borrow through OSPI Health Services and the School Nurse Corps program in each Educational Service District. The video is a part of the Food Allergy Kit prepared by the OSPI Child Nutrition Services. See the Nurse Administrator contact list at <http://www.k12.wa.us/HealthServices/ESDcontacts.aspx>.

Student Specific Training

The school nurse conducts student specific training for staff who will have responsibility to implement the student's ECP. Student specific training has three components:

- Training in avoidance procedures to prevent exposure of the student to the food allergen.
- Training in the recognition of symptoms, especially early symptoms.
- Training in the administration of epinephrine and other needed emergency medications.

Avoidance training must include establishing a list of food items that commonly contain food allergens that may not necessarily be obvious for possible exposure. Avoidance training is site specific. In the classroom, teachers need to be aware of potential allergens and avoid use in science and laboratory materials, arts and craft materials, snacks, and party foods.

More than one staff person must be trained for each situation or location including, but not limited to: the student's classroom teacher, classroom aides, and any specialists. Special attention is needed to ensure that trained school staff accompanies the student on field trips. **Protocols must be in place to ensure that substitute teachers are informed of the student's life-threatening allergy, the location of the ECP, and duties associated with implementing the ECP.**

ECP Training

Staff designated to implement the student's ECP must be trained in early recognition of symptoms of anaphylaxis and the administration of epinephrine and other necessary emergency medications. The LHCP prescribes the appropriate epinephrine injector which the parent provides for the school. Training needs to occur annually and/or before the start of the school year and/or before the student attends school for the first time. **It is essential to ensuring the child's safety while at school to: secure LHCP orders,**

develop the ECP, and train designated school staff prior to the child attending school.

ECP training components include:

- Avoidance strategies for the identified allergen(s).
- Recognition of symptoms and what to do if the student is exposed to the allergen or exposure is suspected.
- How to administer epinephrine. Epinephrine trainers are available through pharmaceutical or product company representatives or the School Nurse Corps Nurse Administrators in each ESD.
- How to administer oral medication. The student's LHCP may order an oral antihistamine to be administered.
- School notification procedures for notifying 911, school nurse, school administration, and parents.
- Pertinent bloodborne pathogens information training with emphasis on safe handling of contaminated sharps (after an EpiPen is used the needle is exposed).
- Recording of the incident, including medications administered, time, and by whom.
- Confidentiality of health care information.
- Identification of harassment or teasing situations that may result in a student being exposed to the allergen. All students should be taught that bullying, harassing, or intimidating will not be tolerated. It is expected that students found to be subjecting a student with a life-threatening food allergy to such behavior will be disciplined according to district policies.
- Retraining at least each school year, or if the student's condition changes, or if there is a change in staff assigned to implement the ECP.
- At least annual practice ECP drills.

There is a natural reluctance to wait to administer epinephrine until symptoms worsen and you are sure the student is experiencing an anaphylactic reaction. There is the same reluctance to call 911. Many fatalities occur because the epinephrine was not administered in a timely manner. This reluctance can most effectively be overcome by practicing implementation of the ECP.

Important: If the student is also asthmatic, the reaction may be more life-threatening and require earlier and more aggressive management based on LHCP orders. Initial anaphylaxis symptoms may occur and be mistaken for asthma or “an upset stomach” including vomiting and abdominal pain. The mistaken reaction may delay necessary treatment.

SECTION 4

ROLES AND RESPONSIBILITIES

These roles and responsibilities are adapted from Connecticut (2006) and Massachusetts (2002) Guidelines for Managing Life-Threatening Allergies.

Some roles and responsibilities are shared and some are specific to particular individuals and/or school staff. The following section describes the roles and responsibilities by grouping.

All School Staff, Parents, and Students with Life-Threatening Food Allergies:

Emotional Health and Well-Being

School nurses, mental health staff (counselors/psychologists/specialists), and others:

- Work in cooperation to address the anxiety of students, staff, and families.
- Act as a resource regarding anxiety, stress, and normal development.
- Educate staff to avoid endangering, isolating, stigmatizing, or harassing students with life-threatening food allergies.
- Consider starting a small support group where students can express their feelings and concerns, if there are multiple students with life-threatening conditions in the school.
- Offer debriefing if an anaphylactic reaction occurs during the school day.

During Meals/Snacks

- Establish procedures to ensure all students eat only their own food—no sharing!
- Encourage parents to send “safe” snacks for their child.
- Provide classroom eating areas that are safe from allergens, if food allergens are consumed in the room, or consider designating another suitable area as a lunchroom, or limit the areas in a building where food is consumed.
- Avoid cross contamination by enforcing hand washing and clean all eating surfaces.
- Clean per district policy, any allergen-safe tables, using a separate rag or disposable wipe and by vacuuming or sweeping the floor.
- Establish Be a PAL (Protect A Life) or Allergy Aware rooms, zones, or tables. See <http://www.foodallergy.org/downloads.html> for more information.
- Conversely, designate eating areas where students are allowed to eat highly allergenic foods.
- Consider establishing a snack fund and allow parents of children with life-threatening food allergies in the class to provide safe snacks for the whole class.

Field Trips

Various school staff members may prepare and participate in field trips away from the school. Field trips require additional planning and coordination in order to ensure a safe trip for all students.

Note: If the field trip destination is potentially unsafe and/or first responders and medical facilities are too distant for a safe response time, an alternative safer site is recommended for any field trip.

- Collaborate with the school nurse prior to planning a field trip.
- Notify parents about field trips (dates/length of time, location, activities).
- Ensure the ECP, LHCP orders, and emergency medications are taken on field trip. The adult who will supervise the student during the field trip and back to school must carry the student's medications and ECP and be trained in the ECP procedures.
- Ensure more than one person is trained to care for the student and follow the ECP including avoidance/prevention training.
- Ensure the bus driver is also trained in the care and management of students with life-threatening food allergies, if appropriate.
- Ensure communication devices for emergency contact are working and available.
- Avoid high risk places (some sites may be too far away from the EMS or too dangerous), ensure site safety, and attempt to have a designated allergy-safe area during meals.
- Know the closest EMS and medical facility to ensure students are safe.
- Encourage parents to attend the field trip. They are not required to do so; staff are ultimately responsible for the safety of students.
- Make plans for students to wash their hands before and after eating.
- If a sack lunch is provided by nutrition services:
 - The meal must be properly labeled.
 - Assign supervising staff to double check the meals ensuring the sack lunch provided for the student is properly labeled.
 - **If in doubt, do not give the student the meal without further follow up.**
- The student, if capable, must avoid allergens and inform an adult if they believe they may have ingested or had contact with the allergen or are not feeling well.
- Staff may assist the student in avoiding possible contact with the allergen during the field trip.

Classroom Activities

Note: The classroom is the most common area students in school are reported to have an allergic reaction.⁵

- Avoid, when possible, using foods for activities such as arts/crafts, projects, science, counting, holidays, and other celebrations; and allow parents to substitute safe alternatives when appropriate.
- Encourage nonfood activities, rewards, and treats.

Classroom Teachers/Specialists/After-School Sports/Programs

For students with life-threatening food allergies:

- Have an accessible copy of the ECP and emergency medications.
- Receive training from the school nurse to implement the ECP including:
 - Allergens that cause life-threatening food (and other) allergies.
 - Prevention.
 - Recognition of student symptoms indicating an anaphylactic reaction.
 - Management of an emergency (contacting EMS and administering epinephrine).
- Have a communication plan to contact EMS, the school nurse, and the office.
- Ensure student confidentiality and privacy as appropriate per law.
- Never send a student who is feeling ill to the health room alone. Ask for staff assistance.
- Assist all staff, substitutes, and volunteers working with the student to familiarize them with the student's food allergies and ECP.
- Coordinate with the school nurse, parents, and with student's permission regarding age appropriate classroom instruction about food allergies.
- Educate students about anti-bullying policies and monitor students appropriately.
- Work with the school nurse about educating the parents of all students about life-threatening food allergies and provide information to help keep certain foods out of the classroom, if requested. Written parental consent is needed.
- Seek parental consent for students to participate in and/or consume any project involving food; and provide lists of ingredients and labels and any manufacturer information.
- Ensure trained staff are always present during any activity involving food.
- Inform parents of any school events and activities where food will be served.
- Do not offer foods to students without parental approval.
- Participate with the planning for the student's re-entry to school after an anaphylactic reaction.
- Do not interpret food labels.

Students with Life-Threatening Food Allergies

- Learn to recognize symptoms of an allergic reaction.
- Notify an adult immediately if they eat something they believe may contain the food allergen.
- Notify an adult if they are being bullied, harassed, or intimidated.
- Do not eat anything with unknown ingredients or known to contain any allergen.
- Do not trade food with others.
- Be proactive in the care and management of their food allergies and reactions based on their developmental level.
- Wash hands before and after eating.
- May carry and self-administer epinephrine contingent upon specific conditions.

Note: Students are strongly encouraged to agree to these activities. However, agreement must not lessen the school's diligence in implementing the student's IHP and/or ECP.

Parents of Students with Life-Threatening Food Allergies

- Notify the school of the student's life-threatening food allergy before school starts as required by law.
- Review school district policies and procedures.
- Keep emergency contact information current including phone numbers and addresses.
- Provide a photograph of the student, if requested.
- Provide treatment, medication, and diet orders from the student's LHCP.
- Provide adequate medications including epinephrine and backup medication for students that are self-carrying epinephrine.
- Sign request forms provided by the school in order for school staff to obtain pertinent medical information, as needed.
- **If possible, provide safe meals from home. This is the safest option for students with life-threatening food allergies.**
- Provide safe snacks for the student, if needed.
- Provide additional allergy safe food for disaster planning. School-provided meals for students kept at school because of any emergency or disaster situation may contain food allergens, and substitutions will need to be provided by parents.
- If the student will eat meals provided by the school through nutrition services, a diet order form must be completed by a licensed physician prior to meal service (see forms section for a sample). It is critical that parents contact the district nutrition services department regarding the need to review and plan for the student's school meals. It may be helpful to meet with nutrition services prior to obtaining a diet order to ensure the proper form(s) are used.
- Work with the school team to develop a plan that accommodates the student's needs throughout the school day including the classroom, cafeteria, after-care programs, school-sponsored activities, and on the school bus.
- Replace medications after use or upon expiration.
- Notify the school nurse if changes in the IHP/ECP are needed.
- Review policies/procedures with the school staff, the student's LHCP, and the student (if age appropriate) after a reaction has occurred.
- Participate in the planning for the student's re-entry to school after an anaphylactic reaction.
- Inform the school if bullying or teasing occurs.
- Notify supervisors/coaches or after-school programs that the student has a life-threatening health condition and an IHP/ECP is on file (staff will need training).
- Educate the student in the self-management of their food allergy including:
 - Safe and unsafe foods.
 - Strategies for avoiding exposure to unsafe foods—such as peer pressure to trade foods.

- Symptoms of allergic reactions and how to describe them.
- How and when to tell an adult they may be having an allergy-related problem.
- How to read food labels (age appropriate).
- Responsibilities in self-carrying medication.
- Practice drills and role playing.

Parents need to secure updated LHCP orders each school year and to notify the school nurse of any changes in the student's condition or LHCP orders during the school year. A diet order form must be completed by a licensed physician in order for nutrition services to accommodate a life-threatening allergy.

School Nurse

- Meet with the student and parent, prior to entry into school and/or prior to each school year, to develop a current and complete ECP/IHP in coordination with the student's LHCP.
- Train all staff that will be involved in the care of the student during any school-sponsored activity regarding:
 - Life-threatening food allergy awareness including allergen avoidance and prevention, recognizing symptoms of anaphylaxis, administering epinephrine, and other emergency medication.
 - The ECP.
- Provide all staff that will be involved in the care of the student during any school-sponsored activity:
 - Supervision and monitoring.
 - Drills and practices.
- Communicate and review with the district's nutrition services about the meals program. Jointly develop a communication process for students receiving school meals.
- Periodically review the ECP/IHP and medication orders.
- Communicate with the local EMS about students with life-threatening food allergies.
- Ensure that the medications are accessible and nonexpired including the medication needed for a lockdown, evacuation, or catastrophic event.
- Communicate with the student, staff, and parents on a regular basis.
- Participate in planning for the student's re-entry to school after an anaphylactic reaction.

School Administrators

- Designate time for annual staff training on life-threatening food allergies including:
 - Risk reduction procedures such as encouraging hand washing before and after eating, increasing school food allergy awareness, and encouraging nonfood (or at least safe food) celebrations and fundraising efforts.
 - Emergency procedures and drills.
 - Epinephrine administration.

- Student specific ECPs.
- Providing for a safe environment both physically and emotionally.
- Support staff, parents, students, and communities in the implementation and care of student's with life-threatening food allergies.
- Provide for systems to have ECPs, emergency equipment, and communication devices for all school activities that involve students with life-threatening food allergies.
- Ensure staff are cleaning eating surfaces and food areas per district policies and procedures using a separate rag or disposable wipe for allergen-safe zones.
- Inform (or assign the school nurse to inform) parents if any student experiences an allergic reaction for the first time at school.
- Ensure protocols are in place for the training of any substitute that may have responsibility for a student with a life-threatening food allergy such as substitutes for teachers, school nurses, nutrition services, recess and/or lunch aides, bus driver, and other specialists. Any responsibilities that such individuals have to implement specific IHP/ECP or school-specific food allergy policies must be included in the information provided. Contingency plans must be in place if a substitute cannot be trained to handle a food allergy emergency.
- Ensure all staff supervising the student have ECP training, epinephrine training, and emergency procedures training including a list of Cardio Pulmonary Resuscitation (CPR) certified staff in the building.
- Ensure there are trained staff on the bus that can assist students in the event of an anaphylactic emergency and carry out the ECP.
- Ensure all known students with life-threatening food allergies have a complete ECP in place prior to school attendance.
- Initiate and participate in planning for the student's re-entry to school after an anaphylactic reaction.
- Make sure after-hours users of the school building are aware of all restrictions and rules impacting the use of common spaces and individual classrooms.
- Communicate risk reduction strategies and/or school food allergy policies to the Parent Teacher Association (PTA) or other organizations who work with students and use the school building on a regular basis.
- Ensure nutrition services staff are not determining whether or not a food is safe for a child to eat. The only safe food is contained within a special diet provided by nutrition services or by the parent. Questions about choosing food off of the standard school lunch or breakfast menu should be directed to nutrition services managers.
- Ensure classrooms and after-school activities are conducted in such a way as to be inclusive of all students in the school.
- Discourage the use of food as a reward among school staff.
- Encourage teachers and staff to consider nutritious, low-allergen foods (such as fruits and vegetables) for snacks and celebrations.
- Take advantage of opportunities to educate the school community about school policies and provide general information about food allergies at regular intervals throughout the school year such as through newsletters, school assemblies, and the PTA meetings.

School Custodial Services

- Thoroughly clean all tables, chairs, and floors after each meal, if applicable.
- Any allergen-safe tables must be cleaned per district policy using a separate rag or disposable wipe.

School Nutrition Services

The school nutrition services department is an essential member of the team that contributes to the development and implementation of the IHP for the student with life-threatening food allergies. The school nutrition services administrator has access to educational resources and is responsible for all aspects of meal production and service. The role of the administrator is to clearly communicate their department's capabilities with the school nurse, principal, and parent including food allergy accommodations for students at school.

Lead nutrition services staff:

- Participate in the team meeting when developing the ECP/IHP, if applicable.
- Post the ECP with parental/student consent, if appropriate.
- Receive all ECPs and are trained on how to access and administer epinephrine, if applicable.
- Establish nutrition services policies and procedures to follow for students with life-threatening food allergies.
- Ensure all nutrition services staff and substitutes are trained to recognize and respond to signs and symptoms of an allergic reaction.
- Communicate menu information to parents, students, and staff and notify them that menu changes may occur.
- Designate trained staff to answer food ingredient questions.
- Make food labels available for parents as requested. Keep a file of food labels and recipes in the nutrition services' administrative office.
- Designate and train specific and appropriate staff to read food labels.
- Designate and train staff on how to accommodate specific diet orders.
- Train staff not to accommodate a diet without a diet order.
- Maintain current contact information with food vendors and other industry resources.
- Train production workers and servers on the prevention of cross contamination of allergenic food products during production and in the cafeteria line.
- Thoroughly clean all tables, chairs, and floors after each meal, if applicable.
- Plan ahead for safe meals on field trips (see forms in Section 5—Sample Sack Lunch Request).
- Have properly functioning communication equipment.
- Take all student complaints seriously and respond as trained.
- Avoid using latex gloves, if indicated for latex allergies.
- Review the signed diet prescription form for adequate detail to clearly identify appropriate food substitutions. The LHCP must identify the student's disability as defined under USDA guidelines. [When in the licensed physician's assessment, food

allergies may result in severe, life-threatening (anaphylactic) reactions, the child's condition would meet the definition of "disability," and the substitutions prescribed by the licensed physicians must be made.]⁶

http://www.fns.usda.gov/cnd/Guidance/special_dietary_needs.pdf.

- Please note that **only a licensed physician** may make this determination as described above.
- For students with life-threatening food allergies, a diet prescription form must identify:
 - The student's disability.
 - An explanation of why the disability restricts the child's diet.
 - The major life activity affected by the disability.
 - The food or foods to be omitted from the child's diet, and the food or choice of foods that must be substituted.

Lunchroom/Playground Assistants

- Post ECP with parental consent, if appropriate.
- Have properly functioning emergency equipment.
- Take all complaints seriously and respond appropriately (follow the IHP/ECP as indicated per training by the school nurse).
- Identify students who have special diets provided by nutrition services.
- Do not interpret food labels or advise children on allergen content.
- Follow district policies and procedures regarding students with life-threatening food allergies.

School Transportation

The supervisor or student's bus driver is encouraged to participate in the development of the student's IHP and/or ECP as needed.

- Have all bus drivers and substitute drivers attend an annual anaphylaxis awareness training (this could be a portion of the general training required for health and emergency preparedness). Only the drivers transporting the students with food allergies will receive student specific ECP training.
- Have all bus drivers trained on emergency preparedness planning and district specific policies and procedures. Such district policies and procedures would include some process and notification system for students who have a specific health requirement.
- Participate in emergency drills.
- Have properly functioning communication equipment and a procedure for out-of-service areas.
- Know local EMS procedures.
- Ensure the dispatcher has a list of all students with life-threatening food allergies by bus number/route and instructions for activating EMS.
- Ensure that provisions are made for the student's epinephrine to be on the student's person as well as a copy of the ECP. It is not safe to store epinephrine on the bus for a variety of reasons such as temperature variances and substitution buses.

- Have a backup copy of the ECP on the bus.
- Have procedures for implementing ECPs that address:
 - Calling 911.
 - Location of the epinephrine.
 - Contacting district administration and requesting administrator to contact school nurse and the parents. Buses used to transport teams to extracurricular and sports events may require some adaptation of this policy.
- Ensure that there are trained staff on the bus that can assist students in the event of an anaphylactic emergency and carry out the ECP.
- When possible have a "no eating" policy on buses. Exceptions to this policy will occur for some students that medically require access to food (diabetics) and during certain trips where extenuating circumstances allow for meal consumption on the buses.
- Encourage cleaning of bus surfaces for children with contact anaphylaxis per district policy.
- Students with life-threatening food allergies may need to be seated at the front of the bus to avoid secretive food sharing and to permit the bus driver or assigned school staff to observe the student for development of symptoms.

SECTION 5

SAMPLE FORMS

This section of the guidelines offer various sample forms and tools that districts may use to provide for the care of students with life-threatening food allergies. The forms are samples. School districts are encouraged to modify the forms to incorporate district and student specifics as needed. The following forms are available:

- Sample Student Health Registration Form
- Sample Food Allergy Assessment Form
- Sample Authorization for Exchange of Medical Information
- Sample Authorization for Administration of Medication at School
- Sample LHCP Letter Regarding Unlicensed Staff Administering Emergency Medication at School
- Sample Diet Prescription for Meals at School
- Sample Standard Food Allergy Substitution Order Form
- Sample Licensed Health Providers Orders/Nursing Care Plan/504 Plan/IHP/ECP
- Sample Emergency Action Plan
- Sample Training Program
- Pre-Assessment for Food Allergy Training
- Sample Food Allergy Assessment
- Evaluation for Food Allergy Training
- Sample EpiPen Training for School Staff
- Sample Emergency EpiPen Medication Administration at School Skills Checklist
- Sample Registered Nurse Checklist for Students with Life-Threatening Food Allergies
- Sample Sack Lunch Request Form
- Sample Substitute Letter
- Sample Classroom Letter
- Sample School Letter to All Parents

Student Health Registration Form

This questionnaire is designed to aid school staff in anticipating any health concerns that might affect your child's safety or learning

Student's Name _____
First Middle Last
Grade: _____ Sex: _____ Date of Birth: _____

MEDICAL

Does your child have a doctor or nurse practitioner? Yes ____ No ____

Name of child's doctor or nurse practitioner _____ phone number _____

In the past 12 months, did you have problems obtaining medical care for your child? Yes ____ No ____

DENTAL

Does your child have a dentist? Yes ____ No ____ Name of child's dentist _____ phone number _____

Did your child receive a dental exam in the last 12 months? Yes ____ No ____ Don't know ____

Describe the condition of your child's teeth? Good ____ Fair ____ Poor ____ Don't know ____

In the past 12 months, did you have problems obtaining dental care for your child? Yes ____ No ____

INSURANCE

Does your child have medical insurance coverage? Yes ____ No ____ Don't know ____ Name of provider _____

Does your child have dental insurance coverage? Yes ____ No ____ Don't know ____ Name of provider _____

Does Medicaid insure him/her? (Healthy Options, DSHS, "medical coupon") Yes ____ No ____ Don't know ____

MEDICAL HISTORY

Have you ever been told by a physician or health care professional that your child has:

____ Asthma	____ Seizure disorder	____ Bleeding disorder	____ ADD/ADHD
____ Diabetes	____ Bone/muscle disease	____ Skin condition	____ Learning disability
____ Heart condition	____ Mental health condition (i.e., depression, anxiety, eating disorder)	____ Other _____	

Does your child experience any of the following?

____ Nose bleeds	____ Frequent ear aches	____ Overweight for age	____ Physical disability
____ Poor appetite	____ Frequent stomach aches	____ Frequent headaches	____ Fainting spells
____ Tires easily	____ Emotional concerns	____ Underweight for age	____ Other _____

Do any of the above condition(s) limit/affect your child at school? _____

LIFE-THREATENING CONDITIONS

Does your child have a life-threatening health condition? Yes * ____ No ____ Describe: _____

***If yes, a meeting with the school nurse is required. Washington State Law requires that medication or treatment orders and a health care plan be in place prior to starting school.**

ALLERGIES

Plants ____ Animals ____ Food ____ Molds ____ Drugs ____ Bees ____ Other: _____

Please describe the allergic reaction and the treatment _____

Do you plan for your child to receive school prepared meals? Yes * ____ No ____ *an additional form must be completed

MEDICATION

Does your child take any medication? Yes ____ No ____ If yes, name of medication: _____

Purpose: _____ Will medication be needed at school? Yes* ____ No ____

***If your child needs to take medication at school, please contact the office for the necessary authorization form. This form must be completed prior to the administration of any medication at school.**

HEARING/VISION

Do you have concerns about your child's hearing? Yes ____ No ____ Does your child wear hearing aides? Yes ____ No ____

Do you have concerns about your child's vision? Yes ____ No ____ Does your child wear glasses or contacts? Yes ____ No ____

SPEECH/LANGUAGE

Do you have concerns about your child's speech and/or language? Yes ____ No ____ Do others have difficulty understanding your child? Yes ____ No ____ If yes, please explain _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I understand that the information given above will be shared with appropriate school staff to provide for the health and safety of my child. If either I or an authorized emergency contact person cannot be reached at the time of a medical emergency, I authorize and direct school staff to send my child to the most easily accessible hospital or physician. I understand that I will assume full responsibility for payment of any transport or emergency medical services rendered.

Parent/Guardian Signature _____ Date _____

Adapted from Mount Baker School District

Food Allergy Assessment Form

Student Name: _____ Date of birth: _____ Date: _____

Parent/Guardian: _____ Phone: _____ Cell/work: _____

Health Care Provider treating food allergy: _____ Phone: _____

Do **you think** your child's food allergy may be **life-threatening**? ☐ No ☐ Yes
(If YES, please see the school nurse as soon as possible)

Did your student's **health care provider tell you** the food allergy may be **life-threatening**? ☐ No ☐ Yes
(If YES, please see the school nurse as soon as possible)

History and Current Status

Check the foods that have caused an allergic reaction:

- | | | |
|---|---|-------------------------------|
| <input type="checkbox"/> Peanuts | <input type="checkbox"/> Fish/shellfish | <input type="checkbox"/> Eggs |
| <input type="checkbox"/> Peanut or nut butter | <input type="checkbox"/> Soy products | <input type="checkbox"/> Milk |
| <input type="checkbox"/> Peanut or nut oils | <input type="checkbox"/> Tree nuts (walnuts, almonds, pecans, etc.) | |

Please list any others: _____

How many times has your student had a reaction? ☐ Never ☐ Once ☐ More than once, explain: _____

When was the last reaction? _____

Are the food allergy reactions: ☐ staying the same ☐ getting worse ☐ getting better

Triggers and Symptoms

What has to happen for your student to react to the problem food(s)? *(Check all that apply)*

☐ Eating foods ☐ Touching foods ☐ Smelling foods ☐ Other, please explain: _____

What are the signs and symptoms of your student's allergic reaction? *(Be specific; include things the student might say.)*

How quickly do the signs and symptoms appear after exposure to the food(s)?
_____ Seconds _____ Minutes _____ Hours _____ Days

Treatment

Has your student ever needed treatment at a clinic or the hospital for an allergic reaction?

☐ No ☐ Yes, explain: _____

Does your student understand how to avoid foods that cause allergic reactions? ☐ Yes ☐ No

What treatment or medication has your Health Care Provider recommended for use in an allergic reaction?

Have you used the treatment? ☐ No ☐ Yes

Does your student know how to use the treatment? ☐ No ☐ Yes Please describe any side effects or problems your child had in using the suggested treatment: _____

If you intend for your child to eat school provided meals, have you filled out a diet order form for school?

- ☐ Yes.
☐ No, I need to get the form, have it completed by our health care provider and return it to school.

If medication is to be available at school, have you filled out a medication form for school?

- ☐ Yes.
☐ No, I need to get the form, have it completed by our health care provider and return it to school.

If medication is needed at school, have you brought the medication/ treatment supplies to school?

- ☐ Yes.
☐ No, I need to get the medication/treatment and bring it to school.

What do you want us to do at school to help your student avoid problem foods? _____

I give consent to share, with the classroom, that my child has a life-threatening food allergy.

- ☐ Yes.
☐ No.

Parent/Guardian Signature _____ Date: _____

Reviewed by R.N. _____ Date: _____

Adapted from ESD 171 SNC

Authorization for Exchange of Medical Information

SECTION I – INFORMATION REQUESTED FROM	
NAME _____	NAME OF PERSON DISCLOSING INFORMATION
AGENCY _____	
ADDRESS _____ _____	TITLE _____
Name of Student _____	Birth Date _____
Date _____	
Specific nature of information to be disclosed: _____ _____ _____ _____ _____	
SECTION II – AUTHORIZATION	
<p>I hereby authorize the release of medical information as described in Section 1 to the individuals who are affiliated with the school/agency indicated in Section III.</p> <p>This authorization expires on: _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;"> <p>_____ Parent Signature</p> <p>_____ Student Signature</p> </div> <div style="width: 35%;"> <p>_____ Date</p> <p>_____ Date</p> </div> </div>	
<p>If the student is a minor authorized to consent to health care without parental consent under federal and state law, only the student shall sign this authorization form.</p>	
SECTION III – AGENCY RECEIVING INFORMATION	
NAME _____	<p>This information disclosed to you is protected by state and federal law. You are prohibited from releasing it to any agency or person not listed on this form without specific written consent of the person to whom it pertains. A general authorization for release of medical or other information is not sufficient.</p> <p>See chapter 70.02 RCW.</p> <p>Envelope shall be marked "CONFIDENTIAL"</p>
AGENCY _____	
POSITION/TITLE _____	
ADDRESS _____ _____ _____	

Sample LHCP Letter Regarding Unlicensed Staff Administering Emergency Medication

Date _____
Dear _____:

Recently, I received an order for medications to treat _____, a student at our school. The order directs the nurse to:

- Administer an antihistamine in response to certain symptoms in an anaphylactic student.
- Wait and assess for progression of symptoms.
- Give epinephrine if additional certain symptoms occur.

I am requesting that the order be changed in order to provide for the student's safety during school hours. I cannot delegate to an unlicensed individual the task of assessing for the progression of symptoms and treating based on that assessment because treating based on assessing requires nursing judgment. As you know, the Nurse Practice Act governs my practice as a registered nurse. RCW 18.79.260 Registered nurse—Activities allowed—Delegation of tasks. (3) (e) states "Acts that require nursing judgment shall not be delegated." In my position, I am responsible for managing the student's Individual Health and Emergency Plan which includes the delegation, training, and supervision of medication administration to nonlicensed staff for this student.

In reviewing the medication order, it is my professional judgment that it is neither appropriate nor safe for nonlicensed school staff to delay epinephrine administration for this student, in the way the order is written. The plan for an anaphylactic student who demonstrates symptoms of a possible reaction, or who has a known ingestion of a life-threatening allergen, will be to:

- Give epinephrine per orders;
- Call 911 for transport; and then
- Notify parent or guardian.

Again, I cannot instruct school staff to first give antihistamines, wait, continue to assess for the progression of symptoms, and then give epinephrine. In my professional judgment, this is neither a safe or lawful practice for nonlicensed staff in the school setting. If you order the student to receive the antihistamine, as tolerated, after epinephrine has been given, that is something, as the school nurse, I can delegate. My grave concern is that nonlicensed staff cannot be asked to do the assessments, delaying treatment in a potentially life-threatening situation. The nursing program manager is aware of my concern in this situation and understands the limitation of delegation under these circumstances. If you have questions, please contact me at the number below.

Sincerely,

School Nurse

School _____

Phone _____

Adapted with permission from the Seattle School District

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT SCHOOL

Student Name: _____ Birth Date: _____

School: _____ Grade: _____

**THIS PORTION TO BE COMPLETED BY THE LICENSED HEALTH PROFESSIONAL (LHP)
PRESCRIBING WITHIN THE SCOPE OF THEIR PRESCRIPTIVE AUTHORITY
(Please clearly print legible instructions)**

<u>Name of Medication</u>	<u>Dosage</u>	<u>Method of Administration</u>	<u>Time to Be Taken</u>
---------------------------	---------------	---------------------------------	-------------------------

_____	_____	_____	_____
-------	-------	-------	-------

Diagnosis or reason for medication: _____

If given PRN, specify the minimum length of time between doses: _____

I request and authorize this student to carry their medication. _____ Yes _____ No

I request and authorize this student to self-administer their medication. _____ Yes _____ No

This student has been instructed and has demonstrated the ability to properly manage self-administration of medication.

Possible side effects of medication: _____

Emergency procedure in case of serious side effects: _____

I request and authorize that the above-named student be administered the above identified medication in accordance with the instructions indicated above from _____ (date) to _____ (date) **(not to exceed current school year)** as there exists a valid health reason which may make administration of the medication advisable during school hours.

_____	_____
Date of Signature	Licensed Health Professional (LHP)

_____	_____
Telephone Number	Name (please print)

THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN

- ♦ I request this medication to be given as ordered by the licensed health professional.
- ♦ I give Health Services Staff permission to communicate with the medical office about this medication. I understand that oral medications may be administered by nonlicensed staff members who have been trained and are supervised by a Registered Nurse.
- ♦ Medication information may be shared with school staff working with my child and 911 staff, if they are called.
- ♦ All medication supplied must come in its originally provided container with instructions as noted above by the licensed health professional.

I request and authorize my child to carry and/or self-administer their medication. _____ Yes _____ No

_____	_____
Date of Signature	Parent/Guardian Signature

Telephone Numbers: _____ (home) _____ (work) _____ (cell)

Reviewed by Registered Nurse _____ Date: _____

Diet Prescription for Meals at School Nutrition Services

Student's Name: _____ Date of Birth: _____ Age: _____

Name of School: _____ Grade: _____

Section A: To be completed by the child's Physician (if describing a disability) or a recognized Medical Authority

Does the child have a disability? ↑ **Yes** ↑ **No**

If Yes, describe the major life activity affected by the disability _____

Does the child have a non-disabling medical condition? ↑ **Yes** ↑ **No**

If Yes, describe the medical condition _____

Does the child have special nutritional or feeding needs? ↑ **Yes** ↑ **No**

If Yes, describe the specific need _____

If you answered YES to any of the questions above, complete the following and return to the Lunchroom Manager at the student's school or fax to Nutrition Services at _____.

Section B: Diet Prescription- please attach additional instructions if necessary.

(To be completed by the child's Physician or a recognized Medical Authority)

If foods are listed to be omitted from the diet, foods to substitute **must** be provided.

Foods to Omit:

Foods to Substitute:

I certify that the above named student needs special school meals prepared or served as described above because of the student's disability or chronic medical condition.

Physician or Recognized Medical Authority Signature

Date signed

Name: _____ Office Phone: _____ Fax: _____
Type or Print

I understand that if my child's medical or health needs change, it is my responsibility to notify Nutrition Services and have a new Diet Prescription for Meals at School form completed.

Parent/Guardian's Signature

Home Phone Number

Date signed

↑ I give Nutrition Services permission to speak with the above named Physician or Authorized Medical Authority to discuss the dietary needs described above.

Adapted from Seattle School District _____
(parent/guardian's initials and date)

Original – Lunchroom Manager _____
(date)

1st Copy – Nutrition Services _____
(date)

*This form is to be used by medical professionals
for life-threatening food allergies and other issues such as food intolerances.*



Standard Food Allergy Substitutions

*Return this form to kitchen if attached to Diet
Prescription or to the school nurse if attached to EAP.*

Remember: For life-threatening allergies, meals from home provide the safest option.

Directions: *Check the box next to the appropriate category heading. By signing below, the standard food substitutions are accepted unless the "No Substitutions Needed" box is checked.

*This form must be attached to Diet Prescription or Emergency Action Plan.

School _____ Student _____

Date _____ Doctor/LHP _____

(Signature)

☐ No Substitution Needed

☐ PEANUTS/NUTS

Common School Items

- Peanut Butter/Uncrustable Sandwich
- Trail Mix
- Granola Bar
- Peanut Butter Cookie
- Some Quick Desserts
- Purchased Bread Products, Brownies, Cookies and Breakfast Muffins may be processed in a facility that contains peanuts or tree nuts.

School Substitutions Could Include

- Cheese Sandwich
- Cheese Stick
- Turkey, Ham or Beef Sandwich
- Chicken Nuggets
- Peanut-Free/Nut-Free Cookie or Cracker

☐ MILK

Common School Items

- Milk

School Substitutions Could Include

- Juice

☐ Dairy

Common School Items

- Pizza
- Ice Cream
- Burrito
- Cheese Sandwich/Zombie
- Breaded Entrée Items
- Ravioli/Spaghetti
- Most School-Prepared Breads

School Substitutions Could Include

- Turkey, Ham or Beef Sandwich
- Hamburger on Bun
- Soft/Hard Taco (No Cheese)

☐ WHEAT

Common School Items

- Sandwich Bread
- Bread Items
- Cookies/Cakes
- Many Desserts
- Pizza Crust
- Hamburger/Hot Dog Bun
- Pastas (Ravioli/Spaghetti)
- Breaded Entrée Items
- Breakfast Cereals and Entrées

School Substitutions Could Include

- Rice
- Hard Taco Shell
- Tortilla Chips
- Potato (Mashed)
- French Fries
- Oatmeal
- Rice Cereal

☐ **SOY (Note: Most of our food items contain soy or soy oil.)**

Common School Items

- All Bread Items (Soy Oil)
- Purchased Entrées (burrito, nuggets, corn dog, hamburger, ravioli, etc.)
- Salad Dressings/Dips
- Most Purchased Snack/Dessert Items

School Substitutions Could Include

- Yogurt
- String Cheese
- Sun Chips
- Potato (Fresh)
- Hot Dog (No Bun)
- Fresh Fruits and Vegetables

☐ **EGG**

Common School Items

- Eggs
- Breaded Entrée Items
- Tuna Sandwich
- Mayo Products
- Waffle/French Toast
- Cakes
- Muffins/Quick Breads
- Most School-Prepared Breads

School Substitutions Could Include

- Hamburger on Bun
- Hot Dog on Bun
- Peanut Butter/Uncrustable Sandwich
- Cheese Sandwich

☐ **FISH**

Common School Items

- Fish Nuggets (Fun Fish)
- Fishwich on Bun
- Breaded Fish Entrées
- Tuna Sandwich

School Substitutions Could Include

- Hamburger on Bun
- Cheese Sandwich
- Turkey, Ham or Beef Sandwich
- Chicken Nuggets

FOODS TO OMIT

_____	_____	_____
_____	_____	_____

FOODS TO SUBSTITUTE*

_____	_____	_____
_____	_____	_____

*Some substitutions may not be available or allowed.
Substitutions must be products commonly available in the district warehouse.

Nutrition Services | (509) 354-7270 | www.spokaneschools.org/NutritionServices

Used with permission from Spokane School District

LIFE-THREATENING FOOD ALLERGY
LICENSED HEALTH PROFESSIONAL (LHP) ORDERS / NURSING CARE PLAN / 504 PLAN

NAME:			Life-Threatening ALLERGY to:
Student should avoid contact with this/these allergen(s):			Other allergies:
School:	Birth date:	Grade:	Routine medications (at home/school):
Bus #	Car <input type="checkbox"/>	Walk <input type="checkbox"/>	
Asthmatic? (High risk for life-threatening reaction): <input type="checkbox"/> Yes <input type="checkbox"/> No			Date of last reaction:

Please list the specific symptoms the student has experienced in the past.

If you suspect a life-threatening allergic reaction to food, immediately administer Epinephrine and call 911.

Symptoms

- ☐ MOUTH Itching, tingling, or swelling of the lips, tongue, or mouth
- ☐ SKIN Hives, itchy rash, and/or swelling about the face or extremities
- ☐ THROAT Sense of tightness in the throat, hoarseness and hacking cough
- ☐ GUT Nausea, stomach ache/abdominal cramps, vomiting and/or diarrhea
- ☐ LUNG Shortness of breath, repetitive coughing, and/or wheezing
- ☐ HEART "Thready" pulse, "passing out," fainting, blueness, and pale
- ☐ GENERAL Panic, sudden fatigue, chills, fear of impending doom
- ☐ OTHER _____

Medication Doses

Epipen (.03) <input type="text"/>	Epipen Jr. (0.15) <input type="text"/>	Give: _____ Teaspoons _____ Tablets by mouth
		Side Effects: _____
Antihistamine: _____ cc/mg		Side Effects: _____
Repeat dose of Epipen: <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, when: _____

ACTION PLAN

1. **Administer Epinephrine and call 911 (DO NOT HESITATE to administer Epinephrine).**
2. **911 must be called if Epinephrine is administered.**
3. Advise 911 dispatch that the student is having a life-threatening allergic reaction and Epinephrine is being administered. **Request advanced life support.**
4. Note the time of administration _____.
5. Dispose of Epipen in the sharps container or send with emergency responders along with the care plan.
6. Call the School Nurse or Health Services Main Office at _____.
7. Call parents or other emergency contacts.

It is medically necessary for this student to carry an Epipen during school hours. ☐ Yes ☐ No

Student may administer Epipen. ☐ Yes ☐ No

Student has demonstrated use to LHP or designee. ☐ Yes ☐ No

Location(s) where Epipen/Rescue medications is/are stored:		
<input type="checkbox"/> Office	<input type="checkbox"/> Backpack	<input type="checkbox"/> On Person <input type="checkbox"/> Coach <input type="checkbox"/> Other _____
		Start Date: _____ End Date: _____
Licensed Health Professional's Signature:		Today's Date: _____
		Phone: _____
Licensed Health Professional's Printed Name:		Fax Number: _____

Licensed Health Professional (LHP) Orders / Nursing Care Plan for Life-threatening Allergy – Part 2

- ♦ Student should remain quiet with a staff member and at the location where the symptoms began until EMS arrives.
- ♦ Notify the administrator if possible or if safe.
- ♦ Provide a copy of the Emergency Care Plan to EMS upon arrival.

Individual Considerations

Bus –Transportation should be alerted to student's allergy.

- ♦ This student carries Epipen on the bus ☐ Yes ☐ No
- ♦ Epipen can be found in ☐ Backpack ☐ Waistpack ☐ On Person ☐ Other (specify) _____
- ♦ Student will sit at front of the bus ☐ Yes ☐ No
- ♦ Other (specify) _____

Field Trip Procedures – Epipen should accompany student during any off campus activities.

- ♦ The student should remain with the teacher or parent/guardian during the entire field trip ☐ Yes ☐ No
- ♦ Staff members on trip must be trained regarding Epipen use and this health care plan (plan must be taken).
- ♦ Other (specify) _____

Classroom This student is allowed to eat only the following foods:

- ☐ Those in manufacturer's packaging with ingredients listed and determined allergen-free by the nurse/parent or _____
- ☐ Those approved by parent.
- ☐ Middle school or high school student will be making his/her own decision.
- ☐ Alternative snacks will be provided by parent/guardian to be kept in the classroom.
- ☐ Parent/guardian should be advised of any planned parties as early as possible.
- ☐ Classroom projects should be reviewed by the teaching staff to avoid specified allergens.
- ♦ Student should have someone accompany him/her in the hallways. ☐ Yes ☐ No
- ♦ Other (specify) _____

Cafeteria ☐ NO Restrictions

- ☐ Student will sit at a specified allergy table.
- ☐ Student will sit at the classroom table cleansed according to procedure guidelines prior to student's arrival and following student's departure.
- ☐ Student will sit at the classroom table at a specified location.
- ♦ Cafeteria manager and hostess should be alerted to the student's allergy.
- ♦ Form posted in cafeteria in a private place ☐ Yes ☐ No
- ♦ Other _____

ALTERNATIVE EMERGENCY CONTACT

Mother/Guardian	Name:	Father/Guardian	Name:
	Home Phone:		Home Phone:
	Work Phone:		Work Phone:
	Other:		Other:

ADDITIONAL EMERGENCY CONTACT

1.	Relationship:	Phone:
----	---------------	--------

- ♦ I request this medication to be given as ordered by the licensed health professional.
- ♦ I give Health Services Staff permission to communicate with the medical office about this medication. I understand that oral and emergency medications may be administered by nonlicensed staff members who have been trained and are supervised by a Registered Nurse.
- ♦ Medication information may be shared with school staff working with your child and 911 staff, if they are called.
- ♦ All medication supplied must come in its originally provided container with instructions as noted above by the licensed health professional.
- ☞ I request and authorize my child to carry and/or self-administer their medication. _____ Yes _____ No

Parent/Guardian Signature

Date

R. N. Signature

A copy of the Plan will be kept in the substitute folder and given to appropriate staff.

Date

Emergency Action Plan

Shaded area to be filled out by school nurse.

School: Teacher: Year:	School: Teacher: Year:	School: Teacher: Year:
------------------------------	------------------------------	------------------------------

Emergency Medication is Located: _____

EMERGENCY ACTION PLAN: SERIOUS ALLERGY

STUDENT: _____ | _____
Date of Birth

ALLERGY TO: _____

Type of Reaction: Anaphylaxis ☐ Other ☐ _____

Asthmatic? Yes ☐ No ☐

☐ Check here if student is capable of administering emergency medications, (if able), with adult supervision, but school staff should not deviate from the directions in this Emergency Action Plan.

PICTURE

SYMPTOMS: **EMERGENCY TREATMENT: To be completed by DR/LHP**

MILD SYMPTOMS (Local Reaction):

- ♦ Mild Skin Reactions *Hives/Swelling only in the areas of allergen contact.*
- ➡ Students with Adrenalin (Epi-Pen®) or history of anaphylaxis must go home with parental supervision for the remainder of the school day.

IF STUDENT HAS MILD SYMPTOMS OR INGESTION IS SUSPECTED :

- ♦ Call 9-1-1
- ♦ Note time _____ ☐ AM ☐ PM and stay with student.
- ♦ Watch closely for any serious symptoms.
- ♦ Give _____ as ordered by doctor.
- ♦ Call Parent or emergency contact (Current emergency contact information is available from the school office).
- ♦ Stay with student until Parent or Emergency Medical Services arrives.
- ♦ Call School Nurse (reverse side).

SYMPTOMS CAN BECOME MORE SERIOUS VERY QUICKLY OR OVER THE NEXT SEVERAL HOURS.


DO NOT HESITATE TO CALL 9-1-1 OR TO GIVE EMERGENCY MEDICATION(S).

SERIOUS SYMPTOMS (Systemic Reaction):

- ♦ Skin *widespread hives and flushing, widespread swellings*
- ♦ Mouth *swelling of the tongue*
- ♦ Throat *itching, or a sense of tightness in the throat, hoarseness, hacking cough*
- ♦ Gut *vomiting, nausea, cramps, diarrhea*
- ♦ Lungs *repetitive coughing, wheezing, trouble breathing*
- ♦ Heart *rapid heart rate, lightheadedness, dizziness, loss of consciousness*

IF STUDENT HAS ANY SERIOUS SYMPTOMS:

- ♦ Note time _____ ☐ AM ☐ PM and stay with student.
- ♦ Give _____ as ordered by doctor.
- ♦ **ADMINISTER ADRENALIN INJECTION (EPI-PEN®)**
Follow directions on injection device as trained.
Note time given: _____ ☐ AM ☐ PM
- ♦ **CALL 9-1-1: Ask for Advanced Life Support for an Allergic Reaction.**
- ♦ Dispose of used Epi-pen® in "sharps" container or give to emergency responders.
- ♦ Give copy of "Emergency Action Plan" to emergency responders.
- ♦ Call Parent or emergency contacts (Current emergency contact information is available from the school office).
- ♦ Call Doctor.
- ♦ Call School Nurse (reverse side).

 Spokane Public Schools
excellence for everyone

Form 02-0045 Rev. 1/04 Web Form 02-0045W

(OVER)
Rev. 5-13-03

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THIS SECTION TO BE FILLED OUT BY THE PARENT

Life-threatening health conditions (RCW 28A. 210): Prior to attendance at school, each child with a potentially life-threatening condition shall present a medication or treatment order addressing the condition. A life-threatening health condition means a condition that will put the child in danger of death during the school day if a medication or treatment order is not in place. **Medication, supplies, physician orders and a nursing care plan must be in place before a student can attend school.**

- ➡ A separate current "medication request" form must be completed if medication is part of this plan. **The medication request form is only valid for the current school year and is available at your school office.**
- ➡ This "Emergency Action Plan" (EAP) will be available to staff who work closely with your child.
- ➡ I understand that if any changes are needed on this Emergency Action Plan, it is the parent's responsibility to contact the nurse.
- ➡ It is the parent's responsibility to alert all other school programs of their child's health condition and/or health care plan. Such programs may include, Express child care, HUB activities, after school sports, extended field trips, etc.

PLEASE COMPLETE THIS SECTION IF YOUR CHILD HAS A SEVERE FOOD ALLERGY

Note: Meals from home provide the safest food option at school.

☐ Check here if student will eat **ANY** school provided meals in the entire school year. **If so the following MUST be completed.**

FOODS TO OMIT:

FOODS TO SUBSTITUTE

☐ check here if standard Nutrition Services substitutions are requested. See list.

If standard substitutions are not acceptable, please contact Nutrition Services at 354-7270.

- ➡ **This Emergency Action Plan must be signed by both parent and Doctor/LHP and reviewed by the school nurse.**
- ➡ ***My signature below shows I have reviewed and agree with this plan.***

Parent signature: _____ **Date:** _____

Preferred Hospital: _____

Doctor/LHP signature: _____ **Date:** _____

Physician/ LHP: (print) _____ **Phone** _____

THIS SECTION TO BE FILLED OUT BY THE SCHOOL NURSE

School Nurse: _____, RN Phone(s): _____

Reviewed by nurse on: (date) _____

School Nurse: _____, RN Phone(s): _____

Reviewed by nurse on: (date) _____

School Nurse: _____, RN Phone(s): _____

Reviewed by nurse on: (date) _____

Distributed to:

☐ Parent Date: _____

☐ Office Notebook Date: _____

☐ Teacher/Subfile (2) Date: _____

☐ Kitchen and NS (2) Date: _____

☐ Health Services Coord. Date: _____

☐ Other _____ Date: _____

☐ Other _____ Date: _____

☐ Other _____ Date: _____

Used with permission from Spokane School District

Sample Training Program

Teaching Plan Objectives

The learner will:

1. Identify (name) _____'s food allergies.
2. Identify the signs and symptoms of a food allergy reaction and anaphylaxis.
3. Be able to initiate treatment for a food allergy reaction and specifically carry out an emergency allergy treatment plan.
4. Demonstrate how to use the Epipen or Epipen® Jr. effectively as a treatment for food allergy reaction and anaphylaxis.
5. Understand the potential for cross-contamination of identified food allergies.
6. Be able to communicate to students, caregivers, and other staff information about food allergies and precautions.
7. Understand how Section 504 applies to students with food allergies.

Methods of Delivery and Time Frame

The learner will complete the pre-assessment prior to the initial training session. At the initial training session, (student's name)'s food allergies will be identified, food allergy kit supplies identified and explained, emergency allergy treatment plan discussed, and use of Epipen® Jr. demonstrated. The learner will demonstrate knowledge of (student's name)'s food allergies, knowledge of location of food allergy supplies, and proper use of Epipen® Jr. Any questions will also be answered. The Food Allergy Training Kit will be given to the learner and a follow-up training session will be scheduled. Estimated time of initial training session: 20 minutes.

At the follow up training session, the learner will demonstrate knowledge of (student's name)'s food allergies, knowledge of location of food allergy supplies, and proper use of Epipen® Jr. In addition, the learner will demonstrate knowledge of anaphylaxis, cross-contamination, and Section 504 as it applies to the student with food allergies. Knowledge will be demonstrated through use of Epipen Jr.® Trainer, discussion, and completion of both the training assessment and post-assessment. Estimated time frame: 20–30 minutes.

Instructional Media

The Food Allergy Training Kit is contained in a briefcase-like plastic case with a handle. It contains the following instructional media:

Epipen® Jr. Trainer

This is a duplicate of the actual Epipen® Jr. used to treat food allergy reactions and anaphylaxis. It does not contain a needle or epinephrine, and can be reset and used repeatedly for instruction and demonstration.

Videos

1. It Only Takes One Bite: Food Allergy and Anaphylaxis Video
2. Alexander, The Elephant Who Couldn't Eat Peanuts Video

Books

1. Getting Started with Food Allergies: A Guide for Parents
2. Just One Little Bite Can Hurt! Important Facts About Anaphylaxis
3. Off to School with Food Allergies, Parent/Teacher Set
4. Students With Food Allergies: What Do the Laws Say?
5. Nutrition Guide to Food Allergies
6. A Special Day at School
7. Andrew and Maya Learn About Food Allergies
8. Food Allergy Network Ordering Brochure
9. Miss Roben's Catalog

Printed References

This is a collection of physician's orders, articles, resources, and Web sites from various sources including newspapers, magazines, and the World Wide Web. The Emergency Allergy Treatment Plan (IHP/ECP) is written by the student's LHCP and updated yearly. It is the actual treatment orders to be given to personnel such as emergency medical technicians or emergency room staff. A copy of the IHP/ECP is also kept with the medical kit, which contains the Epipen® Jr. and Benadryl®.

Pre-Assessment for Food Allergy Training

Please rate the following statements using the number scale from 1 to 5:

1 = strongly agree 2 = somewhat agree 3 = neither agree nor disagree

4 = somewhat disagree 5 = strongly disagree

I know the signs and symptoms of a food allergy reaction.

1 2 3 4 5

I know how to initiate treatment for a food allergy reaction and anaphylaxis.

1 2 3 4 5

I know how to use an EpiPen® Jr.

1 2 3 4 5

I am confident in using an EpiPen® Jr.

1 2 3 4 5

I know about cross-contamination and food allergies.

1 2 3 4 5

I know how Section 504 pertains to students with food allergies.

1 2 3 4 5

I am confident being responsible for the well being of a food-allergic student.

1 2 3 4 5

Adapted with permission from ESD 114 SNC Program

Sample Food Allergy Training Assessment
(Red font indicate correct answers)

1. What is anaphylaxis?
 - ☐ An allergic reaction
 - ☒ A sudden, life-threatening allergic reaction
 - ☐ An asthma attack
2. Signs and symptoms of a food allergy reaction include (check all that apply):
 - ☒ Itchy, red rash
 - ☒ Hives
 - ☐ Sneezing
 - ☒ Itching, swelling or hoarseness of the throat
 - ☒ Shortness of breath, cough, and/or wheezing
 - ☒ Weak pulse or loss of consciousness ("passing out")
 - ☐ Hyperactivity
 - ☒ Abdominal pain/discomfort
3. Signs and symptoms of anaphylaxis include (check 1 of the following):
 - ☐ Extreme agitation, restlessness
 - ☒ Itching and swelling of the lips or tongue, hives, difficulty breathing, vomiting
 - ☐ Lethargy, drowsiness
4. If a child with a food allergy complains of any of the above symptoms, it is best to wait and be sure rather than provide emergency treatment. True **False**
5. A food allergy reaction or anaphylaxis only occurs after the food-allergic person eats a large amount of the allergy food. True **False**
6. If not treated immediately, a food allergy reaction can cause death. **True** False

Adapted with permission from ESD 114 SNC program

7. Which of the following are possible side effects of epinephrine?
- ☐ Elevated blood pressure, itching
 - ☐ Headache, nausea
 - ☒ Heart palpitations, anxiousness, headache
 - ☐ Drowsiness, lethargy
8. If a food doesn't have a label, it is better not to give it to a student with food allergies even if he/she says they think they have had it before. True False
9. Everyone experiencing a life-threatening allergic reaction will have hives. True False
10. I have demonstrated I am able to use the Epipen® Jr. Yes No
11. The Epipen® Jr. (epinephrine) should be given only if a food allergy reaction is severe, otherwise treatment should begin with Benadryl® while waiting for emergency personnel or doctor's advice. True False
12. Stops the symptoms of the allergic reaction.
(circle one) Epinephrine/Epipen® Jr. Benadryl®
13. Lessens the effect of the allergic reaction.
(circle one) Epinephrine/Epipen® Jr. Benadryl®
14. When using the Epipen® Jr., it must be held in place for 10 seconds for all the medication to be released.
15. A child eats a sandwich containing peanut butter and a classmate has a peanut allergy, cross-contamination can be reduced by (check 1 of the following):
- ☒ Thoroughly washing hands with soap and water after eating and thoroughly washing the eating surface with soap and water
 - ☐ Using a paper towel to clean up any peanut butter that falls out of the sandwich
16. Craft activities that use foods known to cause allergic reactions in students are safe to do because they won't be eaten. True False
17. Life-threatening food allergy is classified as a disability under Section 504. True False

Adapted with permission from ESD 114 SNC Program

Evaluation for Food Allergy Training

Please rate the following statements using the number scale from 1 to 5:

1 = strongly agree 2 = somewhat agree 3 = neither agree nor disagree

4 = somewhat disagree 5 = strongly disagree

I know how to use an EpiPen® Jr. and am confident in using it.

1 2 3 4 5

I am confident being responsible for the well being of a food-allergic student.

1 2 3 4 5

I understand and feel confident in following the Emergency Allergy Treatment Plan.

1 2 3 4 5

I found the training session(s) to be very effective.

1 2 3 4 5

The training time was adequate.

1 2 3 4 5

Comments:

It was helpful to have the Food Allergy Training Kit on my own for study.

1 2 3 4 5

The videos were helpful.

1 2 3 4 5

Comments:





The booklets by the Food Allergy Network and the additional resources were helpful.

1 2 3 4 5

Comments:

Adapted with permission from ESD 114 SNC Program

EpiPen Training for School Staff

Verbal	EpiPen Injection Procedure:	Date Step Discussed	Date Skill Demonstrated
	1. Remove the container device from its protective container. 		
	2. Pull off gray safety cap from the fatter end of the device (this "arms" the unit ready for use). 		
	3. Place black tip on outer thigh. Injection into the skin is best, but it can be injected through clothing. <i>Hold</i> the EpiPen in your fist with clenched fingers wrapped around it. 		
	4. Push EpiPen auto-Injector against thigh until unit activates (until a loud "click" is heard) and then hold in place 10 seconds.		
	5. <i>Remove</i> the pen from the thigh; be careful with the needle that will now be projecting from the EpiPen when you dispose of the device. 		
	6. <i>Massage</i> the injection site to increase epinephrine absorption. There may be some slight bleeding at the injection site. (Apply firm pressure with a cloth, tissue, clean handkerchief or bandage.)		
	7. Carefully bend needle over on a hard service and replace into original container if possible.		
	8. Call 911 and stay with the student until EMS arrives: <ul style="list-style-type: none"> <i>Record</i> the time that the EpiPen was given on the Emergency Care Plan and give EMS a thorough report. Give EMS the used EpiPen and the Emergency Care Plan. 		

Staff Member Trained: _____

Date _____

School Nurse Trainer: _____

Date _____

Adapted from ESD 114 SNC

Office of Superintendent
of Public Instruction

Sample Emergency EpiPen Medication Administration at School Skills Checklist

Name of student for whom training is needed: _____

Skills List	Demonstration Date	Revisit Date	Rev Date	Rev Date
Review signs and symptoms of life-threatening allergic reaction/anaphylaxis (See Emergency Care Plan)				
Locate student's Emergency Care Plan (ECP)				
Locate student's EpiPen (location noted on the ECP)				
Review criteria on ECP for giving EpiPen				
If administration of EpiPen is indicated, direct another adult to implement school or district Emergency Procedures* or send two students to office for assistance at site. (*review district/school plan)				
Perform Five "Rights" 1. Right person —ask student's full name and compare with EpiPen label 2. Right drug —check EpiPen label for correct student 3. Right amount —check both the ECP directions and the EpiPen label 4. Right time —review criteria in ECP 5. Right method of administration—follow procedure in ECP				
Perform EpiPen injection procedure 1. Pull off <u>gray safety cap</u> 2. Place <u>black tip</u> on upper outer thigh 3. Using a quick motion press hard into upper outer thigh 4. Hold in place and count to 10 5. The EpiPen unit should be removed and held safely away from student and staff 6. Massage the injection area for 10 seconds 7. Bend EpiPen needle back and place unit in storage container				
Reassure and calm student				
Record time EpiPen was given on ECP, initial, and send a copy of the ECP with the ambulance.				
Continue to observe the student for breathing difficulties or further deterioration of consciousness and breathing.				
Administer CPR if no signs of life, i.e., no breathing, gagging, coughing, or chest movement				
Reviewed self-advocacy				

I voluntarily received this training for anaphylaxis and EpiPen use. In the event there are no licensed personnel to administer this life saving medication in an emergency, I will follow the above protocol.

Signed _____ **Date** _____
 School Staff Member Name

The above faculty/staff has received the above training and demonstrates sufficient knowledge to act in an emergency.

RN Signed _____ **Date** _____

Adapted from ESD 171 SNC

Sample Registered Nurse Checklist for Students with Life-Threatening Food Allergies

Student: _____ Allergen: _____ School: _____

Birthdate: _____ Grade/Teacher: _____

Allergist or LHCP name and phone number: _____

Age of onset: _____ Brief history: _____

Date(s) of hospitalization(s)/ER visits: _____

Concurrent illness or disability or related social/emotional factors: _____

Purpose: To provide a safe environment, promote student self-management of food allergy, recognize signs of anaphylaxis, and provide appropriate assistance and emergency care.

Activities to be reviewed:

1. **Field trips** – All treatment supplies are taken and care is provided:
____ By accompanying parent.
____ By school staff trained in student's emergency care plan.
2. **In the event of classroom/school parties, food treats will be handled as follows:**
____ Student will eat treat if ingredients listed are approved by parent.
____ Parent supplies all snacks and treats for student stored in a marked container kept by the teacher.
3. **After school activities:** _____
4. **Special eating arrangements:** _____

Activities student can self-manage:

1. **Student responsibility:**
____ Will not trade food with others.
____ Will not eat anything with unknown ingredients or known allergen.
____ Will notify an adult immediately if eats something they believe may contain food allergen.
____ Will wear a medic alert bracelet or dog tag necklace.
____ Yes ____ No: Wants the Protect a Life (PAL) or similar education program for schoolmates.
____ Yes ____ No: Will self-carry Epipen with medical authorization form; location _____
2. **Epinephrine injections:**
____ Yes ____ No: Administers independently (trained/authorized by LHCP and reviewed by school nurse), if able to do so.
____ Yes ____ No: Administration by nurse or trained staff. Location of medication: _____

Teacher Responsibilities:

- ____ Know the Emergency Care Plan and classroom accommodations.
- ____ Know the location of all emergency information and medications.
- ____ Be trained to administer Epipen.
- ____ Inform substitutes of Emergency Care Plan.
- ____ Set up a plan for student to inform you if they are having a reaction.
- ____ Help educate classroom about allergies.
- ____ Be prepared for special events, parties, field trips (contact parent prior to events).
- ____ Instruct students not to share food and eating utensils.
- ____ Read contents of teaching materials such as science kits to identify potential allergens.

Parent Responsibilities:

- ____ Provide EpiPen and/or other prescribed medications with the Medication Authorization Form signed by the LHCP on or before the first day of school.
- ____ Inform nurse of any changes or allergic/anaphylactic episodes.
- ____ Obtain a medic alert bracelet or dog tag style necklace for the student.
- ____ Provide lunch from home (safest option).
- ____ Complete diet order form information for school prepared meals.
- ____ School menus will be previewed by parent and student to self select foods from school menu (be aware that menu items change).

Nurse/School Responsibilities:

- ____ Complete Emergency Care Plan (ECP) and attach to IHP.
- ____ Notify School Nutrition Services Director and Cook at school.
- ____ Review eating arrangements if needed, e.g., peanut free table, desk wipe down.
- ____ Verify School Bus Driver received ECP and training.
- ____ Train School staff (awareness of allergens, allergic symptoms and ECP, conduct mock drill).
- ____ Train School staff in location and administration of emergency medications/Epipen.

Parent _____ Date _____ School Nurse _____ Date _____

Teacher _____ Date _____ Student _____ Date _____

Adapted with permission from Northshore School District

Sample Sack Lunch Request Form

(Minimum One Week Notice Required)

Date of Request: _____

School: _____

Teacher: _____ Grade/Room: _____

Date of Field Trip: _____ Requested Delivery Date to Kitchen: _____

Number of Lunches Requested: _____

Time for Sack Lunch Pick-Up in Cafeteria: _____

* Are there student(s) with food allergies/special dietary needs? Yes _____ No _____

List children with food allergies/special dietary needs (*appropriate documentation must be on file with Lunchroom Manager*):

First Name	Last Name	Specific Food Allergy <u>OR</u> Special Dietary Need

ATTN. TEACHERS: If someone other than the student(s) is picking up the sack lunches, the teacher requesting the lunches must provide a roster of the names and pin number or ID#'s of all students for whom sack lunches are being requested. Attach additional sheets if required. The student roster should be used as the official check off form for sack lunches when they are distributed at the Field Trip site. Form cannot be completed (acknowledging receipt of meals) prior to meal distribution. *Completed Forms must be returned to the lunchroom staff after the event has occurred!*

For Nutrition Services Use Only:	
Date Received: _____	Number of Lunches: Regular: _____
Date Ordered: _____	Vegetarian: _____
	Other (see above): _____

Adapted from Seattle School District



Sample Substitute Letter

Dear Substitute Teacher,

Students in Room _____ have life-threatening food allergies or other conditions. Their names are listed below.

If you have not been trained on recognizing anaphylaxis and administering epinephrine, please see the school nurse or an administrator before taking responsibility for this classroom.

- Familiarize yourself with the care plans (attached) and make sure you are able to identify each of these children in the classroom.
- Locate and identify any medicine stored in the room. Please thoroughly implement any risk reduction protocols established for the room.
- Do not offer food to the class or to any food allergic student without prior approval of the teacher, nurse, or parent.

If a student experiences an anaphylactic reaction while in your care, quick administration of epinephrine via an auto-injector is critical.

Student	Allergies	Other Conditions	EpiPen stored in room?	
_____	_____	_____	YES _____	NO _____
_____	_____	_____	YES _____	NO _____
_____	_____	_____	YES _____	NO _____
_____	_____	_____	YES _____	NO _____

Your cooperation in implementing these health plans is vital to our students' safety.

If you have questions, contact the school nurse _____ at extension _____ or the principal _____ at extension _____.

Classroom teacher

Adapted with permission from Kelly Morgan (parent)

Sample Classroom Letter

Please note that you must gain written parental consent to share information with other parents first!

Dear Parent:

Date:

This letter is to inform you that a student in your child's classroom has a life-threatening allergy to the following foods _____. Strict avoidance (not being around the food) is the only way to prevent a life-threatening allergic reaction. We ask for your assistance in keeping this student safe.

If exposed to _____, by eating or through touching, the student may develop a life-threatening allergic reaction that may result in death. To reduce the risk and maintain safety for this child, the classroom will have an allergen safe zone. *Please do not send any products containing _____ with your child to eat in the classroom.* Many foods that you would not think contain _____ actually do. The best way to determine whether or not the food contains _____ is to carefully read the ingredient labels to see if _____ is a listed ingredient and the allergy alerts located on the product packaging. For example, the allergy alerts may read:

- . . . may contain traces of _____.
- . . . produced on machinery that also processes _____.
- . . . produced in a facility that processes _____.

While we know this is an extra step, we feel it important to request your help, due to the seriousness of the consequences.

Any exposure to _____ may cause a severe allergic reaction. If your child has eaten _____ before school, please be sure your child's hands and face have been thoroughly washed with warm water and soap prior to coming to school. Soap and water is the best way to remove food residue from hands.

During meals there is an allergen safe or PALS table where any classmate without _____ products can sit. If your child sits at this table with a _____ product, he/she will be asked to move to another table or to an area where students eating _____ will be asked to sit to reduce the spread of allergens around the room. This plan will help to maintain safety in the classroom while allowing non-allergic classmates to enjoy _____ products. Following lunch, the children will be required to wash their hands with warm water and soap to reduce the risk of contaminating surfaces by touching them on the playground and in the classroom.

Please complete and return this form so that we know every family has received this information. If you have any questions, please contact us at _____.

Sincerely,

Principal

Teacher

I have read and understand this letter. I agree to do my part in keeping the classroom and school safer for all students.

Child's Name: _____ Parent's Signature: _____ Date: _____

Adapted from Massachusetts

Sample School Letter to All Parents

Dear Parents of (school name here)

Date _____

This letter is to inform you that there are several students at our school (insert name) who have life-threatening food allergies. These students are allergic to the following foods:

Eating these foods, even in trace amounts, may cause a severe reaction (anaphylaxis) that can lead to death. The following symptoms may occur: hives, difficulty breathing, vomiting and diarrhea, swelling of the lips, mouth and throat, itching and sneezing, loss of consciousness and death due to shock. Even touching contaminated surfaces can cause a reaction. School staff have been trained to recognize such a reaction and to administer medication (epinephrine) in an emergency.

You can help staff and the school by taking advantage of opportunities to learn more about food allergies and by helping your child understand that the foods that they freely enjoy can be dangerous to others. Equally important, however, is to let them know that they can support their classmates by eating and handling food responsibly.

Here are a few suggestions for you as parents:

- Never take food allergies lightly; they can be serious and life-threatening.
- Ask your child's friends what they are allergic to and help them avoid it.
- **Tell your child, "do not share food."**
- Frequent hand washing reduces the spread of viruses during the school year and helps protect food allergic students. Wash hands thoroughly after eating. Similarly, encourage good hygiene before and after school. Ask your child to wash up if they have gotten particularly messy during breakfast. Wash hands and surfaces before handling library or text books or school equipment.
- Tell your child to get help from an adult immediately if a schoolmate has a reaction.

This school may have a Be a PAL Zone in the lunchroom/classroom. This is a designated area where students eat meals that do not contain specific food items or products such as peanuts and peanut butter. Additionally, an area may be designated in the lunchroom/classroom where students may only eat certain foods such as a peanut product table.

If you have questions or concerns, please contact the school nurse or the principal. Thank you very much for your understanding and cooperation.

Adapted with permission from Kelly Morgan (parent).

SECTION 6

RESOURCES

(Recommended by the Food Allergy Workgroup members)

OSPI does not necessarily endorse or support the information expressed in the following resources listed below:

Accommodating Children with Special Dietary Needs (USDA)
http://www.fns.usda.gov/cnd/Guidance/special_dietary_needs.pdf

Allergy and Asthma Foundation of America <http://www.aafa.org/>

American Academy of Allergy, Asthma and Immunology <http://www.aaaai.org/>

American Academy of Pediatrics <http://www.aap.org/>

American Dietetic Association
<http://www.eatright.org/cps/rde/xchg/ada/hs.xsl/index.html>

Center for Chronic Disease Prevention and Health Promotion: DASH Healthy Youth Food Allergies <http://www.cdc.gov/HealthyYouth/foodallergies/>

Department of Health Food Safety Program
<http://www.doh.wa.gov/ehp/sf/food/food.htm>

Food Allergy and Anaphylaxis Network <http://www.foodallergy.org/>

Food Allergy Initiative
http://www.foodallergyinitiative.org/section_home.cfm?section_id=7

National Association of School Nurses <http://www.nasn.org/>

New York Food Allergy Training Module for Nurses
http://schoolhealthservices.org/tool_kit.cfm?subpage=97

OSPI Child Nutrition Services Food Allergy Kits -Please contact ESD School Nurse Corps Administrators at <http://www.k12.wa.us/HealthServices/ESDcontacts.aspx> or OSPI Child Nutrition Services at 360-725-6200

Revolution Health Allergy Guides www.revolutionhealth.com

Safe@School Partners <http://www.foodallergysmart.org/index.htm>

Seattle FEAST (Food Education and Allergy Support Team) www.seattlefoodallergy.org

SECTION 7

FREQUENTLY ASKED QUESTIONS (FAQS)

From parents:

1. Can the school exclude my child if I do not have a care plan (IHP/ECP) and health care provider orders signed?

Yes, the school and school district have the authority to exclude children with life-threatening conditions from attendance until treatment and medication orders, and emergency care plans requiring medical services are in place. For additional information see [RCW 28A.210.320](#) or [WAC 392.380.045](#).

2. Can my child self-carry epinephrine?

Yes, under [RCW 28A.210.370](#) students may self-carry and self-administer medication for asthma and anaphylaxis contingent upon specific conditions. Additionally, the student is entitled to have backup medication, if provided by the parent, in a location to which the student has immediate access. This does not infer that school staff have any less responsibility to carry out the student's Emergency Action Plan.

3. Can my child's epinephrine be stored in the classroom?

Yes, as noted above under [RCW 28A.210.370](#) students are entitled to have backup medication in a location to which the student has immediate access. The classroom may very well be an appropriate location to store epinephrine.

4. Who can administer an epinephrine auto-injector in schools?

Under [RCW 28A.210.260 to 270](#), a Registered Nurse can delegate (train and supervise) unlicensed staff to administer oral medications at school under specific conditions. In nursing practice laws, an exception also allows for the administration of medication in an emergency situation. This includes the administration of injectable epinephrine in a life-threatening emergency.

5. How do I ensure my child's safety during before-and-after school activities?

Students may be involved in a number of school sponsored activities throughout the year. It is extremely important that parents talk to the supervising staff of any activity occurring before or after school.

6. Can food be restricted from a classroom?

In some situations it may be reasonable on a case-by-case basis, to request that students do not bring foods containing an allergen into the classroom, especially for younger children who eat meals in the classroom.

7. How do I ensure that the school will provide safe meals for my child?

Follow the school district's policies and procedures. In general the following information must be provided: (See sample Diet Prescription for Meals form)

A diet order completed by a licensed physician including:

- The disability.
- The restriction of the disability.
- The major life activity affected.
- A list of foods to be omitted and substituted.

It is highly recommended that the student and family work with the school nurse and the nutrition service department while they are in the process of obtaining a diet order from the physician.

8. Will the school menu provide me with enough information to accommodate my child's life-threatening food allergies?

No. The school menu is subject to change for a variety of reasons. Recipes and food labels are constantly changing. Please contact your district nutrition service department for any questions or concerns. See FAQ number 7 above.

9. Will school staff assist my child in reading labels?

No, school staff will be advised not to assist or interpret labels for any child. If in doubt, do not ingest the questionable item!

From school staff:

10. How else might a student be exposed to food allergens (other than through meals)?

Many classroom activities involving art, nature/science projects, and home-life activities often use food based items including paints (some are egg based).

11. Can the Nursing Care Plan (IHP/ECP) also serve as the 504 plan?

Yes, the IHP and/or the ECP may serve as the Section 504 accommodation plan.

12. If a student appears to be having an allergic reaction, but I am uncertain if the student was truly exposed to any food containing the allergen, what should I do?

Treat the student immediately with epinephrine, call 911, and follow the care plan. When in doubt, treat the student! Students may have a delayed reaction! Fatalities frequently occur because the epinephrine was delivered too late!

13. What is the most effective way to clean surfaces to remove food allergens?

Thoroughly cleaning hard surfaces (tables/desks) with methods commonly used in school cafeterias are likely to adequately remove any allergen residue. District policies and procedures should address cleaning methods. It is especially important to use a separate rag or disposal wipe on the allergen safe tables. Rigorous hand washing with soap and water is the most effective method for

students and staff. Hand sanitizer will not remove residue and may in fact spread the residue more easily.

14. What is a gluten sensitivity or intolerance?

Some students may have a diagnosed condition that causes gluten sensitivity such as Celiac Disease or Dermatitis Herpetiformis. Gluten intolerance is the result of an immune-mediated response producing Immunoglobulin (IgA) and/or Immunoglobulin G (IgG) antibodies to the ingestion of gluten (wheat: durum, semolina, kamut, spelt, rye, barley, and triticale). Strict avoidance of all gluten products is the only treatment. For additional dietary information see <http://www.gluten.net/diet.htm>.

SECTION 8

REFERENCES

1. American Academy of Allergy, Asthma and Immunology (AAAAI), "Fact Sheet Food Allergies and Reactions," 2005, http://www.aaaai.org/patients/resources/fact_sheets/food_allergies.pdf, accessed on February 26, 2008.
2. "How a Child Might Describe a Reaction," Food Allergy News, Vol. 13, No. 2. 2003. FAAN.
3. AAAAI Board of Directors, "Position Statement Anaphylaxis in Schools and Other Child-Care Settings," 2008, http://www.aaaai.org/media/resources/academy_statements/position_statements/ps34.asp, accessed on February 26, 2008.
4. National Center for Chronic Disease Prevention and Health Promotion, "Healthy Youth! Coordinated School Health Program," April 30, 2007, <http://www.cdc.gov/HealthyYouth/CSHP/>, accessed on February 26, 2008.
5. "Life-Threatening Allergies in the Classroom AAAAI and FAAN Educate About Dangers of Anaphylaxis," August 10, 2005, http://www.aaaai.org/media/news_releases/2005/08/081005.stm, accessed on February 26, 2008.
6. USDA, Food and Nutrition Service, Fall 2001, p. 5. Accommodating Children with Special Dietary Needs in the School Nutrition Programs. Guidance for School Nutrition Services Staff.
7. AAAAI , "Tips to Remember: What is an Allergic Reaction?" 2007, <http://www.aaaai.org/patients/publicedmat/tips/whatisallergicreaction.stm>, accessed on February 26, 2008

SECTION 9

COMMON DEFINITIONS

Anaphylaxis - Anaphylaxis is a life-threatening allergic reaction that may involve systems of the entire body. Anaphylaxis is a medical emergency that requires immediate medical treatment, and follow up care by an allergist/immunologist.

Diet Order - A medical statement which documents the special nutritional needs of a child requiring dietary modifications.

FAPE - Under the law public school districts have a duty to provide a free appropriate public education (FAPE) for students with disabilities. See section 2.

FERPA - The Family Education Rights and Privacy Act of 1974 (FERPA). See section 2.

Food Allergy - Food allergy is a group of disorders distinguished by the way the body's immune system responds to specific food proteins. In a true food allergy, the immune system will develop an allergic antibody called Immunoglobulin E (IgE).

Food Intolerance - Food intolerance refers to an abnormal response to a food or food additive that is not an Immunoglobulin E (IgE) allergic reaction. See appendix D.

IDEA -The Individuals with Disabilities Act of 1976 (IDEA). See section 2.

504 - Section 504 of the Rehabilitation Act of 1973. See section 2.

APPENDIX A

Food Allergy Advisory Committee 2002: Members and Consultants

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1. **Kathe Reed-McKay**
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2. **George Sneller**
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3. **Anita Finch**
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7. **Roberta Schoot**
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8. **Ingrid Gourley**
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9. **Sandie Tracy**
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10. **Mary Sue Linville**
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11. **Kelle Buttin**
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12. **Larry Parsons, Superintendent**
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13. **Carol Brennan**
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14. **Kay Ware**
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CONSULTANTS

- Carolyn Madsen**
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- Beth Siemon**
Washington State Department of Health
- Paul McBride, MD**
The Everett Clinic

APPENDIX B
OSPI Budget Proviso

(o) \$45,000 of the general fund-state appropriation for the fiscal year 2008 is provided solely for the office of superintendent of public instruction to convene a workgroup to develop school food allergy guidelines and policies for school district implementation. The workgroup shall complete the development of the food allergy guidelines and policies by March 31, 2008, in order to allow school district implementation in the 2008-2009 school year. The guidelines developed shall incorporate state and federal laws that impact management of food allergies in school settings.

APPENDIX C

Life-Threatening Food Allergy Workgroup Members 2007–08

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APPENDIX D

Food Intolerances

Students may suffer from food intolerances that do not result in a life-threatening food allergy reaction (anaphylaxis) but still hamper the student's ability to perform optimally.

Food intolerance is sometimes confused with food allergy. Food intolerance refers to an abnormal response to a food or food additive that is not an Immunoglobulin E (IgE) allergic reaction. For instance, an individual may have uncomfortable abdominal symptoms after consuming milk. This reaction is most likely caused by a mild sugar (lactose) intolerance, in which the individual lacks the enzymes to break down milk sugar for proper digestion. Another example is noted in Celiac Disease. Individuals develop food intolerance to gluten by producing Immunoglobulin G (IgG) and/or Immunoglobulin (IgA) antibodies. Such individuals must avoid all gluten products. Licensed Health Care providers assist families in establishing accurate diagnoses and treatment plans.⁷

Students and families of children with food intolerances should complete a Health Registration Form and a Student Food Allergy Form in order to identify the food item(s) that cause symptoms. The student, family, school nurse, and other appropriate school staff should create a plan to accommodate the individual needs of the student. An IHP may be developed and disseminated to staff as needed in order to meet the student's dietary concerns. A 504 accommodation plan is typically *not* required for a student with a food intolerance *not* considered a life-threatening condition. See USDA guidelines (page 5) at http://www.fns.usda.gov/cnd/Guidance/special_dietary_needs.pdf.