

POLICY & PROCEDURE: FOOD ALLERGY AND INTOLERANCE

J PAUL TAYLOR ACADEMY

www.jpaultayloracademy.org

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This policy sets forth the procedures that support the health and well-being of students and staff at school or school-sponsored events who have food intolerances and food allergies, especially those that may be life threatening. It is divided into management of milk intolerance, non-life threatening, and life-threatening food allergies.

We feel that school-aged children need to be prepared to understand real-world environments. Education of faculty, school foodservice personnel, parents and students on how to manage food allergies is thought to be the most effective approach. This policy establishes a set of protocols that address preventative measures to reduce exposure to food allergens in school facilities and school sponsored activities, professional development of staff, coordination of services, and emergency response procedures.

II. DEFINITIONS

A. *Milk intolerance* is an adverse food-induced reaction that does not involve the immune system. When the person drinks milk products, symptoms such as gas, bloating, and abdominal pain may occur.

B. A *food allergy* is an adverse reaction to a food or food component that involves the body's immune system. Usually a protein in a food, the allergen is perceived by the body as foreign, and the body produces specific antibodies to it called Immunoglobulin E (IgE). The next time the food is eaten by the allergic person, his or her IgE triggers the release of histamines and other chemicals that cause the inflammatory response.

C. *Symptoms of a food allergy* vary and range from mild to severe to life threatening. 1) skin: seen as hives, rashes, or eczema; 2) the gastrointestinal tract: vomiting, abdominal cramps, and diarrhea; 3) the respiratory system: a tingling sensation in the mouth, swelling of the tongue and the throat, and difficulty breathing; and 4) the cardiovascular system: a drop in blood pressure, loss of consciousness, shock.

D. *Anaphylaxis* is a potentially life-threatening medical condition in allergic individuals after exposure to their specific allergens. The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock that are potentially fatal. An anaphylactic response may occur within minutes of the exposure, although onset may occur one (1) to two (2) hours after contact.

E. *Epinephrine* is the drug used to treat an anaphylactic reaction. It works to reverse the symptoms and helps to prevent their progression. It is available by prescription in self-injecting devices such as EpiPen or Auvi-Q

F. *Allergy and Anaphylaxis form* pertains to a form that all students with food intolerances or allergies will have their physician complete at the beginning of each school year.

G. An *Individualized Allergy Health Care Plan (IHCP)* is the plan of nursing care written for any student with a life-threatening allergy whose health care needs affect or have the potential to affect the student's safe and optimal school attendance and academic performance. It includes direct nursing care; any special or emergency procedures when the student is on school property, provisions for field trips, along with any other related services or program modifications needed to meet the student's health care needs.

III. PROFESSIONAL DEVELOPMENT

A. Professional development at the building level shall be provided annually to all staff and shall consider the following topics:

1. food intolerances/food allergies
1. Preventative measures to reduce exposure to food allergens
2. Use of EpiPens
3. Signs and symptoms of allergic reactions
4. Appropriate response
5. Documentation of training participation

IV. PROCEDURES FOR MILK INTOLERANCE

A. The parent of a student with milk intolerance must complete an Allergy and Anaphylaxis form annually with the assistance of their primary care provider stating the student's milk intolerance and acceptable substitutions for the milk.

B. The form shall be kept on file with the teacher, nurse and kitchen staff.

V. PROCEDURES FOR NON LIFE-THREATENING ALLERGIES

A. When a parent of a student with a non-life-threatening food allergy notifies the school, the parent must complete an Allergy and Anaphylaxis form annually with the assistance of their primary care provider. This update must include information concerning the student's allergy, the foods that need to be avoided, and the appropriate treatment for reactions. In addition, the parent shall provide a history of past allergic reactions, including triggers and warning signs. It is the parent/guardian's responsibility to immediately update the school about any changes to the student's condition or to the treatment plan for reactions as well as provide medications for the treatment of allergic reactions.

B. The school nurse, teacher, kitchen staff and parent will meet to develop a plan specifying how the school will accommodate the student's food allergies. A food plan will be developed identifying how J Paul Taylor Academy will modify meals provided by the school in order to meet the student's special dietary needs.

C. With parental consent, an informational sheet will be developed that includes the child's photo, their teacher(s), and allergen(s). This information sheet shall be provided to the nurse, kitchen staff, and teacher.

D. The kitchen staff shall provide comparable substitutions for the foods that need to be avoided for all documented food allergies as determined by the food plan.

VI. PROCEDURES FOR LIFE-THREATENING FOOD ALLERGIES

A. When a parent of a student with a life-threatening food allergy notifies the school, the parent must complete an Allergy and Anaphylaxis form annually with the assistance of their primary care provider. This update must include information concerning the student's allergy, the foods that need to be avoided, and the appropriate treatment for reactions. In addition, the parent shall

provide a history of past allergic reactions, including triggers and warning signs. It is the parent/guardian's responsibility to immediately update the school about any changes to the student's condition or to treatment for reactions.

B. The school nurse, teacher, and parent will meet to develop a plan specifying how the school will accommodate the student's food allergies. An Individualized Health Care Plan (IHCP) will be developed and include the following items:

1. Type of allergies designated by recognized medical authority;
2. School meal program, including dining area accommodations;
3. Cooking and classroom activities, including classroom rewards and parties;
4. Parent/guardian's signed consent to administer all medications;
5. Description of student's past allergic reactions, including triggers and warning signs;
6. Parent/guardian's interest in participating in the training/orientation in the student's classroom;
7. Notice that parents have been encouraged to provide their child with a medical alert identification;
8. After-school snacks if the child attends a school administered program
9. Designation of staff responsible for administering medications and necessary training for administering the medications;
10. Special care for field/activity trips, including bus and lunch coolers
11. With parental consent, an informational sheet will be developed that includes the child's photo, their teacher(s), and allergen(s). This information sheet shall be provided to the nurse, kitchen staff, and teacher.
12. Kitchen staff will be informed of the plan developed at the meeting.

C. The following additional steps will be taken for a child with a life-threatening allergy:

1. The head administrator shall develop and implement a plan to ensure that all certified and non-certified staff, volunteers, monitors, security, and substitutes are fully informed of the contents of the IHCP. The head administrator shall also ensure that a CPR trained employee is always present in the school when the student is in attendance.
2. With the assistance of the student's teacher, classmates and their families will be educated regarding the student's food allergy. The food allergen will be considered when planning class projects, snacks, rewards and celebrations. If appropriate, with written parental consent, other parents in the school community shall be informed of the food allergy. When necessary, a letter may be distributed from the head administrator, in consultation with the parent of the child with life-threatening food allergies, requesting cooperation for avoiding sending possible food allergens to school.
3. Parents/guardians are responsible for providing all emergency medications as ordered by a recognized medical authority to be stored at school and required to safeguard the student. Medications shall be appropriately stored in an easily accessible, secure location.
4. Following an allergic reaction, the student, parent(s), teacher, and any staff present during the allergic reaction will meet to discuss the incident, assuring the child's safety and discussing appropriate changes in order to prevent another reaction.