

POLICY: FOOD ALLERGY AND INTOLERANCE

J PAUL TAYLOR ACADEMY

www.jaultayloracademy.org

Adoption date: October 8, 2014

PROPOSED REVISION: MARCH 2019

I. Purpose

This policy sets forth the procedures that support the health and well-being of J. Paul Taylor Academy (JPTA) students and staff at school and 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.

This policy establishes 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.
 1. 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.
- C. *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.
- D. *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 auto-injector devices, such as EpiPen or Auvi-Q.

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E. The Allergy and Anaphylaxis Form is a form that all parents/guardians of students with food intolerances or allergies will have their physician complete. A physician-provided form may be substituted if all necessary information is included. This form is not required for milk intolerance (see Milk Intolerance Form, Section II.G.).

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F. An Individualized Allergy Health Care Plan (IHCP) is the plan of 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 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 needs.

G. The Milk Intolerance Form is the form that parents/guardians will complete and submit to alert school personnel of milk intolerance and approve milk substitutions.

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III. Professional Development

A. Professional development shall be provided annually to all staff and will include:

1. Food intolerances/food allergies
2. Preventative measures to reduce exposure to food allergens
3. Use of epinephrine auto injectors
4. Signs and symptoms of allergic reactions
5. Appropriate responses
6. Documentation of training participation

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IV. Procedure for Milk Intolerance

A. The parent/guardian of a student with milk intolerance must complete a Milk Intolerance Form stating the student's milk intolerance and approving substitutions for milk.

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B. The form shall be kept in the student file.

V. Procedures for Non-Life-Threatening Allergies

A. When a parent/guardian of a student with a non-life-threatening food allergy notifies the school, the parent/guardian must complete an Allergy and Anaphylaxis form with the assistance of their primary care provider or submit a physician-provided form. This must include information concerning the student's allergy, foods that must be avoided, and the appropriate treatment for reactions. In addition, the parent/guardian 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. JPTA will take action to avoid exposing the student to the allergen once notified.

- B. The Executive Director (ED) or designee, teacher, school health personnel (if necessary), any other appropriate school personnel, and the parent/guardian will meet to develop a plan specifying how the school will accommodate the student's food allergies. JPTA will modify meals provided by the school in order to meet the student's special dietary needs. The kitchen staff shall provide comparable substitutions for the foods that must be avoided for all documented food allergies.
- 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. If accommodations for reported allergies are no longer required, the parent/guardian must provide a physician's note stating as much or complete and submit a Declination of Accommodations Form.

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VI. Procedures for Life-Threatening Food Allergies

- A. When a parent/guardian of a student with a life-threatening food allergy notifies the school, the parent/guardian must complete an Allergy and Anaphylaxis form with the assistance of their primary care provider or submit a physician-provided form. This must include information concerning the student's allergy, foods that must be avoided, and the appropriate treatment for reactions. In addition, the parent/guardian 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. JPTA will take action to avoid exposing the student to the allergen once notified.
- B. The ED or designee, teacher, school health personnel (if necessary), any other appropriate school personnel, and the parent/guardian, 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;

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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; and
10. Special care for field/activity trips, including bus and lunch coolers.

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 appropriate school health personnel, kitchen staff, and teacher. 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 FD 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 FD 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 consent from the parent/guardian, other parents/guardians in the school community shall be informed of the food allergy. When necessary, a letter may be distributed from the FD, in consultation with the parent/guardian 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/guardian(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.

D. If accommodations for reported allergies are no longer required, the parent/guardian must provide a physician's note stating as much or complete and submit a Declination of Accommodations Form.

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