



*Irvine Unified School District  
Guide for Supporting Children  
With Life-Threatening Food Allergies*



**The purpose of this manual is to provide a *guideline* for supporting children with life-threatening food allergies in school. This resource is to assist teams in developing individual plans for children. Not all of these guidelines are applicable to all students with allergies, and school site teams must make individual determinations for each student with allergies.**

**(These guidelines were adapted with permission from the Arizona Department of Health Services and the Food and Allergy Anaphylaxis Network.)**

**IUSD is committed to the safety of our students. In order to reduce the risk that children with food allergies will have an allergy-related event at school, the following guidelines have been created.**

**IUSD cannot guarantee that a student will never experience an allergy-related event while at school.**

**(Specific Individual Health Care Plans for individual students will be developed at the school site of attendance.)**



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## General Information about Allergies

The first part of this guide is intended to give the reader general information about allergies, the importance of prevention and general considerations when planning for children with life-threatening allergies.

## Food Allergy Facts

Food allergies are presenting increasing challenges for schools. Because of the life-threatening nature of these allergies and the increasing prevalence, school districts and individual schools need to be ready for the entry of students with food allergies. A recent study reported that 25% of all reactions in the past two years occurred at school (Journal of Allergy and Clinical Immunology, Nowalk-Wegrzn, Anna, et al, 2000; 105:S182). More importantly, of the reactions happening at school, 79% occurred within the classroom (The Journal of School Nursing, Vol. 20, Number 5 page 268).

Food allergies affect 8% of children under age three, 6%-8% of school age children and 2.5% of adults. According to published studies, allergy prevalence has increased significantly in the last five years. Forty to fifty percent of those persons with a diagnosed food allergy are judged to have a high risk of anaphylaxis (a life-threatening allergic reaction). Every food allergy reaction has the possibility of developing into a life-threatening and potentially fatal reaction. A life-threatening reaction can occur within minutes or even hours after exposure to the allergen.

Allergic reactions to foods vary among students and can range from mild to severe, life threatening anaphylactic reactions. Some students, who are very sensitive, may react to just touching or inhaling the allergen. For other students, consumption of as little as one five-thousandth of a teaspoon of an allergic food can cause death. The severity of a reaction is not predictable. Because there is a cumulative effect from past exposures to an allergen, the severity of a future exposure cannot be predicted.

- Eight foods (peanut, tree nut, milk, egg, soy, wheat, fish, and shellfish) account for 90% of total food allergies.
- Peanut and tree nuts account for 92% of severe and fatal reactions, along with fish and shellfish.
- The student with an undiagnosed food allergy may experience his/her first food allergy reaction at school.

Many students with food allergies who have experienced a life-threatening (anaphylactic) reaction may be aware of their own mortality. The emotional, as well as the physical needs of the child must be respected. Children with food allergies are at-risk for eating disorders or teasing. If teasing concerns are indicated, parents should consult site administration for support.

Bee/insect stings, as well as medications and latex also have the potential of causing a life-threatening allergic reaction.

## Anaphylaxis

Anaphylaxis is a potentially life-threatening medical condition occurring in allergic individuals after exposure to their specific allergens. Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body. The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock that are potentially fatal.

## Recognizing Signs of Anaphylaxis

- Flushing and/or swelling of the face
- Itching and/or swelling of the lips, tongue or mouth
- Itching and/or sense of tightness in the throat, hoarseness, difficulty breathing and/or swallowing
- Hives, itchy rash and/or swelling about the face, body or extremities
- Nausea, abdominal cramps, vomiting
- Shortness of breath, repetitive coughing and/or wheezing
- Faint, rapid pulse, low blood pressure
- Light headedness, feeling faint, collapse
- Distress, anxiety and a sense of dread

## How a Child Might Describe a Reaction

*Food Allergy News, Vol. 13, No. 2. © 2003 The Food Allergy & Anaphylaxis Network.*

- This food is too spicy
- My tongue is hot (or burning)
- It feels like something is poking my tongue
- My tongue (or mouth) itches
- It (my tongue) feels like there is hair on it
- My mouth feels funny
- There's a frog in my throat
- There's something stuck in my throat
- My tongue feels full (or heavy)
- My lips feel tight
- It feels like there are bugs in there (to describe itchy ears)
- It (my throat) feels thick
- It feels like a bump is on the back of my tongue (throat)

Anaphylaxis typically occurs either immediately or up to two hours following allergen exposure. Anaphylaxis is often treated with the administration of epinephrine, a prescribed medication that immediately counteracts the life-threatening symptoms. Epinephrine is given by an injection that is easily administered.



In about one third of anaphylactic reactions, the initial symptoms are followed by a late phase of symptoms two to four hours later. It is imperative that following the administration of epinephrine, the student be transported by emergency medical services to the nearest hospital emergency department even if the symptoms appear to have been resolved.

### ***~When in Doubt, Use Epinephrine~***

Medical advice indicates that it is better to give the student's prescribed epinephrine and seek medical attention. Fatalities occur when epinephrine is withheld. In many fatal reactions the initial symptoms of anaphylaxis were mistaken for asthma. This delayed appropriate treatment with epinephrine.

### **Individual Health Care Plan & 504 Plan**

An Individual Health Care Plan puts in writing what the school can do to accommodate the individual needs of a child with a life-threatening allergy. Prior to entry into school (or immediately after the diagnosis of a potentially life-threatening allergic condition), the parent/guardian should meet with the school nurse to develop an Individualized Health Care Plan. This plan details the preventative steps a school will take to help protect a student with life-threatening allergies including steps staff must take in the event of an emergency.

Parents or staff may also request a Section 504 evaluation for a student with allergies. If the student is determined eligible, a 504 Plan may be created indicating additional accommodations or supports for the student.

### **Importance of Prevention**

Protecting a student from exposure to offending allergens is the most important way to prevent life-threatening anaphylaxis. Most anaphylactic reactions occur when a child is accidentally exposed to a substance to which he/she is allergic, such as foods, medicines, insects, and latex. Avoidance and teaching students age appropriate self care and independence in managing their allergies is the key to preventing a reaction.

School is a high-risk setting for accidental ingestion of a food allergen, due to such factors as the large number of students, increased exposure, as well as cross-contamination of tables, desks, and other surfaces.

Other high-risk areas and activities for the student with food allergies include:

- the cafeteria
- food sharing
- hidden ingredients in craft, art, and science projects
- bus transportation
- fund raisers & bake sales
- parties and holiday celebrations
- field trips
- substitute teaching staff being unaware of the food allergic student

Ingestion of the food allergen is the principal route of exposure; however, it is possible for a student to react to tactile (touch) exposure or, in rare cases, inhalation exposure. The amount of food needed to trigger a reaction depends on multiple variables. Each food allergic person's level of sensitivity may fluctuate over time. The symptoms of a food allergy reaction are specific to each individual.

## General Guidelines

This next section serves as a guide to outline the range of responsibilities staff can have concerning a child with a life-threatening allergy. Note that each child's team ultimately determines the responsibilities of individual staff members. This guide will help teams determine which accommodations are necessary for a given child.

Epinephrine by auto-injector should be readily accessible and reasonably secure at all times during school hours. It may be carried by the student if his/her team determines that is appropriate. To promote rapid life-saving steps, emergency medication should be in a safe, accessible and reasonably secure location that can be properly supervised by a school nurse or other authorized and trained staff members. Key staff members, such as the teacher, principal, and cafeteria staff, should know where the auto-injector is stored, even if they are not trained to administer it. All staff trained in use of epinephrine should know exactly where it is located. Identification of the place where the epinephrine is stored should be written in the student's health care plan. When epinephrine is administered there shall be immediate notification of the local emergency response services system (911), followed by notification to the school nurse, principal, and student's parents.

The school system shall maintain and make available a list of those school personnel authorized and trained to administer epinephrine by auto-injector. A current list should be placed in the school health office.

# OVERVIEW

## Severe Food Allergies— School Guidelines

The following are suggested guidelines to assist nurses and other staff in **grades TK-5** promoting a safe school environment for students with severe food allergies. **It is important that students take increased responsibility for their allergies as they grow older and become developmentally ready (see page 10)** Therefore, these guidelines were developed as recommended practices to ensure the individual health and safety of students throughout their educational experience.

- Arrange a parent meeting to review allergy and request current skin or blood test results to confirm severity. Have parent (1) sign “Authorization for Use and Disclosure of Medical and/or Educational Information” form for treating physician, (2) give medication form(s) to parent for all medications to be kept at school and (3) review where these medications will be kept.
- If parent requests medications be kept at different locations, they may purchase a small locked box (black metal box available at Target in the office supply section); this lock and key are sturdier than other boxes purchased at the office supply store.
- Review proposed Individual Health Care Plan with parent and discuss the Section 504 evaluation process, as necessary.
- Consider drafting student specific accommodations to address the following areas, as is necessary based on age appropriate, and individual student needs:
  - Notification to staff/parents/students/substitutes
  - Lunch time seating arrangements, including for rainy days.
  - Food preparation (cafeteria) precautions
  - Necessary classroom safety/cleaning mechanisms, such as use of wipes, hand washing, vacuuming, etc.
  - Class celebrations, field trips, and other extra curricular activities
  - Emergency protocol, including training on Epi Pen administration
  - Staff training on implementation of necessary accommodations, training on bullying prevention and response, training on Epi Pen administration, etc.
  - Facilitation of student growth and independence over time, to manage health/allergy needs.



# Responsibilities of the Student with Life-threatening Allergies

The long-term goal is for the student with life-threatening allergies is to be independent in the prevention, care, and management of their food allergies and reactions based on their developmental level. With this in mind, students with life-threatening allergies are asked to follow these guidelines, and parents are asked to discuss these guidelines with their students:

- Avoid trading or sharing foods.
- Wash hands or use fragrance free, non-disinfectant disposable wipes before and after eating.
- Learn to recognize symptoms of an allergic reaction and notify an adult immediately if a reaction is suspected.
- Promptly inform an adult as soon as accidental exposure occurs or symptoms appear.
- Develop a relationship with the school nurse and other trusted adults in the school to assist in identifying issues related to the management of the allergy in school.
- Do not eat anything with unknown ingredients or ingredients known to contain an allergen (as age appropriate) or eat only foods brought from home and/or parent approved cafeteria menu items.
- If unsure of ingredients in party/celebration foods, eat only safe snacks/treats from home stored in a sealed, labeled container in the classroom.
- Develop a habit of always reading ingredients before eating food (as age appropriate).
- If medically necessary, the older student (grades 5 - 8) may be responsible for carrying emergency medication(s). If a Medic Alert bracelet is provided by the parent, the child is responsible for wearing the ID at all times.
- Empower the student to self-advocate in situations that they might perceive as compromising their health.

## Responsibilities of the Parents/Guardians

Parents/Guardians are asked to assist the school in the prevention, care, and management of their child's food allergies and reactions. Additionally, parents are encouraged to foster independence on the part of their child, based on her/his developmental level. To achieve this goal, parents are asked to follow these guidelines:

- Inform the school in writing of your child's allergies prior to the opening of school (or immediately after a diagnosis) and participate in a meeting with the school nurse to develop an Individual Health Care Plan. In addition, provide:
  - ▶ Medication orders from the licensed provider and other allergy specialists, and a current release(s) of information so that school staff may contact the provider(s)
  - ▶ Up-to-date epinephrine injector and other necessary medication(s)
  - ▶ Annual updates on your child's allergy status including a description of student's past allergic reactions, including triggers and warning signs
  - ▶ A current picture of your child, for the Individual Health Care Plan, to post in school health office
  - ▶ If the child carries medication, periodically check for expiration dates and replace medication as needed
  - ▶ Provide and update emergency contact information regularly
- Provide a Medic Alert bracelet for your child if age appropriate.
- Notify supervisors of before and after school activities regarding your child's allergy and provide necessary medication.
- Introduce your child to the head cafeteria worker (or ask the principal to do so) to explain your child's allergy.
- Provide safe classroom snacks for your child.
- For lunch at school, review weekly menus and then reconfirm daily food choices.

**It is important that children take increased responsibility for their allergies as they grow older and as they become developmentally ready. Consider teaching your child to:**

- **Understand the seriousness and recognize the first symptoms of an allergic/anaphylactic reaction and notify an adult immediately.**
- **Carry his/her own epinephrine injector when appropriate (or know where the epinephrine injector is kept), and be trained in how to administer her/his own epinephrine injector, when this is an age-appropriate task.**

- **Recognize safe and unsafe foods and do not share snacks, lunches, or drinks.**
- **Encourage the habit of reading ingredient labels before eating food.**
- **Understand the importance of hand washing before and after eating.**
- **Report teasing, bullying, and threats to an adult authority.**
- **Inform others of his/her allergy and specific needs.**
- **Learn self care prevention strategies, over time, including understanding how and when to clean his/her own desk/table/school supplies to promote an allergen free work space.**

## Guidelines for the School Administration

Administrators are asked to assist the school team in the prevention, care, and management of children with food allergies and reactions. Educators are encouraged to foster independence on the part of children, based on her/his developmental level. To achieve this goal administrators are asked to consider these guidelines when developing an Individual Health Care Plan and/or Section 504 Plan for a student with a life-threatening allergy:

- The Individual Health Care Plan (for prevention) is essential for managing life-threatening allergic reactions. A school team should be trained to adequately prevent, recognize and respond to allergic reactions. The team may include, but is not limited to:
  - School Nurse
  - Administrative representative
  - Teachers and specialists (i.e. – art, music, science, computer etc.)
  - Other support staff
  - Student with food allergy (if age appropriate)
- Offer training and education for staff regarding:
  - Food allergies, insect stings, medications, latex, etc.
  - Emergency and risk reduction procedures.
  - How to administer and epinephrine injector for an emergency.
  - Special training for food service personnel and recess/noon duty staff.
- As needed based on individual student needs, arrange for a “No Nut” lunch table in the school.
- Have disposable fragrance free, non-disinfectant wipes available for student use in the classroom as needed based on individual student needs.
- Have the custodian wash doorknobs, tables, desks, and other potentially contaminated surfaces when cleaning the classroom, as needed, and based on individual student needs.
- Plan for student transitions each spring for the next school year that include discussions about fostering independence and self care.
- Take threats or harassment against an allergic child seriously.



## Administrator Guidelines for the Substitute Teachers Grades TK - 5 and Grades 6 - 8

- Include the following statement in the sub folder, (red folder at most sites given to sub by front office staff), “If this is your first-time in this classroom, see the school nurse or appropriate personnel for training in implementing the emergency response in the Individual Health Care Plan and how to administer an epinephrine injector.” (See Appendix)
- The school nurse and/or administrator should be responsible for discussing with the substitute teacher students’ food allergy conditions and should make sure the substitute teacher is qualified to handle the situation, and provided with student IHCPs and/or Section 504 plans.

## Guidelines for the School Nurse

When it comes to the school care of children with life-threatening allergies, school nurses may carry the largest responsibility. School nurses are asked to assist the school team in both prevention and emergency care of children with food allergies and reactions. School nurses are encouraged to foster independence on the part of children, based on their developmental level. To achieve this goal, school nurses are asked to consider these guidelines when developing an Individual Health Care Plan and/or Section 504 Plan for a student with a life-threatening allergy:

- Schedule a meeting including the classroom teacher and the student’s parent/guardian to develop the Individual Health Care Plan for the student and update as necessary.
- Distribute final copies as outlined in the Individual Health Care Plan.
- Conduct and track attendance of in-service training for staff that work with the child at beginning of school and after mid-year break.
- In the health office, child’s classroom or other appropriate locations post, and label location of Individual Health Care Plans and emergency medication (e.g. EpiPen or Twinject).
- For epinephrine injectors stored in the health office, periodically check medications for expiration dates. Contact parent/guardian for replacement as needed.
- With parental permission, provide posters, which may include children(s) photo(s) in private areas of the health office for children with life-threatening food allergies.

## Guidelines for the Classroom Teacher

Teachers are asked to assist the school team in the prevention, care, and management of children with food allergies and reactions. Educators are encouraged to foster independence on the part of children, based on their developmental level. To achieve this goal, teachers are asked to consider these guidelines as the work with their team to develop an Individual Health Care Plan and/or Section 504 Plan for a student with a life-threatening allergy:

- Participate in any team meetings for the student with life-threatening allergies and in-service training.
- Keep the student's Confidential Student Information/Individual Health Care Plan accessible in the classroom.
- In the event of an allergic reaction immediately initiate the emergency procedures in the student's Individual Health Care Plan. Contact the front office immediately.
- Be sure both teacher and classroom aides are informed of the student's food allergies. (Seek training and information from school nurse when notified).
- Concerning sub folders, each folder will have information regarding children in the specific classroom with serious medical conditions. Leave information for the substitute teachers in an organized, prominent, and accessible format.
- Include the following notice in the sub folder (See Appendix)
- The school nurse and/or administrator should be responsible for discussing with the substitute teacher the student's food allergy condition and should make sure the substitute is qualified to handle the situation. For those substitutes that you tend to use regularly, please have a conversation with them to double check that they are trained in Epi-Pen administration.
- As is necessary based on individual student plans, notify parents in the class that there is a child in the class with a life-threatening food allergy. This should be done in writing and should include the seriousness of this condition (See Appendix for example letter).
- Reinforce school guidelines on bullying and teasing to avoid stigmatizing, or harassment of students with food allergies.
- Inform parents of the allergic child in advance of any classroom events where food will be served, in accordance with individual student plans.
- Never question or hesitate to immediately initiate the emergency procedures identified in the student's Individual Health Care Plan if a student reports signs of an allergic reaction.
- Secure disposable fragrance free, non-disinfectant wipes from the parents or "classroom supply list" for "in class" hand washing, anytime students come in contact with food in the classroom.
- Sharing or trading food in the classroom should be prohibited.

## Snacks/Lunch Time

- If the teacher discovers unknown or restricted food in the classroom, refer to the student's Individual Health Care Plan and/or Section 504 Plan.
- If it is specifically suspected that the student(s) work space, supplies or eating area has been contaminated, the area will need to be cleaned by someone other than the allergic child.
- Reinforce hand washing before and after eating.
- If a parent or guardian of a student with food allergies provides classroom snacks for his/her own child, keep these snacks in a separate labeled snack box or closed container.

## Classroom Activities

- Consider the presence of allergic foods in classroom activities (e.g., arts and crafts, science projects, and celebrations, or other projects). Modify class materials as needed, and in consultation with the school nurse.
- If a food event has been held in an allergic child's classroom(s), have the custodian clean the tables and chairs.
- Try not to isolate or exclude a child because of allergies, encourage the use of stickers, pencils, or other non-food items as rewards instead of food.
- If an animal is invited to the classroom, special attention must be paid to other allergies children may have (e.g. dander) and to the animal's food (peanuts, soy milk).
- For birthday parties, consider a once-a-month celebration, with non-food treats.

## Field Trips

- Consider the student when planning a field trip due to a risk of allergen exposure.
- Collaborate with the school nurse prior to planning a field trip. Ensure the epinephrine injector and Emergency Action Plan is taken on field trips with trained personnel.
- Consider eating situations of field trips and plan for prevention of exposure to the student's life-threatening foods.
- Invite parents of student(s) at risk for anaphylaxis to accompany their child on school trips, in addition to the chaperone(s); however, the parent's presence at a field trip is not required.
- Clearly specify any special meals needed before the field trip.
- Avoid meals that may be food allergy related.
- Package meals appropriately to avoid cross-contamination.
- Provide two disposable fragrance free, non-disinfectant wipes with each meal (for cleaning hands before and after meals).
- Identify one staff member who will be assigned the task of watching out for the student's welfare and handling any emergency.
- A cell phone or other communication device must be available on the trip for emergency calls.
- In the absence of accompanying parents/guardians or school nurse, another school staff member must be trained and assigned the task of watching out for the student's welfare and for handling any emergency. The trained staff member carrying the epinephrine should be identified and introduced to the student as well as the other chaperones.
- Field trips should be chosen carefully; no student should be excluded from a field trip due to risk of allergen exposure.
- Disposable fragrance free, non-disinfectant wipes should be used by students and staff after consuming food while on field trips.
- It is recommended that students not be permitted to eat on the bus with exceptions made only to accommodate special needs under federal or similar laws.

## Guidelines for Food Services Director/School Cafeteria Manager

A school cafeteria manager cannot guarantee that food served in the general lunch program is allergen free. Parents or students may be given access to food labels to identify ingredients in the products used by a school's cafeteria. It is ultimately the responsibility of the parent to decide whether the child will buy the lunch substitute or bring a lunch to school.

- Work with administration to determine if peanut and other nut-containing products are on the menu, and if so, consider removing them.
- Meet with parent/guardian to discuss student's allergy.
- Review the Individual Health Care Plan and a photograph of the student with life-threatening allergies (per parent permission).



- Provide sound food handling practices to avoid cross-contamination with potential food allergens.
- Maintain contact information for manufacturers of food products.
- Follow cleaning and sanitation protocol to prevent cross-contamination.
- Provide advanced copies of the menu to parents/guardian when requested.
- All food service staff should be trained on how to read product labels and recognize food allergens.

## **Guidelines for Recess/Noon Duty Staff**

- Teachers and staff responsible for lunch and/or recess should be trained to recognize and respond to a severe allergic reaction or anaphylaxis.
- Take all complaints seriously from any student with a life-threatening allergy by immediately contacting the school nurse/health office.
- Encourage hand washing for students after eating.
- Reinforce that only children with “safe lunches” eat at the “No Nut” table.
- A Medic Alert bracelet should not be removed.
- Adult supervisors may be asked to hold an epinephrine injector for a child.
- Take firm steps to immediately stop any teasing or harassment based on disability and report any incidents to the administration immediately.

## **Guidelines for School Bus Drivers**

- Maintain policy of no food eating allowed on school buses with the exception made only to accommodate special needs under federal or similar laws.
- School bus drivers shall be trained by appropriate personnel in risk reduction procedures, recognition of allergic reaction, administration of emergency medications and implementation of bus emergency plan procedures.
- The school bus driver must have a walkie-talkie or other means of communication for emergency calls.
- Administer the epinephrine injector or other prescribed medications when an allergic reaction is suspected and the call 911.



# Appendix



IUSD HEALTH SERVICES

## PARENT NOTICE OF SEVERE FOOD ALLERGIES

Date:

Dear Parent/Guardian:

As many of you may know, allergies to peanuts, nut products, and/or other foods are not uncommon in our student population. If a child has a severe food allergy and comes in contact with the allergen through ingestion, inhalation, or direct physical contact, a severe allergic reaction, known as anaphylaxis, can occur. This type of allergic reaction can be life-threatening.

We presently have one or more students within the \_\_\_\_\_ grade with severe allergies to:

|  |  |
|--|--|
|  |  |
|--|--|

Please review the enclosure to become aware of the specific types of foods that are contained within these categories. We believe that prevention is the best approach in caring for all students at risk. We are requesting your cooperation and assistance in keeping all of our students safe by asking that:

- You do not send food for classroom celebrations unless otherwise cleared with your child's teacher.
- If your child eats nuts or nut products (e.g. peanut butter/almond butter) before school, please make sure they wash their hands before coming to school.
- The lunch area has a "No Nut" table. Nuts, peanut butter sandwiches and/or any other foods that contain nuts are not allowed at that table. Please remind your child to be respectful of the "No Nut" rule for this table when choosing his/her lunch seat.
- You encourage your child not to share any of his/her food with other students and encourage him/her to wash his/her hands before and after meals.
- You remind your student that bullying or harassment of students with disabilities, including those with allergies, is not permitted and may result in discipline.

Additionally, please keep our students with severe allergies in mind, and read labels when planning student lunches and snacks. For example, labels may say that an item was "proceed in a facility" or "may contain" nuts, or nut products. Even these food items can cause allergic reactions for some students. As we strive to make the school a safe environment for all students, we thank you for your cooperation. If you have any questions, please contact the health office at 949-936-

Respectfully,

School Nurse

Enclosure: Food Categories/Allergens

**PEANUTS:** Although classified as a legume, peanuts are usually considered separately in allergic reactions. They are contained in a variety of foods and food products and are the most common cause of severe allergy attacks.



**TREE NUTS:** Tree nuts include almonds, Brazil nuts, cashews, chestnuts, hazelnuts, macadamia nuts, walnuts, pistachio and pecans



**LEGUMES:** Beans are the most common variety of legumes. These include black beans, soybeans, fava beans, garbanzo beans (chickpeas), kidney and lima beans. Also in this category are sesame seeds, lupine seeds and lentils.



**SEAFOOD:** Seafood includes tuna, salmon, shellfish (shrimp, crab, lobster, scallops, clams and squid).



**EGGS:** Ingested alone or in foods containing egg or egg products.





## STAFF NOTICE OF SEVERE FOOD ALLERGIES

Date:

Dear Staff:

As many of you may know, allergies to peanuts, nut products, and/or other foods are not uncommon in our student population. If a child has a severe food allergy and comes in contact with the allergen through ingestion, inhalation, or direct physical contact, a severe allergic reaction, known as anaphylaxis, can occur. This type of allergic reaction can be life-threatening.

We presently have one or more students within the \_\_\_\_\_ grade with severe allergies to:

|  |  |
|--|--|
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Please review the enclosure to become aware of the specific types of foods that are contained within these categories. We believe that prevention is the best approach in caring for all students at risk. We are requesting your cooperation and assistance in keeping all of our students safe by asking that:

- You remind parents to not send food for classroom celebrations, particularly when a student in your classroom has food allergies.
- If you eat nuts or nut products (e.g. peanut butter/almond butter) before school or while on campus, please make sure to wash your hands.
- The lunch area has a “No Nut” table. Nuts, peanut butter sandwiches and/or any other foods that contain nuts are not allowed at that table. Please remind students to be respectful of the “No Nut” rule for this table when choosing his/her lunch seat.
- Always encourage students not to share any of their food with other students and encourage them to wash their hands before and after meals.
- You remind students that bullying or harassment of students with disabilities, including those with allergies, is not permitted and may result in discipline.

Additionally, please keep our students with severe allergies in mind, and read labels when planning any activities that involve food products. For example, labels may say that an item was “processed in a facility” or “may contain” nuts, or nut products. Even these food items can cause severe allergic reactions for some students. As we strive to make the school a safe environment for all students, we thank you for your cooperation. If you have any questions, please contact the health office at 949-936-\_\_\_\_\_.

Respectfully,

School Nurse

Enclosure: Food Categories/Allergens

**PEANUTS:** Although classified as a legume, peanuts are usually considered separately in allergic reactions. They are contained in a variety of foods and food products and are the most common cause of severe allergy attacks.



**TREE NUTS:** Tree nuts include almonds, Brazil nuts, cashews, chestnuts, hazelnuts, macadamia nuts, walnuts, pistachio and pecans



**LEGUMES:** Beans are the most common variety of legumes. These include black beans, soybeans, fava beans, garbanzo beans (chickpeas), kidney and lima beans. Also in this category are sesame seeds, lupine seeds and lentils.



**SEAFOOD:** Seafood includes tuna, salmon, shellfish (shrimp, crab, lobster, scallops, clams and squid).



**EGGS:** Ingested alone or in foods containing egg or egg products.



## EpiPen TRAINING CONFIRMATION

### ATTENTION SUBSTITUTE TEACHERS GRADES TK - 8:

PLEASE read this information **BEFORE** the students enter the room.

*If this is your first time in this classroom, see the School Nurse or appropriate personnel for training in implementing the emergency response in the Individual Health Care Plan and how to administer an Epi-Pen injector.*

Once you have or if you previously received EpiPen training this school year, please initial and date below. **You must receive training on an annual basis.**

\_\_\_\_\_  
Substitute Initials

\_\_\_\_\_  
Date







If you use the Epi-Pen or emergency medication, call the front office by pushing the “urgent” button on the wall phone for assistance. If no one answers, dial “911” from the phone—no need to dial “9” first. Send a student to the front office immediately stating you have an emergency in your classroom.



# Recognize and Respond to Anaphylaxis

For a suspected or active food allergy reaction

## FOR ANY OF THE FOLLOWING **SEVERE SYMPTOMS**

-  **LUNG:** Short of breath, wheezing, repetitive cough
-  **HEART:** Pale, blue, faint, weak pulse, dizzy
-  **THROAT:** Tight, hoarse, trouble breathing/swallowing
-  **MOUTH:** Significant swelling of the tongue, lips
-  **SKIN:** Many hives over body, widespread redness
-  **GUT:** Repetitive vomiting, severe diarrhea
-  **OTHER:** Feeling something bad is about to happen, anxiety, confusion

## OR MORE THAN ONE **MILD SYMPTOM**

-  **NOSE:** Itchy/runny nose, sneezing
-  **MOUTH:** Itchy mouth
-  **SKIN:** A few hives, mild itch
-  **GUT:** Mild nausea/discomfort

- 1 INJECT EPINEPHRINE IMMEDIATELY**
- 2 Call 911**  
Request ambulance with epinephrine.

### Consider Additional Meds

(After epinephrine):

- » Antihistamine
- » Inhaler (bronchodilator) if asthma

### Positioning

Lay the person flat and raise legs. If breathing is difficult or they are vomiting, let them sit up or lie on their side.

### Next Steps

- » If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- » Transport to and remain in ER for at least 4 hours because symptoms may return.

Do not depend on antihistamines. When in doubt, give epinephrine and call 911.



foodallergy.org

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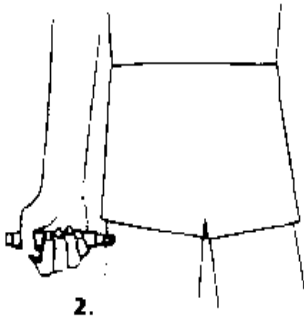
## EpiPen AUTO-INJECTOR

1. Verify any signs of anaphylactic shock (life-threatening allergic reaction) as listed below:
  - MOUTH: Itching, tingling, or swelling of the lips, tongue, mouth, throat, neck or eyes.
  - THROAT: Itching and/or a sense of tightness in the throat, hoarseness, and/or “hacking” cough.
  - SKIN: Hives, itchy rash, and/or swelling about the face or extremities, bluish skin color.
  - GUT: Nausea, abdominal cramps, vomiting, and/or diarrhea.
  - LUNG: Shortness of breath, repetitive coughing, and/or wheezing/difficulty breathing.
  - HEART: Weak or thready pulse, low blood pressure, fainting, pale or blue skin color.
  - OTHER: Dizziness, seizures, loss of consciousness, anxiety, and/or apprehension.

**The severity of symptoms can quickly change and can potentially progress to a life-threatening situation.**

**If breathing stops at any time during this procedure, initiate CPR immediately!**

2. **Have someone call 911** and go out to direct paramedics to the student.
3. Have someone notify parents that a 911 call has been made and print a copy of the student’s information.
4. Obtain prescribed EpiPen or EpiPen Jr. from the health office (or from student) and administer as directed below:



1. Remove EpiPen from the carrier tube.
  2. Hold unit in your fist with the orange tip pointing down. (Never put thumb, fingers or hand over orange tip.)
  3. With the other hand, pull off the blue safety cap.
  4. Place orange tip on outer thigh, over clothing if necessary, at a 90 degree right angle (illustration 2).
  5. Using a quick, firm motion, press into the thigh until the auto-injector mechanism functions. Note: You will hear and/or feel a click.
  6. Hold in place for 3 seconds to allow the medication to be injected.
  7. The EpiPen unit should then be removed and placed back in the original tube (orange needle end first).
  8. Massage the injection area for 10 seconds.
5. Stay with and monitor student until paramedics arrive. Be aware that possible medication side effects include flushing, apprehension, rapid heart rate, drop in blood pressure, fainting, vomiting, or breathing difficulties.
  6. Provide paramedics with a copy of the student’s information sheet. Also give paramedics the used EpiPen for their examination and disposal. Otherwise, place used EpiPen in the sharps container.
  7. Complete a 911 Report, retain the original in the student health cum and fax a copy to Health Services at 949-936-7539.



## Steps To Take After A Reaction:

1. Implement directions on Individual Health Care Plan.
2. Delegate notification of parent/guardian, notification of school administrator, needs of students classmates and meeting/directing of EMS.
3. Gather accurate information about the reaction, including who assisted in the medical intervention and who witnessed the event.
4. Accompany the student to emergency care facility.
5. Gather accurate information about the reaction, including who assisted in the medical intervention and who witnessed the event.
6. Save food eaten before the reaction, place in a plastic Ziploc bag and freeze for analysis.
7. If food was provided by school cafeteria, review food labels with cafeteria manager.
8. Follow-up:
  - a) Review facts about the reaction with the student and parents/guardian and provide the facts to those who witnessed the reaction or are involved with the student, on a need-to-know basis. Explanations shall be age-appropriate.
  - b) Amend the Individual Health Care Plan as needed. Specify any changes to prevent another reaction.

## Lunch Suggestions

Here are some ideas for lunch.

As always, read the labels on everything. Ingredients in commercially prepared foods sometimes change without warning.

For milk-restricted diets, use caution with deli meats. Often milk is used as a binder, or the meat is contaminated with cheese that has been sliced on the same machine.

Slice chicken breast thinly into rectangle shapes. Wrap each piece around a cherry tomato and attach with a toothpick.

Flatten four allowed refrigerator biscuits. Place ham in the center of each and roll the biscuit up. Place seam side down on ungreased baking sheet; bake 8 to 10 minutes at 400 degrees.

Combine melon balls (cantaloupe and honeydew) with cherry tomatoes and chicken chunks.

Add just enough tomato sauce to cooked pasta to add color and some flavor. Use a thermos to keep it warm.

Make a chilled pasta salad with your choice of pasta shape and color, the dressing of your choice, and one of the following combinations:

- thinly sliced carrots, snow peas, cucumbers, and tomatoes
- broccoli and tuna or ham chunks
- zucchini, broccoli, cherry tomatoes, and lima beans or frozen green peas
- chicken and snow peas
- corn and lima beans

Mix thinly sliced cooked potatoes with crisp-tender peas and carrots. Add meat slices or bacon pieces.

Combine lettuce, apple chunks, kidney beans or chick peas, and tuna or chicken.

## Lunch Suggestions continued.....

Mix rice, corn, and papaya or cantaloupe chunks. Chicken may be added, too.

Cut an apple into chunks; add pork cubes, seedless grapes, and celery slices.

Cut up vegetables, such as celery, carrots, broccoli, cauliflower, and cucumbers, and pack with a container of dressing or dip.

Pack taco salad ingredients (without the cheese) in separate containers, and let your child put them together at school.


Pack miniature lamb, beef, or turkey meatballs in a thermos. Rice can be added if you wish.

Adapted from FAAN's booklet, [\*Off to School with Food Allergies: A Guide for Parents\*](#).

**In support of the Irvine Unified School District Severe Food Allergy Practices, these are some suggestions for preparing nutritional lunches that do not contain peanuts or other nut products:**

### SANDWICH FILLINGS

- Chicken or turkey - can be spiced, smoked or made into a chicken salad
- Lean beef or ham - minced/sliced
- Pork – sliced or chopped; add applesauce or relish
- Lean luncheon or deli meats
- Tuna or Salmon
- Cheese with apple, crumbled bacon, or pickles
- Cream cheese with chopped olives
- BLT – bacon/lettuce/tomato
- Sliced meatloaf
- Cucumber or any vegetable



### COLD FOODS TO PACK IN A WIDE-MOUTH THERMOS

- Potato or pasta salad with cubes of meat and/or cheese
- Chef Salad
- Garden Salad
- Fruit with cottage cheese



### WARM FOODS TO PACK IN A WIDE-MOUTH THERMOS

- Pastas such as spaghetti, macaroni, or many other varieties
- Rice dishes
- Soups
- Stews
- Casseroles
- Leftovers




### "ANY TIME" FAVORITES

- Pizza
- Nut-free muffins with yogurt or cheese
- Cold Cereal (pack the milk separately in a cold thermos)




### KEEPING FOODS FRESH & COLD

- Pack sandwich components such as tomato and lettuce separately. Your child can put the sandwich together before eating.
- Freeze 100% fruit juices, water and individual lunch portions ahead of time. Most will thaw by lunchtime.
- Refrigerate all snacks and lunch overnight, including cookies and muffins. They will help keep other food cool all morning, but suitable temperature for eating by lunchtime.
- Use a small lunch-size freezer pack.



### IDEAS IN PLACE OF PLAIN BREAD

- Whole wheat
- Oatmeal bread
- Rye bread
- Pumpernickel bread
- Pita Pockets
- Soft Tortilla Shells
- Tea Biscuits
- Rice Cakes
- Croissants
- Bagels
- Crackers
- English Muffin or Crusty Roll
- Hotdog or Hamburger buns



### OTHER SUGGESTIONS FOR SNACKS OR HEALTHY WAYS TO FILL UP A LUNCHBOX

- Raw vegetables such as carrots, celery sticks and broccoli, served with dip
- Rice cakes, bread sticks, melba toast, soda crackers and reduced fat snack crackers
- Cubes of lean meat or cheese
- Multi-grain bars
- Nut-free, non-sugar dry cereal such as Corn Bran or Mini Wheats
- Raisins
- Jello
- Popcorn
- Yogurt
- Applesauce
- Fresh fruits such as apples, oranges, bananas, peaches, plums, grapes, and melons







Help Keep Our Allergic  
Kids Safe

*PLEASE*

- NO Peanuts
- NO Nut Products
- NO Eggs
- NO Milk
- NO Fish
- Other \_\_\_\_\_

*Irvine Unified School District  
Health Services  
(949) 936-7520  
(949) 936-7539 fax*

# NO NUT TABLE

## No Nut or Nut Products



“No Nut” signs are available through Maintenance and Operations, x5321.

## GLOSSARY

**Acute-** Symptoms that occur suddenly and have a short and fairly severe course

**Adrenaline-** Synonym for epinephrine

**Allergen-** A substance that can cause an allergic reaction.

**Allergic Reaction-** An immune system response to a substance that itself is not harmful but that the body interprets as harmful. When an allergen is eaten, the food allergic student produces histamine. Once the histamine is released in the body it causes chemical reactions which trigger inflammatory reactions in the skin (itching, hives, rash), the respiratory system (cough, difficulty breathing, wheezing) the gastrointestinal tract (vomiting, diarrhea, stomach pain), and the cardiovascular system (lowered blood pressure, irregular heartbeat, shock) Each person with a food allergy reacts to the allergy differently. Each reaction by a food allergic student may differ in symptoms.

**Allergy Warning Label-** A bright colored label placed on the substitute teacher's folder in the classroom alerting the substitute to look for information in the folder regarding the food allergic student.

**Anaphylactic Reaction-** Syn. for Anaphylaxis

**Anaphylaxis-** It is a potentially life-threatening allergic reaction. The most dangerous symptoms include breathing difficulties, and a drop in blood pressure or shock, which can be fatal. Asthmatic students are at an increased risk for anaphylaxis. Anaphylaxis often involves various areas of the body at once such as the skin (itching, hives, rash), the respiratory system (cough, difficulty breathing, wheezing) the gastrointestinal tract (vomiting, diarrhea, stomach pain), and the cardiovascular system (lowered blood pressure, irregular heartbeat, shock). The drug to immediately use to abate anaphylaxis is Epinephrine (contained in an EpiPen, EpiPen Jr. or Twinject).

**Antihistamine-** A drug that blocks a histamine response during an allergic reaction. Benadryl is an example of an antihistamine.

**Asthma-** A chronic inflammatory disorder of the airways. The primary manifestations of asthma are bronchospasm leading to bronchoconstriction, increased bronchial mucus, and inflammation of bronchial tissue leading to edema. These cause recurrent episodes of "wheezing, breathlessness, chest tightness, and cough...that is associated with widespread but variable airflow obstruction that is often reversible either spontaneously or with treatment". (National Asthma Education & Prevention Program Expert Panel Report, 2002).

**Chronic-** Symptoms that occur frequently or last a long time.

**Consumer Hotline (for food staff)-** Major food distributors toll-free numbers usually found on packaging. Can be used to check for information on ingredients in a food or the foods' processing procedures. (e.g., cross-contamination)

**Cross Contamination-** Occurs when the proteins from various foods mix rendering a "safe" food "unsafe". Often this is done in the cooking process –using contaminated utensils, pans, frying oils, grills, etc.

**Disposable Wipes–** Fragrance free, non-disinfectant disposable wipes only. Recent CDC research has shown that these wipes are successful in removing nut protein from hands.

**Emergency Action Plan-** This is a written document that evolves from the IHP and provides the educational staff with all necessary information should an emergency occur regarding the student who has a serious health condition. This information should include the physical signs of a health emergency, actions to be taken and emergency contact information.

**EpiPen-** By prescription only. It is a device that, once activated, will automatically inject one measured dose of epinephrine when jabbed into the thigh. It looks like a black magic marker. The EpiPen is contained in an orange cylindrical container as the medicine is light sensitive. Always call for emergency personnel when epinephrine is given.

**EpiPen Jr.-** It operates the same as the EpiPen. It has the same medicine as in the EpiPen but at a lower dose for lighter weight children. Like the EpiPen, it delivers one dose only. The newer EpiPen Jr. has green packaging which distinguishes it from the yellow EpiPen. Always call for emergency personnel when epinephrine is given.

**Epinephrine-** The medicine contained in the EpiPen, EpiPen Jr., and Twinject. The drug of choice for anaphylaxis. It is the first medicine that should be used in the emergency management of a child having a potentially life-threatening allergic reaction. It is synonymous with adrenaline. There are no contraindications to the use of epinephrine for a life-threatening allergic reaction. Always call for emergency personnel when epinephrine is given.

**FAAN-** Acronym for the Food Allergy and Anaphylaxis Network that has educational material on food allergies. Each school nurse has FAAN's School Food Allergy Program. It is recommended that each school nurse has FAAN's School Food Allergy Program.



**504 Plan**– Section 504 of the Rehabilitation Act of 1973 contains provisions related to the evaluation and provision of an appropriate education to qualified individuals with a disability. This law states that a recipient of Federal financial assistance cannot discriminate against students with disabilities and must provide an equal opportunity for their participation in the educational environment.

**Food Allergy**- An immune system response to a certain food. Upon ingestion, the body creates antibodies to that food. When the antibodies react with the food, histamine and other chemicals are released from cells. The release of those chemicals may cause hives, difficulty breathing, or other symptoms of an allergic reaction. See Allergic Reaction, above.

**Histamine**- A chemical released by the body during an allergic reaction. It causes the symptoms listed above in Allergic Reaction.

**Hives**- Itchy, red, mosquito-like bumps that may appear anywhere on the skin. Often a symptom of an allergic reaction.

**Individual Health Care Plan**- This written plan is developed by the school nurse, using the nursing process to address the needs of students with chronic health conditions. With the input of the family, student and, if possible, the primary care or other health provider, the nurse develops a plan that identifies the student's health needs, describes how the nursing care will be provided and identifies the outcomes expected from that intervention.

**Latex**- A synthetic rubber. It is an allergen for some people. It is commonly found in rubber gloves and balloons.

**Life-threatening Food Allergy**- Students with allergies have over-reactive immune systems. The immune system produces chemicals and histamine which cause the severe symptoms in the body (e.g., swelling, breathing difficulty or shock). See Allergic Reaction, above. Epinephrine found in the EpiPen or Twinject is the recommended treatment.

**Medic Alert Bracelet/Necklace**- A necklace or bracelet worn by an allergic student that states the allergens and gives a telephone number for additional information.

**Periodic Anaphylaxis Drill**-Practice in procedures that would be carried out if there were an anaphylactic emergency. The drill may include but is not limited to: who helps the student, who retrieves the EpiPen or Twinject or administers it, who calls 9-1-1, and who directs the paramedics to the child.

**Definition of School Nurse— California Education Code 49426** - “A school nurse is a registered nurse currently licensed under Chapter 6 (commencing with Section 2700) of division 2 of the Business and Professions code, and who has completed the additional requirements for and possesses current credential in, school nursing pursuant to Section 44877.

**School Nurses strengthen and facilitate the educational process by improving and protecting the health status of children and by identification and assistance in the removal or modification of health-related barriers to learning in individual children. The major focus of school health services is the prevention of illness and disability, and the early detection and correction of health problems. The school nurse is especially prepared and uniquely qualified in preventive health, health assessment, and referral procedures.**

**Twinject-** auto-injector that delivers epinephrine rapidly and easily. If symptoms reappear before emergency help arrives, Twinject provides a built-in second dose of medication. Epinephrine, the active ingredient in Twinject, is the recommended treatment for severe anaphylaxis. It is administered by way of injection through the skin into the thigh, and begins working immediately. Epinephrine helps you breathe by relaxing constricted airways in the lungs. It also reverses dropping blood pressure by constricting small blood vessels.

**Twinject Jr.-** It operates the same as the Twinject. It has the same medicine as in the Twinject but at a lower dose for lighter weight children. Twinject provides a built-in second dose of medication. The newer Twinject Jr. has green packaging which distinguishes it from the blue Twinject. Always call for emergency personnel when epinephrine is administered.