

GRADES 7-12 LIFE-THREATENING ALLERGY PROCEDURES

(For PreK–6 procedures refer to JLCEA-R-1)

The Acton-Boxborough Regional Schools recognize the increasing prevalence and life-threatening nature of allergies for many students. The goals of these procedures are to reduce the risk of exposure to allergens that pose a threat to students, to educate members of the school community on the management of students' life-threatening allergies, and to plan for the needs of these students. This procedure aims to provide age-appropriate procedures and to assist children in assuming more individual responsibility for their health and safety as they grow older. The schools will work with students with life-threatening allergies and their parents to address the students' emotional and social needs in addition to their health needs.

Allergic reactions vary and can range from mild local reactions to severe, potentially life-threatening anaphylaxis. Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body; the most dangerous and potentially fatal symptoms are breathing difficulties and a drop in blood pressure or shock. Anaphylaxis may occur in allergic individuals after exposure to a specific allergen even when prior exposure has not resulted in symptoms. Reactions can occur immediately or several hours following allergen exposure. Anaphylaxis in a food allergic student may occur with ingestion of the allergen. It is also possible that the student may touch an allergen, not wash hands afterward, and then touch his or her mouth or eyes. Some students, who are very sensitive, may react to inhaling the allergen. The most common causes of anaphylaxis in children include allergies to:

- **Foods (most commonly: peanuts, tree nuts, milk, dairy products, eggs, soy, wheat, fish and shellfish)**
- **Insect stings (yellow jackets, bees, wasps, hornets)**
- **Medications**

For the student with life-threatening allergies, the school nurse, in collaboration with parents/guardians, school physician, and principal, as needed, will develop an individualized Emergency Health Care Plan addressing the student's needs and reasonable accommodations. To promote an inclusionary experience for all students and to reduce exposure to allergens, controlled food choices, no food, or food restrictions will be considered.

Responsibilities

The implementation of the District procedure and of the individualized plan for each allergic student requires a team approach and cooperation among administrators, teachers and other staff members, school nurses, school physicians, parents/guardians, and the student.

Responsibility of Parents/Guardians

The parents/guardians of students with life-threatening allergies will:

1. provide physician's documentation of specific allergies to the school nurse each September (or school entry if mid-year start) or when diagnosed.
2. provide an epinephrine auto-injector and physician orders for its administration to the

- school nurse each September (or school entry if mid-year start) or when diagnosed.
3. inform the bus or van driver, and any substitute driver when possible, about their child's life-threatening allergy, as needed.
 4. educate your child in the self-management of their food allergy as is developmentally appropriate. (See *School Guidelines/Expectations For Managing Students with Food Allergies Checklist*, JLCEA-E)

Responsibility of Student

The student with a life-threatening allergy will:

1. take as much responsibility as possible for avoiding allergens.
2. not trade or share foods.
3. wash hands before and after eating.
4. learn to recognize symptoms of an allergic reaction.
5. promptly inform an adult upon exposure.
6. discuss his or her life-threatening allergy with adults in extracurricular activities.
7. bring medication on school-sponsored field trips and to all extracurricular activities.

Responsibility of the School Nurse

The school nurse will:

1. collaborate with the school's physician, and /or the student's own physician as warranted, and develop an Emergency Health Care Plan at the beginning of the school year, or as needed when a student's allergy is identified. The plan will be reviewed annually.
2. maintain all student Emergency Health Care Plans in an available location in the nurse's office.
3. provide mandatory online training annually for all staff persons who could find themselves alone in the care of students focused on prevention efforts, common allergens, recognition of signs and symptoms of anaphylaxis, and emergency procedures to follow in case of a severe allergic reaction.
4. maintain a list of all staff members trained to use an epinephrine auto-injector.
5. keep a record of all epinephrine auto-injectors, with their expiration dates, along with the physician orders and care plans, and notify staff about the location of epinephrine auto-injector as needed.
6. instruct staff that any student receiving an epinephrine auto-injector should be transported to the hospital via emergency services.
7. instruct staff to follow the Emergency Health Care Plan and/or call 911 when the school nurse is not present.

Responsibility of Administrators

The School Administrator will:

1. provide a mandatory online training annually for all staff persons who could find themselves alone in the care of students that focuses on prevention efforts, common allergens, recognition

of signs and symptoms of anaphylaxis, and emergency procedures to follow in case of a severe allergic reaction.

2. provide walkie-talkies or other means of communication to staff supervising students with food allergies outside the classroom setting if no other means of communication is readily available or the location is not in the proximity to the administrative/nurses offices.

Responsibility of the Food Service Director

The Food Service Director will:

1. Be knowledgeable of procedures to operate the kitchen, prepare food, and serve.
2. Establish communications and training for all school food service staff and related personnel regarding safe food preparation and student food allergies.
3. Maintain information concerning food ingredients or food labels.
4. Maintain contact information with vendors and purveyors to access food content information and require clear and complete labeling of all food products.
5. Annually review the laws protecting students with food allergies as they relate to food services.

Building-Based Procedures

Classroom Procedures (grades 7-8 only):

Prior to or within three weeks of the start of school:

1. The parent/guardian provides the school nurse with physician documentation of an allergy to begin the process of planning for the needs of the student with life-threatening allergies.
2. At the start of the school year, the nurse will provide the classroom teacher information regarding students with life-threatening allergies and the signs and symptoms of an allergic reaction. This documentation will be provided at this time. This information will be kept in substitute teacher folders.

During the school year:

1. The nurse will inform other staff members about students with life-threatening allergies as needed.
2. The classroom teacher of a student with a life-threatening allergy will be provided a means to communicate with the school nurse or administration office in the event of an emergency.

Field Trip Procedures (grades 7-8 only):

1. The nurse must be notified of all field trips prior to the scheduled date.
2. The student's epinephrine auto-injector and Emergency Care Plan will be sent on the field trip. The nurse will review with the teacher the signs and symptoms of an allergic reaction and administration of an epinephrine auto-injector prior to the trip as needed. Planning for the field trip will include designation of persons carrying an epinephrine auto-injector.

3. The teacher will carry a cell phone or other means of communication and will be instructed to follow the Emergency Care Plan and to call 911/*77 in the event of a suspected allergic reaction.

Cafeteria Procedures:

1. The school kitchen will prepare products in a manner that will reduce the risk of cross-contamination of foods. This preparation area and all utensils will be washed, rinsed and sanitized after the completion of the task.
2. All school kitchen staff will use only latex-free gloves.

Transportation Procedures:

1. Each school bus or van will have a working means of two-way communication and a plan to check the communication system periodically.
2. Eating will not be allowed on routine school bus or van routes. Exceptions will be provided for students with diabetes who may need a snack to treat a hypoglycemic episode or other specific circumstances.
3. School bus drivers shall be provided an overview annually in prevention efforts, information about common allergens, recognition of signs and symptoms of anaphylaxis and emergency procedures to follow in case of a severe allergic reaction.

Emergency Response Procedures:

1. For grades 7-8, provide annual training to staff who work directly with students with life-threatening food allergies when the school nurse is not present, e.g. during field trips, will be provided (see School Nurse Responsibilities, #3).
2. An overview will be provided annually to staff that will focus on prevention efforts and emergency procedures (see School Nurse Responsibilities, #4).
3. When allergic symptoms are suspected in a student, the teacher or staff member supervising the student shall contact the school nurse as soon as possible. When allergic symptoms are suspected in a student during a field trip without a nurse present, staff will call 911. The school nurse and parents/guardians will be informed whenever allergic symptoms are suspected in a student with diagnosed allergies.
4. Staff members supervising students with life-threatening allergies must have a means of communication to call for assistance.
5. Any student receiving emergency epinephrine will be transported to the hospital via emergency services.
6. The student's parent/guardian(s) will be notified as soon as possible in the event of an anaphylactic reaction and as appropriate in the event of other allergy symptoms.
7. The school nurse or another school staff member trained to administer epinephrine in accordance with 105 CMR 210 will be available in each building during the school day.
8. The school nurse will maintain an authorization signed by the school physician to administer an epinephrine auto-injector to individuals with unknown allergies. In the event that an individual with unknown allergies exhibits symptoms of anaphylaxis, staff

will contact the nurse and/or call 911 if a nurse is unavailable.