

## **Cambridge Public Schools**

### **Life Threatening Food Allergy Administrative Procedures and Guidelines**

In accordance with the Massachusetts Department of Elementary and Secondary Education's Guidelines on Managing Life Threatening Food Allergies in Schools, the Cambridge School Committee has adopted a Food Allergy Policy and these administrative procedures and guidelines are promulgated pursuant to that policy to ensure the safety and well-being of any individual with life threatening food allergies. The purpose of these Administrative Procedures and Guidelines are to:

- (a) Provide a safe and healthy learning environment for all students;
- (b) Protect the rights of food allergic students to participate in all school activities;
- (c) Reduce the likelihood of severe or potentially life-threatening allergic reactions during school; and
- (d) Ensure a rapid and effective response in the case of a severe or potentially life-threatening allergic reaction.

#### **I. Overview**

Food allergies in children continue to rise.<sup>1</sup> In Cambridge, life threatening food allergies to egg, peanuts, tree nuts, soy and milk are increasing, as well as allergies to wheat and shellfish. During the 2006-2007 school year, twenty four percent of children in Massachusetts who required a life saving injection of epinephrine were for undiagnosed food allergies.<sup>2</sup>

These Administrative Procedures and Guidelines have been developed based on review of the pediatric scientific literature. The principles that govern these Administrative Procedures and Guidelines are allergy awareness, prevention, safety, inclusion, and appropriate intervention. The framework for implementation is education, planning, training and emergency response.

Current recommendations from the Food Allergy & Anaphylaxis Network and other experts do not include using school or district wide bans of any specific allergens (peanut or other), because these provide a false sense of security and are polarizing and discriminating.<sup>3,4,5</sup> Therefore, the Cambridge Public Schools does not support a district-wide or school-wide food ban. Given the rise in allergy to other foods, developmentally appropriate allergen avoidance strategies will be developed and documented in the student's individualized health care plan (IHCP).

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<sup>1</sup> Branum AM & Lukacs SL. Food Allergy Among U.S. Children: Trends in prevalence and hospitalizations, NCHS Data Brief, Number 10, October 2008

<sup>2</sup> Data Health Brief: Epinephrine Administration in Schools. Massachusetts Department of Public Health .Bureau of Community Health. Access Promotion. School Health Unit. August 1, 2006-July 31, 2007.

<sup>3</sup> Munoz-Furlong A, Sicherer SH, Feldweg AM. Food allergy in schools and camps. Last literature review version 16.3: October 2008 | This topic last updated: December 17, 2007

[http://www.uptodateonline.com/online/content/topic.do?topicKey=ped\\_allg/2131&selectedTitle=1~150&source=search\\_result](http://www.uptodateonline.com/online/content/topic.do?topicKey=ped_allg/2131&selectedTitle=1~150&source=search_result)

<sup>4</sup> Leo HL and Clark NM. Managing children with food allergies in childcare and school. Curr Allergy Asthma Rep. 2007 Jun;7(3):187-91

<sup>5</sup> School guidelines for managing students with food allergies. American Food Service Association. National Association of Elementary School Principals, National Association of School Nurses. National School Boards Association. The Food Allergy & Anaphylaxis Network. <http://www.foodallergy.org/guidelines.htm>

The Cambridge Public Schools (CPS) recognizes that an effective food allergy program depends on a cooperative effort among school staff, parents/guardians and the school nurse. In order to facilitate the cooperative effort and nature of a food allergy program the Cambridge Public Health Department (CPHD) School Health Services in collaboration with Cambridge Public Schools will provide district oversight. Accountability and support at the district level includes, but is not limited to: CPS Superintendent/designee; Chief Operating Officer; Director of Food Service; Director of Office of Special Education; Director of Transportation; Director of Custodial Services; and Public Information Officer. Clinical accountability and protocol development rests with CPHD School Health Medical Director, Nurse Manager, Nutritionists and Registered Nurses. Principals and department heads are responsible for ensuring that their individual staff members attend appropriate training on management of food allergies.

Based on the individual student needs, the school nurse, with administrative support and authority from the school principal, shall be responsible for school based implementation and management of food allergies.

## **II. Education and Training**

Staff to be trained include, but are not limited to, teachers, paraprofessionals, food service staff, cafeteria and playground monitors; bus drivers and monitors; principals, assistant principals, support staff and student interns/teachers. Education and training will include:

- (a) review of food allergy program Administrative Procedures and Guidelines
- (b) identifying potential food allergens and assisting children to avoid them
- (c) role and responsibilities in prevention and reducing risks
- (d) recognizing allergic reactions
- (e) responding to an allergic reaction
- (f) how to administer an epinephrine auto-injector (EpiPen®)

## **III. Role and Responsibilities**

### **CPS Principals**

Principals will:

- a) support training for school staff
- b) direct questions or concerns from current or prospective parents of food allergic students to the school nurse
- c) ensure Administrative Procedures and Guidelines adherence for all CPS school based personnel

### **CPHD Nursing Staff**

The school health nursing staff will:

- (a) provide annual training for school staff, food service and transportation staff that will include information on food allergies, how to recognize an allergic reaction and how to respond in the event of an allergic reaction, including the use of an EpiPen®
- (b) maintain an individual health care plan for each child with a documented food allergy, such plan to include an allergy action plan for addressing the prevention and management

- of anaphylaxis that contains the student's name, photo with the written permission of the parent/guardian, allergens, allergic reaction if known, risk reduction procedures, emergency procedures and required signatures
- (c) maintain emergency medication as ordered by the physician of each child with a food allergy
  - (d) ensure EpiPens® are available and safely accessible
  - (e) be authorized to administer epinephrine in order to manage anaphylaxis in individuals within unknown allergies
  - (f) with permission from the family, contact the primary care provider or allergist when indicated to clarify specific orders and/or directions to be included in the child's allergy action plan

### **CPSD Nutrition Staff**

The school nutrition staff will:

- (a) assist with individual health care plans as appropriate in regards to food in the school environment
- (b) coordinate the needs of individual health care plans with the director of food service and school kitchen staff as appropriate
- (c) provide training for school food service staff regarding the specific food needs of allergic children according to the individual health care plan
- (d) work with food service to provide information to parents of food allergic children on school food service menus and ingredients as appropriate

### **CPS Teaching Staff/Classroom Staff**

The classroom staff will:

- (a) be trained annually to recognize symptoms of allergic reaction and to understand their role as a responder in the event of an allergic reaction; including the use of an EpiPen®
- (b) work with the school nurse, and parent/guardian to develop and implement a plan for ensuring that their child is safe from potential allergens, including field trips, classroom festivities, arts & crafts activities and cafeteria management
- (c) in collaboration with the school nurse, create developmentally appropriate allergy avoidance strategies (plans) – for pre K, primary, middle and high school age groups
- (d) work with classroom parents, as appropriate, to set guidelines for classroom concerns that relate to food allergy
- (e) remind students never to share or trade food
- (f) ensure student handwashing with soap and water before and after eating to avoid cross contamination. Hand sanitizers have not been shown to be an effective means of removing allergens.(Munoz-Furlong 2008).
- (g) keep information for substitute teachers in an organized, prominent and accessible format
- (h) notify the school nurse ahead of time of an upcoming field trip so that medication can be prepared for the field trip. It is the teacher's duty to ensure that all emergency medications are brought on the trip as well as emergency information, and is kept with the student's teacher at all times.

### **CPS Food Services**

The food service staff will:

- (a) be trained annually to recognize symptoms of allergic reaction and to understand their role as a responder in the event of an allergic reaction; including the use of an EpiPen®
- (b) receive training and use correct protocols to serve food to food allergic children according to their individual health care plan as appropriate
- (c) ensure appropriate non-allergenic food substitutes are available according to individual health care plans, in consultation with CPHD nutritionists
- (d) make every effort to avoid cross-contamination during handling, preparation, and serving of food

### **CPS Lunch Monitor/Cafeteria Aides**

Lunchroom monitors and cafeteria aides will:

- (a) be trained annually to recognize symptoms of allergic reaction and to understand their role as a responder in the event of an allergic reaction; including the use of an EpiPen®
- (b) maintain separate table-washing supplies (sponges, washcloths) for PAL table
- (c) be responsible for lunch table supervision as directed by their principal and food service supervisor

### **CPS Transportation Services**

Bus drivers and monitors will:

- (a) be trained annually to recognize symptoms of allergic reaction and to understand their role to respond in the event of an allergic reaction; including the use of an EpiPen® ;
- (b) enforce no eating Administrative Procedures and Guidelines on the bus, unless medically indicated, i.e. for diabetes
- (c) have radio/phone access for communicating emergencies
- (d) know and follow protocol for emergency response on the school bus

### **CPS Custodial Services**

Health care responsibilities that involve the custodial staff will be communicated directly to the head custodian.

### **Parents/Guardians**

Parents/guardians must:

- (a) inform the school nurse, if their child has a food allergy
- (b) provide physician documentation regarding allergy diagnosis & treatment
- (c) work with the school nurse, school principal and classroom teacher to develop and implement an IHCP for ensuring that their child is safe from potential allergens
- (d) provide physician ordered emergency medications if indicated for their child's safety
- (e) provide medic alert-type jewelry (typically bracelet), or other emergency identification
- (f) alert their child's school bus driver/monitor

### **Student Self-Management**

A student at risk for anaphylaxis shall be allowed to carry an epinephrine auto-injector with him/her at all times, if age-appropriate. If this is not appropriate, the epinephrine auto-injector shall be kept in a safe, but unlocked location in the classroom, cafeteria, physical education facility, health room and/or other areas.

### **EMS Collaboration**

CPS in cooperation with the CPHD will collaborate with emergency response systems to confirm their availability and use of EpiPen and will review EpiPen administration and transport incidents as needed.

### **IV. CPS Communication**

- (a) Parents/guardians will be informed by CPS about their rights and responsibilities regarding food allergic students.
- (b) Parents/guardians will be given clear and consistent guidance on the CPS Life Threatening Food Allergy Administrative Procedures and Guidelines at all CPS interfaces such as Family Resource Center, School Open House, etc

### **V. Allergy Bullying**

All threats or harassment of students with food allergies will be taken very seriously and will be dealt with in accordance with appropriate Cambridge Public Schools student discipline policies, including without limitation, the Cambridge Public Schools Non-Discrimination Policy and Prohibition Against Sexual Harassment and the Cambridge Public Schools Anti-Bullying Policy.

### **VI. Medication Delegation and Restrictions**

#### **Medication Delegation**

Massachusetts Department of Public Health Regulations governing the Administration of Prescription Medications in Public and Private Schools 105 C.M.R. 210.100(A)(4) and (A)(4)(c)(iv) authorize school personnel who are trained and tested for competency to administer epinephrine by auto-injector to individuals with previously diagnosed life-threatening allergies who are experiencing an anaphylactic event. School districts must be registered with the Massachusetts Department of Public Health for this purpose.

#### **Two Dose Auto-injectors**

For those devices that incorporate two epinephrine doses in one device, the auto-injector mechanism (first dose) is the only administration technique which unlicensed personnel (delegated as described above) may be trained to use. School nurses are the only school personnel authorized to administer a subsequent (second) epinephrine dose.

#### **Diphenhydramine (Benadryl®)**

Unlicensed staff, (as described above) according to 105 C.M.R. 210.105 may not administer Benadryl® as a first line intervention, due to the rapid and unpredictable sequence of events during an anaphylactic reaction.

### **VII. Administrative Procedures and Guidelines Review**

Pursuant to the requirements of 105 C.M.R. 210.003, the review and revision of this Administrative Procedures and Guidelines and any related procedures should occur as needed but at least every two years.

## **VIII. Emergency Response Protocol**

Anaphylaxis is a rare, extremely serious form of allergic reaction that may occur in adults or children. The reaction ranges from mild, self-limited symptoms to rapid death. Immediate action may be required to prevent fatality. This response may happen in adults and children not previously known to be allergic or hypersensitive.

- i. Extreme sensitivity to one or more of the following may cause an anaphylactic response:
  - (a) insect sting – usually bee or wasp
  - (b) medication or immunizations – usually by injection
  - (c) food, such as peanuts or shellfish
  - (d) industrial or office chemicals or their vapors
  - (e) latex rubber
- ii. Immediately bring an individual, staff or student, to the health office when the individual exhibits the initial symptoms of an allergic reaction, including any of the following:
  - (a) bright red face or blotchy face
  - (b) red patches of face or body (hives)
  - (c) watery itchy eyes
  - (d) swollen eyelids
  - (e) swollen lips
- iii. Emergency intervention is necessary if a staff or student develops one or more of the following symptoms:
  - (a) sudden onset of symptoms beginning within 15 minutes after exposure to an allergen
  - (b) feeling of apprehension, sweating, weakness
  - (c) feeling of fullness in throat
  - (d) respiratory difficulty and/or change in quality of voice (This may signal closure of an airway).
  - (e) tingling sensation around the mouth or face
  - (f) nasal congestion, itching, wheezing
  - (g) low blood pressure with weak, rapid pulse
  - (h) loss of consciousness, shock, coma

If the school nurse is present, she/he will administer the EpiPen®. If the school nurse is not present, a delegated staff member, trained to administer the EpiPen® will inject the individual with the appropriately dosed EpiPen® obtained from the designated storage location in the school.

Adult: EpiPen;

Children under 60 pounds: EpiPen, Jr.

Only those staff trained in accordance with the Cambridge Public Schools Administrative Procedures and Guidelines in the administration of prescription medication may administer an EpiPen® in the event of a known prior diagnosis of life threatening allergic reaction. A current prescription for the administering of EpiPen® must be on record.

iv. School personnel should immediately notify the school nurse or health aide and the main office. If no other adult is present to provide such notification, the school staff member responding to the emergency situation should have a student immediately notify the main office. The main office should immediately call 911 for emergency care and transport to the nearest medical facility.

v. Contacting 911, the following information must be provided:

- (a) identify self
- (b) identify school, and
- (c) advise that an allergic reaction is suspected and an EpiPen® has been given

vi. The main office should:

- (a) immediately notify the student's parents/guardians, and the school principal
- (b) ensure that emergency medical response personnel who are responding to the call are met at the school entrance and are directed to the student

vii. While waiting for emergency response team:

- (a) cover the affected individual with blankets, if necessary, to keep warm
- (b) monitor time between initial administration of the EpiPen® and if 15-20 minutes has elapsed and if affected individual is still at school repeat EpiPen dose
- (c) maintain affected individual under constant observation until school nurse or emergency response team arrives

School nurse will file a report of an EpiPen® administration and forward it to the school health manager.

## **Cambridge Public Schools Administrative Guidelines for Food Allergy Program**

### **A. Guidelines for School Staff**

- (i) Parents/guardians of food allergic students should be involved in developing a class plan for dealing with food allergies.
- (ii) Encourage parents/guardians to help organize class parties and other special events.
- (iii) Encourage parents/guardians to send in a box of "safe snacks" so there is always something the student can choose from during an unplanned special event.
- (iv) Ask parents/guardians to provide a list of foods and ingredients to avoid.
- (v) Avoid food rewards in the classroom.
- (vi) If parents/guardians agree, send a letter home to other parents/guardians to enlist their help in keeping certain foods out of the school/classroom setting.
- (vii) Use allergy aware tables as determined by each student's individual health care plan.
- (viii) Avoid cross contamination. Be sure students wash their hands before and after eating with soap and water.
- (ix) Inform other classroom staff or volunteers that there is a student in the classroom with a food allergy. Designate one person (teacher) in the class to be responsible for food distribution in the classroom.
- (x) Remind the food-allergic student not to accept food from anyone unless it is the designated person.
- (xi) Review lesson plans that involve food. Make sure that supplies are non-allergenic.
- (xii) Keep information about each food-allergic student, including the student's name (with parental/guardian permission), in your class roster so that substitute teachers will be aware.
- (xiii) With the student's and parents/guardians' permission and help, conduct a lesson about food allergies. The school nurse also will be available to help.
- (xiv) Observe and be aware of how other students are reacting to the allergic student to prevent teasing and harassment.
- (xv) Review plans for field trips and plan how to handle eating situations.
- (xvi) Work with the school nurse to plan for taking and using emergency medication on a field trip if ordered.
- (xvii) Ensure that you have access to a phone in the case of emergency on a field trip.
- (xviii) Know and follow the protocol for emergency response in the school.
- (xix) Encourage students to take responsibility for each other
- (xx) Provide a designated PAL (Protect a life) table in each cafeteria, as needed.



## Literature Reviewed

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