



MANAGEMENT OF **LIFE THREATENING ALLERGIES**



Fairfax County Public Schools
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BACKGROUND

Development of these guidelines was a result of a collaborative effort of parents, community members, Fairfax County Public Schools, and the Fairfax County Health Department who were part of an Allergy Review Team that was formed to review and update existing information about the management of life threatening allergies in Fairfax County Public Schools.

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These guidelines are based on the resources provided by the Massachusetts Department of Education and the Food Allergy Network.

INTRODUCTION

GOAL OF THE GUIDELINES

In order to establish a safe and healthy learning environment for children with allergies, schools and parents must form a partnership. School staff and parents need to work together to develop a comprehensive approach that will assist the student in transitioning from the home to the school environment. When done well, this is one of the greatest lessons a child can learn; they are safe in a world outside of their own home.

These guidelines were developed to assist schools with caring for students with life threatening allergic conditions and to provide parents guidance about how allergies are addressed in the Fairfax County Public Schools. The guidelines will:

- Provide information about allergies and anaphylaxis
- Provide a framework for students, parents, and schools to help establish a healthy learning environment
- Provide information about best practices that can be put in place in every school to help prevent an allergic reaction from occurring
- Help to systematize across the school system how to handle students with allergies
- Support the need for a multi-disciplinary team approach to handling students with allergies
- Address the partnership that is needed between families and schools to reduce the exposure to specific allergens in the school setting
- Provide emergency management protocols to follow should a life threatening allergic event occur, and
- Delineate the roles of specific staff members in the care of the student with a life threatening allergic condition

ALLERGIES and ANAPHYLAXIS

What is an Allergy?

A person's immune system protects the body when a person is exposed to an allergen. An allergen is a substance that causes an allergic reaction, such as a particular food, an insect or something in the environment. The body protects itself from the allergen by developing antibodies to the allergen. These antibodies stimulate the production of histamine. It is the histamines that are released by the body that may cause allergic symptoms that can range from mild to severe.

Food Allergies

While there are many food allergies that student's can have, according to the Centers for Disease Control (CDC) the number of young people who had a food or digestive allergy has increased 18 percent between 1997 and 2007. "A recent study evaluating 38,400 children from 2009-2010 found that 8% of children are affected by food allergies" (Ruchi S. Gupta, 2011). It was also reported that eight types of food account for 90 percent of all food allergies: **milk, eggs, peanuts, tree nuts, fish, shellfish, soy, and wheat.** Reactions to these foods by an allergic person can range from a tingling sensation around the mouth and lips, to hives and even death, depending on the severity of the reaction. One type of severe reaction is called **Anaphylaxis.**

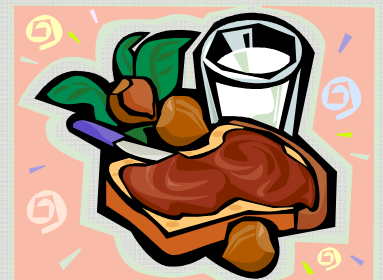
KEY POINTS

Allergies may be caused by:

- Environmental factors
- Food
- Insects (bee stings)

The Fairfax County Health Department's *School Health Services Annual Report* identified 12% of the FCPS student population as having an allergy (environmental, food, insect).

1 out of 13 kids are affected by food allergies (Ruchi S. Gupta, 2011).



ALLERGIES and ANAPHYLAXIS

What is 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.

These symptoms may include one or more of the following:

- Abdominal pain
- Breathing difficulty
- Chest tightness
- Diarrhea
- Dizziness
- Fainting
- Feeling faint
- Headache
- Weakness
- Hives
- Wheezing
- Itching, swelling involving skin, eyes, or nose
- Metallic taste
- Mouth, swelling, itching
- Nausea
- Pallor
- Respiration, rapid or slow
- Throat tightness
- Vomiting
- Heartbeat complaints, rapid or decreased
- Hoarseness

When Anaphylaxis Occurs

Anaphylaxis can occur immediately or up to a few hours following allergen exposure. The initial symptoms may be followed by a delayed wave of symptoms. This combination of an early phase of symptoms followed by a late phase of symptoms is defined as a biphasic reaction. While the initial symptoms respond to epinephrine, the delayed biphasic response may not respond to the initial epinephrine and may not be prevented by steroids. Therefore, 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, it is better to give the epinephrine autoinjector and seek medical attention. Fatalities occur when epinephrine is withheld.

The severity and explosive speed of anaphylaxis emphasizes the need for an effective emergency plan that includes recognition of the symptoms of anaphylaxis, rapid administration of epinephrine, and prompt transfer of the student by the emergency medical system to the closest hospital.

For those students at risk for anaphylaxis, the most important aspect of the management in the school setting should be 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. Avoidance is the key to preventing a reaction.

KEY POINTS

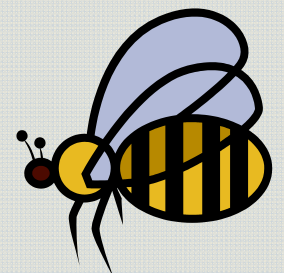
Symptoms

Symptoms of Anaphylaxis may include one or more of the following:

- Abdominal pain
- Breathing difficulty
- Chest tightness
- Diarrhea
- Fainting
- Feeling faint
- Headache
- Weakness
- Hives
- Wheezing
- Itching, swelling involving skin, eyes, or nose
- Metallic taste
- Mouth, swelling, itching
- Nausea
- Pallor
- Respiration, rapid or slow
- Throat tightness
- Vomiting
- Heartbeat complaints, rapid or decreased
- Hoarseness

Prevention

- Most anaphylactic reactions occur when a child is accidentally exposed to a substance to which he/she is allergic.
- Avoidance is the key to preventing a reaction.



PLANNING

What parents need to know

In order to establish a safe and healthy learning environment for children with allergies, schools and parents must form a partnership. The first step to forming this partnership is for parents to notify the school administration and contact the school Public Health Nurse about their child's life threatening allergy. Parents can do this by completing the Emergency Care Information Form and the Health Information Form prior to enrollment. Health and medical forms can be found at: <http://www.fcps.edu/forms.shtml>. Each student is unique and has unique needs, so these forms along with medical documentation from a physician can help to determine what a student's health needs are during the school day. Although not all students will need a health care plan to manage their allergies during the school day, in some cases, a health care plan may need to be developed to address how a student's life threatening allergy will be managed during the school day. For this reason, it is recommended that parents contact both the school administration and the school Public Health Nurse to discuss their child's health care needs. Health care plans must be updated annually or when a student's condition changes.

Developing a Student Health Care Plan

The role of the school Public Health Nurse (PHN) is to work with parents of students with life threatening allergies to develop an Individual Health Care Plan (IHCP), with action steps for response to an exposure at school. Prior to school entry or for a student diagnosed with a life-threatening allergy, the parent / guardian should contact the school administration to arrange to meet with the School Public Health Nurse assigned to the school to begin the process of developing the IHCP.

When a school staff member notifies the School PHN of the student's condition the School PHN should immediately contact the parent and request that the parent provide health information in order to begin the process of plan development.

KEY POINTS

Parent Responsibilities

- Notify the school that your child has a severe allergic reaction (anaphylaxis) to a known or unknown substance.
- Obtain the "Medication Authorization" and "Emergency Care" form and have them completed by your Physician.
- Bring the medication and completed form to the school.
- Keep the Emergency Care Information Form current and immediately notify the school of any changes.



PLANNING

The parent guardian should provide:

- Licensed provider's documentation of specific allergen(s), (e.g., milk, tree nuts, peanuts, bee stings, latex) that could cause a life threatening allergic reaction.
- Licensed provider's medication order for epinephrine autoinjector or any other medication, if prescribed. This order is signed by both the parent and provider. See Appendix B, FCPS SS/SE-64 Epinephrine Authorization form.
- Name and telephone number of student's primary care provider and/or allergist and signed consent to exchange information with the provider for consultation in developing the health care plan.
- A minimum of **two** up-to-date epinephrine autoinjectors if epinephrine is prescribed.
- History of student's past allergic reactions, including symptoms and terms student uses to describe his or her symptoms.
- A description of the student's emotional response to the conditions and need for support.
- Guidance in determining what information should be shared with classmates in regards to student's allergic condition, if the family deems appropriate.

KEY POINTS

Parent Responsibilities

- Licensed provider's documentation of specific allergens should be provided by parent.
- See Appendix B for a copy of FCPS SS/SE-64 Epinephrine Authorization form.



PLANNING

The School Public Health Nurse will:

- Initiate an Individual Health Care Plan (IHCP) based on the information provided by the parent and physician. The plan should include identifying information for the student, identification of the specific life threatening allergen(s), route of exposure, and emergency treatment plan. The plan should also include risk reduction measures and emergency response to be taken during the school day, on field trips, and travel to and from school.
- The Individual Health Care Plan is updated annually or sooner if the student's health care needs should change. It is the Parent's responsibility to provide the school with updates to changes in the student's health status or needs.
- Note the location of the epinephrine autoinjector or other prescribed medication and back up medications, as well as the medication expiration dates.
- In collaboration with the school principal and based on the student's age, class (es) and/or schedule identify who will be trained to respond to the student's life threatening allergic reaction. These may include school administration, classroom teacher(s) and instructional assistants, food service personnel, transportation and the School Health Aide.
- Based on the physician's recommendation, assess the appropriateness for the student to carry and self-administer the epinephrine autoinjector or other medications.
- The school will keep an updated list of staff who have been trained to respond to a life threatening allergy.
- Provide an overview of severe life threatening allergies, anaphylaxis and the role of the school staff in supporting the student with life threatening allergies. Alternatively, FCPS staff can view the on-line training module on allergies and anaphylaxis.
- Additionally, the PHN will instruct school staff on the use of an epinephrine autoinjector and provide staff with the opportunity to practice and demonstrate this skill using a training device.
- Share the student's Individual Health Care Plan including risk reduction strategies and emergency response plan with individual school staff that have routine contact with the student.
- Share the Individual Health Care Plan and communication plan with the parent or guardian.

KEY POINTS

How can the Public Health Nurse help?

Assist in the development of your child's Individual Health Care Plan.

Review medications to be used at school.

Arrange for appropriate training of school personnel to respond in an emergency

If you and your doctor have requested that your child carry emergency medications, notify teacher and other trained staff.

Communicate with you and/or your child's doctor when needed.



See Appendix B for a copy of a template for an Individual Health Care Plan for a student with severe life threatening allergies.

KEY POINTS

Best Practices

- It is important that all foods and beverages served in the schools to students during the school day make a positive contribution to every student's health.
- Celebrations during the school day that involve food should be limited (See Appendix E for a list of alternative ideas).
- Meals should not be served in the classroom during the school day.
- Food should not be used as rewards for classroom behavior.
- Students should be expected to wash their hands before and after eating.
- Students should be reminded not to trade food.

PREVENTION

Healthy Eating

The Fairfax County Public Schools [Wellness Policy](#) promotes student health. The Wellness Policy requires all foods and beverages available during the school day to reflect the current [Dietary Guidelines for Americans](#). These guidelines provide authoritative advice about how healthy food choices and eating habits can promote health and reduce risk for many chronic diseases. It is important that all foods and beverages served in the schools to students during the school day make a positive contribution to every student's health. Below are some healthy eating tips to help you promote student health. Students should be instructed to never share or trade foods.

Celebrations, Snacks, Rewards

Celebrations (i.e., birthdays, holidays) during the school day that involve food should be limited. When food is served during the school day there should be an emphasis on serving fruits and vegetables as the primary snack and water as the primary beverage. To determine if a snack meets current Dietary Guidelines use the [Energy Zone Healthy Snack Calculator](#). Teachers should consider non-food alternatives to the use of candy, sweets, fried snack foods, and other less healthy foods. Foods should not be used as rewards for classroom behavior (see FCPS [Regulation 2145](#)). For more information about Healthy Snack ideas and non food reward ideas, see http://www.fcps.edu/fs/food/food_facts/nutrifax/PowerfulSnacks.pdf.

During Lunchtime

Students should be encouraged to wash their hands before and after eating. In the cafeteria, principals may create allergen-free tables such as peanut or milk free tables. All dining room tables are cleaned and sanitized daily. Students should be reminded not to trade food. To assist parents, students, school administrators, and school nurses, with meal planning, a detailed [Ingredient Content](#) page for all items served in the schools is updated annually. For schools with designated allergen-free tables, adult oversight of the cleaning of the tables should occur.

Handwashing

Not only does hand washing help prevent the spread of disease, but also helps to minimize the risk of exposure to allergens that may be passed from one person to another. Hand washing before and after eating is expected.



PREVENTION

Talking points for team meetings

It is essential for parents and schools to work together to keep students with allergies safe. Prevention is the most important way to prevent a student from having an allergic reaction. The following talking points are meant to provide a framework for discussions with school teams and parents as they plan prevention strategies. These talking points, while comprehensive, are not intended to be inclusive of strategies that will meet the needs of all students with allergies. Each student is unique and school teams should work with parents to determine which components of the talking points should be addressed to meet an individual student's needs. Also, some of the talking points may be more appropriate at the elementary school level as opposed to the secondary level.

Forming the School Team- Team members may include but are not limited to: school Public Health Nurse, principal or designee, classroom teacher, parent(s), student (if age appropriate), etc.

Reviewing the Individual Health Care Plan (IHCP) - The school Public Health Nurse (PHN) should review the student's Individual Health Care Plan with the team members and ensure that appropriate staff are trained to carry out the plan.

Reduce Allergens in the School Setting- Discuss strategies that will be implemented to help avoid exposure to allergens and minimize the risk of the student having an allergic reaction. For example, measures can be implemented to reduce the risk of exposure to the allergen in the school or class by placing signs on the classroom door, if appropriate (see Appendix F).

Provide education about allergies to other students and to other parents- Lessons about allergies can be provided by the school counselor. In addition, a letter (see sample letter in Appendix D) can be sent home to families in order to raise awareness and to help reduce the presence of allergens in the classroom. Letters can also be used to notify families of any special precautions that might need to be taken in the classroom and can be used to help promote parental support of the school team in its work.

Address any Transportation Issues- Keep in mind that students might ride the bus to and from school so that any procedures put in place during the school day might need to be addressed with the school bus driver.

Prepare for Field Trips and Extracurricular Activities- A student's allergy should not prevent him or her from attending field trips and participating in extracurricular activities. Arrange for advance notice to be given about these events so that allergy concerns can be addressed.

Bullying Prevention- Discuss the importance of recognizing and reporting bullying related to a life threatening allergy.

KEY POINTS

School Responsibilities

Provide a safe environment for your child.

Discuss an emergency plan for your child, if needed.

Notify and train appropriate school personnel of your child's severe allergy.

Call the parent if the student receives emergency treatment or needs to go home.

Call your emergency contact if you are not available.

Notify the parent of special programs, such as field trips or class activities, in advance.



Review the Responsibility Checklists for staff. See Appendix A.

- Parent/Guardian
- Student
- Administrator
- Teacher
- Public Health Nurse
- School Health Aide
- Transportation
- Food Services Manager

EMERGENCY PROCEDURES

Reviewing the Individual Health Care Plan and Emergency Procedures

The Public Health Nurse should review your child's Individual Health Care Plan (IHCP) with the team members and remind everyone what to do in an emergency. A minimum of three individuals should be identified who will be trained to administer emergency medication and respond to a life threatening allergy. Items to be discussed should include:

All trained personnel should know the following:

- Where the student's prescribed epinephrine is located.
- Who has access to the medication.
- All trained personnel who will administer the medication in the event of an emergency. There should be a minimum of three trained personnel trained to administer emergency medication.

Determining where the medication is located:

- If the student will self carry their epinephrine autoinjector (in a waist pack or in a book bag), then it is important to identify the responsible adults who should always be available in case an emergency arises. The student should also review the Student Responsibility Checklist (in Appendix A) and determine who they should notify if there is a need to self-administer at school.
- If the epinephrine autoinjector is to be kept in the Health room or classroom under lock and key, discuss who has access to the epinephrine and how conveniently it can be accessed in an emergency or after normal school hours.
- If the epinephrine is to be kept in the classroom it must be stored in a secure location that trained staff can access but does not pose a risk to other students.
- Post a sign which indicates the location of the epinephrine autoinjector if it is stored in the classroom.
- Identify the location of the epinephrine autoinjector during bus transport of student to and from school. Involve transportation personnel in training on emergency procedures for the student with life threatening allergies.

Make sure that a copy of the student's IHCP and emergency procedures are available for substitute teachers and transportation personnel.

KEY POINTS

Review the Individual Health Care Plan with the Public Health Nurse.

Know where medication is stored.

Identify the three individuals who are trained to administer medication in an emergency.

Identify the location of the epinephrine autoinjector during bus transport of student to and from school.

Provide a copy of the Health Care Plan for substitutes.



EMERGENCY PROCEDURES

Emergency Response

The effective management of a serious life threatening allergic reaction depends on the timely administration of epinephrine. “In the absence of a medical professional it would be prudent to err on the side of treating with epinephrine after a known exposure to an allergen” that could produce a life threatening allergic reaction (Michael C. Young, 2009). FCPS school staff and the FCHD School Health Aide are trained on the emergency management of severe life threatening allergic reactions but as persons without health care expertise **cannot** observe for the development of symptoms and make treatment decisions based on their observations.

The following is the Emergency Management Plan for a student with an Individual Health Care Plan for a severe life threatening allergic reaction:

Upon report of an exposure by a student to a known allergen that could cause a life threatening allergic reaction.

1. Obtain epinephrine if ordered. Review order.
2. Trained staff to administer epinephrine (i.e., classroom teacher, transportation, School Health Aide).
3. Call 911 and notify school administration.
4. Contact parent/guardian.
5. Remain with student and reassure, observe and maintain airway.
6. Manage classmates and peer concerns.
7. Manage crowd control.
8. School administration to meet EMS at school entrance and escort to student location.
9. School administration to accompany student to emergency care facility (if parent not present at school).
10. Student should be transported by EMS. The student cannot remain in school. Continuous observation is indicated to ensure reaction does not reoccur or progress. This cannot be provided in the school setting.

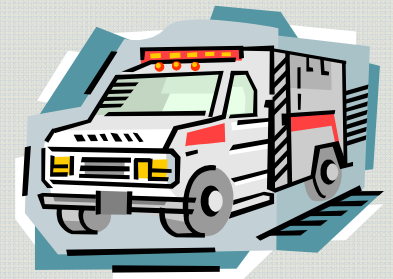
KEY POINTS

In an emergency situation:

Identify the staff trained to administer epinephrine.

Call 911 and notify the school administration.

Notify the Parent/Guardian.



EMERGENCY PROCEDURES

Follow Up after an exposure incident

For a 911 incident the school administration should be informed. The school staff will obtain as much accurate information as available about the exposure and the response from staff who were involved. This information should include:

1. Source of exposure. If the allergy is to a food product, determine if provided by school food service. Request the assistance of food service staff to determine food served and ingredients.
2. Review the Individual Health Care Plan (IHCP) and if there is no current plan, begin process to develop a school plan.
3. Amend the student's IHCP and emergency actions to address any changes that need to be made to reduce the risk of another exposure.
4. Communicate factual information about the exposure and any changes to the plan that are made to school staff.
5. Make arrangements with the parent to replace the used epinephrine autoinjector.

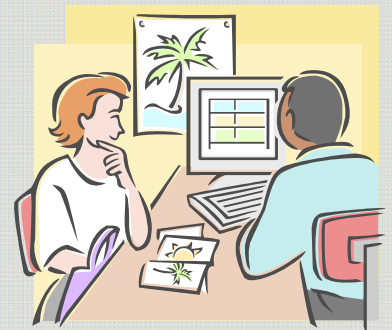
Returning to school

At the request of the parent and in collaboration with the school administration, the Public Health Nurse can meet with the student, parent and staff involved to review the response, and identify any changes that may need to be made to reduce the risk of reoccurrence and provide reassurance about the student's safety.

KEY POINTS

Follow-Up after an Exposure:

- Identify the source of the exposure.
- Review and update the Individual Health Care Plan, if necessary.
- Make arrangements with the parent to replace the used epinephrine autoinjector.
- Communicate any changes to the school staff.
- Provide updated training, as needed.
- Meet with the student and the parent to review the Individual Health Care Plan.



EMOTIONAL WELLNESS

Children can feel a range of emotions associated with their allergy: fear, sadness, anger, and loneliness. The two primary feelings are anxiety and depression. Several factors can influence the intensity of these emotions, among them the child's own temperament, experience with allergic reactions, age, and the attitudes of parents and teachers. Children who are naturally more timid may need additional assurance or coaching to ward off anxiety. Children who are not naturally apprehensive may need parents and teachers to instill a sense of caution. A child who has experienced a severe allergic reaction is more likely to be anxious about their allergy.

Children look to the adults in their lives for cues on how to react to a situation. Confident and matter-of-fact handling of the child's allergy tells them that they can accept their allergy and meet new situations with confidence and sensible caution. Age-appropriate safety education throughout the early years with an allowance of greater responsibility as the child matures will help to build confidence and a sense of control.

Children want to be accepted by classmates and peers; they want to be part of the group and don't want their allergies highlighted. As a child matures, however, feelings of isolation or being different may develop into sadness and deepen into depression. If anxiety or depression affects schoolwork or relationships with friends or family members, parents/guardians may want to seek out assistance from the school counselor to help their child cope with these feelings.

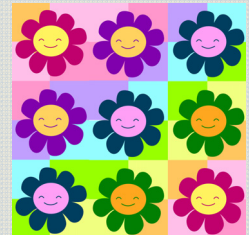
Additionally, students have the right to expect a safe school environment in which to learn and a climate within the school that is conducive to learning. Parents and school staff can work together to promote a safe learning environment for the student with allergies. School counselors, school social workers, and school psychologists use a variety of resources and interventions to support students experiencing feelings of anger, sadness, fear, isolation, depression, and harassment or bullying. FCPS has a variety of available resources to reinforce bullying prevention at school (<http://www.fcps.edu/dss/ips/ssaw/violenceprevention/>).

Students receive instruction about bullying and harassment prevention strategies through classroom lessons and review of the Student Rights and Responsibilities (SR&R).

KEY POINTS

Emotional Wellness

- Seek assistance from the school counselor if your child is experiencing any anxiety or feelings of depression.
- All students have the right to expect a safe school environment in which to learn and a climate within the school that is conducive to learning.



APPENDICES

APPENDIX A

Roles and Responsibilities in Schools

Allergies can be life threatening. The risk of accidental exposure to allergens can be reduced in the school setting if schools, students, parents, and physicians work together to minimize risks of exposure to allergens and provide a safe educational environment for students with allergies. Specific roles and responsibilities have been identified for the following:

- Parent/Guardian
- Student
- Administrator
- Teacher
- Public Health Nurse
- School Health Aide
- Transportation
- Food Service Manager

APPENDIX B

Forms

- Standard Health Care Plan (Allergy – Severe Life Threatening) FHD-SH-1A
- Medication Authorization Form SS/SE -63
- Epinephrine Authorization Form SS/SE-64 Field Trip Medication Label SS/SE-134 Parent/Guardian

APPENDIX C

Frequently Asked Questions

APPENDIX D

Sample Letter

APPENDIX E

Alternative Celebration Ideas

APPENDIX F

Sign

APPENDIX G

References

APPENDIX A

RESPONSIBILITIES OF THE PARENT/GUARDIAN

Parents/Guardians are their children's first teachers. It is important for Parents/Guardians to educate their children about his/her allergy. It is also important for the Parent/Guardian to form a partnership with the school and communicate information received from the child's physician; preferably a board certified allergist. Preparing, role playing, and practicing procedures in advance will help everyone feel prepared in an emergency.

- Inform the school Public Health Nurse (PHN) of your child's allergies prior to the opening of school (or immediately after a diagnosis).
- Update the PHN to any changes in your child's health status.
- Provide the school with your emergency contact information.
- Provide school a list of foods and ingredients to avoid. Check Fairfax County Public Schools (FCPS) web site to determine school food ingredient list at www.fcps.edu/fs/food.
- Consider providing a medical alert bracelet for your child.
- Provide the school Public Health Nurse with medication orders from the licensed provider and up-to-date epinephrine autoinjectors. Depending on the physician's orders, be willing to provide more than one epinephrine autoinjector.
- Participate in developing an Individual Health Care Plan/Procedure (IHCP/P) with the school Public Health Nurse and provide annual updates on your student's health status.
- Decide with the school PHN if additional epinephrine autoinjectors and antihistamine will be kept in the school, aside from the one in the health room. If so, determine where the additional emergency medications will be stored. If the child will carry his/her own autoinjector(s) for quick access to epinephrine, the following procedures need to be followed in accordance with the current version of Regulation 2102:
 - Principal permission must be obtained
 - Three trained individuals in addition to the school health aide must be instructed in the administration procedure in the event the student is unable to self administer.
 - A second dose, to be used for back-up should be kept in the health room and/or other approved locations in case the student's medication is not available.
- Participate in team meetings or communicate with all staff members who will be in contact with the student (preferably before the opening of school) to discuss implementation of IHCP and if necessary a 504 Plan (see Appendix C).
- Periodically (half way through the year) review prevention and emergency action plans with the school PHN and school team.
- Provide the school PHN with the licensed provider's statement if your child no longer has allergies.

RESPONSIBILITIES OF THE PARENT/GUARDIAN (continued)

If the student has a severe allergy to food:

- Provide the school staff with a list of foods and ingredients to avoid. Check the Fairfax County Public Schools (FCPS) web site to determine school food ingredients list at www.fcps.edu/fs/food.
- Leave a bag of “safe snacks” in your student’s classroom so there is always something your student can choose from during an unplanned special event.
- Provide a non-perishable lunch to keep in school, in case your student forgets lunch one day.
- Be willing to provide safe foods for special occasions, e.g., bring in a treat for the entire class so that your student can participate.
- Be willing to go on your student’s field trips if possible and if requested.

Periodically teach the student to:

- Recognize the first symptoms of an allergic/anaphylactic reaction.
- Know where the epinephrine autoinjector is kept and who has access to the epinephrine autoinjector.
- Communicate clearly as soon as she or he feels a reaction is starting.
- Carry and administer his/her own epinephrine autoinjector when appropriate, and if the epinephrine autoinjector is used report the incident to the appropriate school staff.
- Never share snacks, lunches, or drinks.
- Read product labels to identify possible allergens.
- Understand the importance of hand washing before and after eating.
- Communicate the seriousness of his or her allergy and share information about his or her condition with other school staff members.
- Report teasing, bullying and threats to any adult authority.
- Take as much responsibility as possible for their own safety.

It is important that children take on more responsibility for their own allergies as they mature. Consider teaching them to:

- Communicate to an adult when not feeling well.
- Read labels and be aware of the probability of cross contamination.
- Carry own epinephrine autoinjector.
- Administer own epinephrine autoinjector

RESPONSIBILITIES OF THE STUDENT

- Do not trade or share food.
- Wash hands before and after eating.
- Learn to recognize symptoms of an allergic reaction.
- Take as much responsibility as possible to avoid allergens.
- Promptly inform an adult as soon as accidental exposure occurs or symptoms appear.
- Take increasingly more responsibility for your allergies as you get older. (refer to Responsibilities of the Parent or Guardian)
- Tell people about your condition.
- Report teasing, bullying and threats to an adult authority at school.

For older students:

- Study school menus and website for food ingredients in the lunch program menus. Select foods that you know you can eat.
- Be your own advocate when you go on field trips, participate in other school sponsored activities or where food may be served.
- Work with the School Team and the school Public Health Nurse to provide input into your Individualized Health Care Plan.
- Remind teachers/coaches/counselor etc. that you have an allergy and what support you may need from them.
- If you have appropriate permissions to carry your epinephrine, be sure there is a back-up epinephrine in the health room.
- During an anaphylactic emergency, notify an adult.
- Be a buddy or peer mentor to students who have similar allergies.

RESPONSIBILITIES OF THE SCHOOL ADMINISTRATOR

- Ensure that a school emergency response plan for managing life threatening allergic reactions is in place.
- Support faculty, staff, and parents or guardians in implementing all aspects of the plan.
- Coordinate with the School Public Health Nurse to provide training and education for faculty and staff regarding:
 - Foods, insect stings, medications, latex
 - Risk reduction procedures
 - Emergency procedures
- Designate at least three school staff members to be trained to administer an epinephrine autoinjector in an emergency.
- Ensure that a contingency plan exists in the event of the teacher's absence.
- Ensure that the student is placed in a classroom where the teacher is trained to administer an epinephrine, if needed.
- Ensure that trained school staff members are available throughout the school day and on all field trips.
- Share medical flag list with appropriate staff.
- Ensure that transportation staff are trained and aware of student's with Individual Health Care Plans.

RESPONSIBILITIES OF THE SCHOOL PUBLIC HEALTH NURSE

- Prior to entry into school, (or for a student who is already in school, upon notification of diagnosis of a life threatening allergic condition) meet with the parent or guardian and student (if appropriate) to develop an Individual Health Care Plan (IHCP) for the student.
- After the meeting, remind the parent or guardian to review prevention plans, symptoms and emergency procedures with his or her student.
- In collaboration with the school principal, determine the best way to communicate the plan of care of the student with a life threatening allergic condition.
- Share the student's Individual Health Care Plan (IHCP), including risk reduction strategies and emergency response plan, with school staff that have contact with student. This can happen individually with staff or in groups.
- Provide training and education for appropriate staff regarding a student's life threatening allergens, symptoms, risk reduction procedures, emergency procedures, and how to administer an epinephrine autoinjector.
- Arrange periodic (semi-annual basis, or as often as necessary) follow-up to review effectiveness of the IHCP or update medical condition.
- Educate new personnel as necessary.
- Record attendance at trainings of appropriate school staff.
- Based on the physician's recommendation and in collaboration with the principal, meet with student and assess the appropriateness for the student to carry and self-administer the epinephrine autoinjector.
- Instruct the student that if they are experiencing symptoms of an allergic reaction to notify an adult **immediately**. Administer the epinephrine as instructed and have the adult notify the health room and call Emergency Medical Services.
- Have student's Individual Health Care Plan accessible to school staff.

RESPONSIBILITIES OF THE SCHOOL HEALTH AIDE

- Contact school Public Health Nurse immediately upon receipt of epinephrine order form.
- Attend/complete anaphylaxis and epinephrine administration training on a semi-annual basis.
- Periodically check medications for expiration dates, and contact parent 3 weeks prior to expiration date to obtain replacement epinephrine.
- Notify school Public Health Nurse if replacement epinephrine is not received 1 week prior to expiration date.
- Clearly identify the location of epinephrine within health room.
- Ensure that the folder for the substitute School Health Aide contains a list of students with life threatening allergies, to include location of epinephrine (i.e. carries, classroom, and/or health room).
- Introduce self to the student and show him/her how to get to the health room.

RESPONSIBILITIES OF THE CLASSROOM TEACHER

GENERAL

Participate in the team meeting for the student with life threatening allergies and in-service training regarding:

- Allergens that cause life threatening allergies (such as foods, insect stings, medications, latex).
 - Steps to take to prevent life threatening reactions and accidental exposures to allergens.
 - How to recognize symptoms of the student's life threatening allergic reaction.
 - Steps to manage an emergency and communicate with the health room or main office.
 - How to administer an epinephrine autoinjector.
-
- Be sure volunteers, student teachers, instructional assistants, specialists and substitute teachers are informed of the student's food allergies and necessary safeguards. Leave information in an organized, prominent and accessible format for substitute teachers.
 - Coordinate with parent or guardian, guidance counselor and school Public Health Nurse to educate classmates and other parents or guardians to avoid endangering, isolating, stigmatizing or harassing students with allergies.
 - Be aware of how the student with allergies is being treated; enforce school rules about bullying and threats.
 - Post signs and/or posters in the classroom to promote awareness of life threatening allergies (see Appendix F).
 - Send home letter at the beginning of the year to all families informing them of the need to support an allergen-free classroom (see Frequently Asked Questions).

RESPONSIBILITIES OF THE CLASSROOM TEACHER (continued)

AT SNACK AND LUNCHTIME

- In the classroom, establish procedures to ensure that the student with life threatening food allergies eats only what she or he brings from home.
- Encourage student to eat in areas of class or cafeteria that are free of food to which he or she is allergic.
- Educate students not to trade or share any food, including snacks.
- Encourage parents/guardians to send in a box of “safe” snacks for their student.
- Have parents/guardians provide a non-perishable “safe” lunch in case their child forgets lunch one day.
- Avoid cross-contamination of foods by wiping down eating surfaces with soap and water before and after eating.
- Tables should also be washed with soap and water in the morning if an afterschool event has been held in the classroom the day before.
- Reinforce hand washing before and after eating.
- Snack time should be a structured event when you have a student with life threatening allergies in the classroom.

DURING CLASSROOM ACTIVITIES

- Consider alternatives to food items for classroom activities (e.g., arts and crafts, counting, science projects, parties, holidays and celebrations, cooking, or other projects).
- Welcome parental involvement in organizing class parties and special events.
- Consider non-food treats.

ON FIELD TRIPS

- Collaborate with the school Public Health Nurse, prior to planning a field trip.
- Ensure epinephrine autoinjectors and instructions are taken on the field trip.
- Ensure that at least one person on the field trip is trained in recognizing symptoms of life threatening allergic reactions, trained to use an epinephrine autoinjector, and trained in emergency procedures.
- Review plans for field trips; avoid high-risk places.
- Consider eating situations on field trips and plan for prevention of exposure to the student's life threatening foods.
- Invite parents or guardians of a student at risk for anaphylaxis to accompany their student on school trips, in addition to the chaperone. However, the student's safety or attendance must not be conditional on the parent's or guardian's presence.

RESPONSIBILITIES OF SCHOOL TRANSPORTATION

- Provide a representative for school team meetings to discuss implementation of a student's Individual Health Care Plan/Procedure (IHCP), as appropriate.
- Provide training for all school bus drivers on managing life threatening allergies.
- Provide functioning emergency communication device (e.g., cell phone, two-way radio, walkie-talkie or similar device).
- Know local Emergency Medical Services (EMS) procedures.
- Maintain policy of not permitting food to be eaten on school buses.

RESPONSIBILITIES OF THE SCHOOL FOOD SERVICES MANAGER

- Attend training according to the student's individual health care plan.
- Follow sound food handling practices to avoid cross contamination with potential food allergens.
- Set up procedures for the cafeteria regarding food allergic students.
- After receiving a doctor's note, and in accordance with the guidance from the Central Food Services Office, make reasonable modifications for meals served to students with food allergies.
- Take all complaints seriously from any student with a life threatening allergy.

APPENDIX B

Allergy Related Forms:

Standard Health Care Plan (Allergy – Severe Life Threatening) FHD-SH-1A

Medication Authorization form

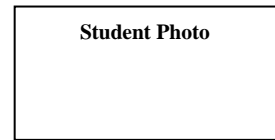
<http://www.fcps.edu/it/forms/se63.pdf>

Epinephrine form

<http://www.fcps.edu/it/forms/se64.pdf>

ALLERGY – SEVERE LIFE THREATENING

STANDARD HEALTH CARE PLAN/PROCEDURE



Name _____ M F Birth Date _____ Grade _____ SY _____

504: ____ yes ____ no Bus rider: ____ yes ____ no Teacher/Counselor/School _____

PHN Initiates Plan _____
 Date _____ Signature _____ (Reviewed and updated if no changes – date and initial)

Date Implemented in School _____ Date Parent Originally Notified _____
 Date Date

X _____ X _____
 Parent's Signature Date Physician's Signature (Optional) Date

DIAGNOSIS/CONDITION: Severe Allergy:
 Anaphylaxis is a rare, life-threatening allergy to certain substances such as food, bee stings, and medications. It occurs **rapidly** and can close off the breathing passages. If instant treatment does not occur, it can be fatal

If stung by _____
 After exposure to _____

Ingestion
 Inhaled
 Skin contact

SIGNS / SYMPTOMS: (✓ Symptoms common to student)

Hives – itching, swelling involving skin, eyes or nose.
 Throat tightness – swelling, itching inside mouth or metallic taste, hoarseness or lump in throat.
 Wheezing – difficulty breathing, rapid or slow respiration or chest tightness.
 Pallor – rapid or decreased heartbeat, feeling faint or loss of skin color-pale.
 Weakness – dizziness, headache, fainting.
 Abdominal Pain – nausea, vomiting or diarrhea.
 Other _____

LOCATION OF EPINEPHRINE: Clinic only In classroom Other _____
 Hand carried Back-up in clinic

Type of Epinephrine Administration System:
 _____ Expiration Date: _____
 _____ Expiration Date: _____

ACTION:
If student reports exposure to allergen:

1. Call **EMS 911** immediately, **then parent**
2. Send student to Health Room with adult escort or call Health Room for assistance.
3. If student has medication orders:
 - ◆ Administer Epinephrine immediately after **exposure** to allergen. **After Epinephrine is given, student is to be transported by EMS.**
 - ◆ Epinephrine Administration System may be given through clothing
 - ◆ If oral antihistamine is ordered it is given following administration of epinephrine. Record time given on Medication Chart.
- A. Identify student by first and last name
- B. Check written order and label on medication
- C. Document time and administration on medication Chart and report to EMT
- D. If two doses of epinephrine are ordered, repeat dose per order if rescue squad has not arrived

4. Maintain clear airway

5. **FOR BEE STING**

- A. Scrape out stinger with a straight, hard-edged surface (example: credit card)
- B. Wash with soap and water, then apply ice.

FCPS EPINEPHRINE AUTHORIZATION FORM (SS/SE-64) REQUIRED FOR EPINEPHRINE AND MEDICATION AUTHORIZATION FORM (SS/SE-63) FOR ORAL ANTIHISTAMINE.

ALLERGY – SEVERE LIFE THREATENING

Name _____

Birth Date _____

INDIVIDUAL CONSIDERATIONS: (✓applicable)

- Emergency / Fire Drill Response:** Epinephrine in “Go-Bag” if school evacuated
- Field Trips: Epinephrine and trained individual must accompany student
- Past history of anaphylactic reaction _____
- Desensitization _____
- Risk Reduction Measures to help minimize exposure:
- Avoidance of offering allergen during school day (ie: no nut arts and crafts, cooking projects, etc.) _____
 - Cafeteria management _____
 - Notification of families of peers _____
 - Notification and modification related to transportation _____
- Other: _____

CONTACT LIST:

- Classroom Teacher _____
- PE _____
- Transportation _____
- Cafeteria _____
- Music/Art (elementary) _____
- Office – Administrative Support Staff _____
- Itinerant staff _____
- Other _____

Attach current Training Roster with names of staff trained for current school year

FAIRFAX COUNTY PUBLIC SCHOOLS
FAIRFAX COUNTY HEALTH DEPARTMENT

SUPPLEMENT TO ALLERGY - SEVERE STANDARD HEALTH CARE PLAN

As applicable this procedure may be attached to care plan

Name: _____

Birth Date: _____

SPECIAL PROCEDURES: Generic Epinephrine Auto Injector Administration System

PURPOSE: To administer emergency epinephrine upon report of exposure.

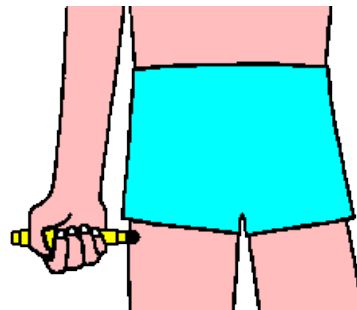
After Epinephrine is given, student is to be transported by EMS.

ACTION:

If the expiration date has passed, Epinephrine cannot be used.

1. Call **EMS 911**
2. Remove Auto Injector from container
 - A. **Pull off GRAY end cap with the [1]; you will now see a RED tip..**
 - B. **Never put thumb, finger, or hand over the RED tip**
 - C. Pull off GRAY end cap with [2].
3. Place RED tip on thigh at a right angle to the leg. Needle can go through clothing.
 - A. Press hard into thigh until auto injector activates
 - B. Hold in place for approximately 10 seconds
 - C. Pull straight out of injection site
 - D. Check the RED tip. If the needle is exposed dose was administered. If needle is not visible, repeat Step Three.
4. Dispose of Auto Injector in Sharps container or place Auto Injector back into hard plastic tube
5. Document administration and time given on FCPS Medication Chart
6. If second dose of Epinephrine is ordered, repeat steps 2-5 above.
7. Document administration and time given on FCPS Medication Chart

Time Given _____



FCPS EPINEPHRINE AUTHORIZATION FORM (SS/SE-64) REQUIRED FOR EPHINEPHRINE AND MEDICATION AUTHORIZATION FORM (SS/SE-63) FOR ORAL ANTIHISTAMINE

TIPS FOR STORING EPINEPHRINE:

- Keep at room temperature; do not refrigerate, and protect from freezing
- Keep out of direct sunlight, hot cars, and extreme cold
- Discard properly after use

PRECAUTIONS: If a person is stuck with a contaminated needle, follow OSHA guidelines for exposure to bloodborne pathogens

SUPPLEMENT TO ALLERGY - SEVERE STANDARD HEALTH CARE PLAN

As applicable this procedure may be attached to care plan

Name: _____

Birth Date: _____

SPECIAL PROCEDURES: AdrenaClick Epinephrine Auto Injector Administration System

PURPOSE: To administer emergency epinephrine upon report of exposure.

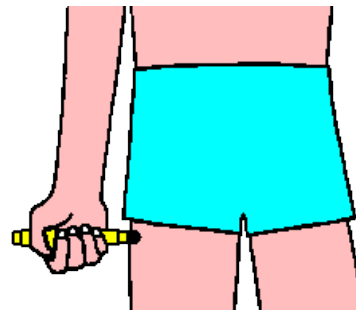
After Epinephrine is given, student is to be transported by EMS.

ACTION:

If the expiration date has passed, Epinephrine cannot be used.

1. Call **EMS 911**
2. Remove Auto Injector from container
 - A. **Pull off GRAY end cap with the [1]; you will now see a RED tip..**
 - B. **Never put thumb, finger, or hand over the RED tip**
 - C. Pull off GRAY end cap with [2].
3. Place RED tip on thigh at a right angle to the leg. Needle can go through clothing.
 - A. Press hard into thigh until auto injector activates
 - B. Hold in place for approximately 10 seconds
 - C. Pull straight out of injection site
 - D. Check the RED tip. If the needle is exposed dose was administered. If needle is not visible, repeat Step Three.
4. Dispose of Auto Injector in Sharps container or place Auto Injector back into hard plastic tube
5. Document administration and time given on FCPS Medication Chart
6. If second dose of Epinephrine is ordered, repeat steps 2-5 above.
7. Document administration and time given on FCPS Medication Chart.

Time Given _____



FCPS EPINEPHRINE AUTHORIZATION FORM (SS/SE-64) REQUIRED FOR EPINEPHRINE AND MEDICATION AUTHORIZATION FORM (SS/SE-63) FOR ORAL ANTIHISTAMINE.

TIPS FOR STORING EPINEPHRINE:

- Keep at room temperature; do not refrigerate, and protect from freezing
- Keep out of direct sunlight, hot cars, and extreme cold
- Discard properly after use

PRECAUTIONS: If a person is stuck with a contaminated needle, follow OSHA guidelines for exposure to bloodborne pathogens

**ALLERGY – SEVERE LIFE THREATENING
SUPPLEMENT TO ALLERGY - SEVERE STANDARD HEALTH CARE PLAN**

As applicable this procedure may be attached to care plan

Name: _____

DOB: _____

SPECIAL PROCEDURES: Twinject Administration System**PURPOSE:** To administer emergency epinephrine upon report of exposure.***After Epinephrine is given, student is to be transported by EMS.*****ACTION:****INSTRUCTIONS FOR USING TWINJECT - Original**

If the expiration date has passed, Twinject can not be used.

Step 1: Call EMS 911**Step 2: First Dose**

- Pull off the GREEN end cap labeled "1". Pull cap straight off do not try to unscrew. You will now see a GRAY cap. **Never put your thumb, finger, or hand over the GRAY cap.**
- Pull off the RED end cap labeled "2".
- Put the GRAY cap against the middle of the outer side of thigh (upper leg) as shown. It can go through clothes.
- Press down firmly until the needle enters the middle of the outer side of thigh through the skin. Hold it in place while slowly counting to 10.
- Remove the Twinject from skin by pulling straight out of the injection site.
- Massage injection site for 10 seconds.
- Check the GRAY cap;** if the needle is exposed, the dose was received. If not, repeat #3 and #4 under Step 2. Get ready for the second dose.
- Document administration and time given on FCPS Medication Chart.**

Step 3 If medication order request a second dose

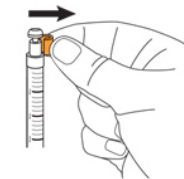
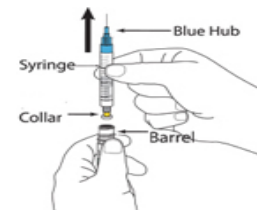
- Unscrew and remove the GRAY cap. **BEWARE OF THE EXPOSED NEEDLE it is spring-loaded.**
- Holding the BLUE hub at the needle base, pull the syringe from the barrel.
- Slide the YELLOW or ORANGE collar off the plunger.
- Put the needle into your thigh (upper leg). Through the skin, as shown
- Push the plunger down all the way.
- Remove Twinject from skin by pulling straight out of the injection site.
- Massage injection site for 10 seconds.
- Place the used Twinject in Sharps Container or place back into hard plastic tube.
- Document administration and time given on FCPS Medication Chart.

Tips for Storing Twinject

- Keep at room temperature; do not refrigerate, and protect from freezing
- Keep out of direct sunlight, hot cars, and extreme cold
- Discard properly after use



Time Given _____



Time Given _____

PRECAUTIONS: If a person is stuck with a contaminated needle, follow OSHA guidelines for exposure to bloodborne pathogens

FCPS EPINEPHRINE AUTHORIZATION FORM (SS/SE-64) REQUIRED FOR EPINEPHRINE AND MEDICATION AUTHORIZATION FORM (SS/SE-63) FOR ORAL ANTIHISTAMINE.

**ALLERGY – SEVERE LIFE THREATENING
SUPPLEMENT TO ALLERGY - SEVERE STANDARD HEALTH CARE PLAN**

As applicable this procedure may be attached to care plan

Name: _____

DOB: _____

SPECIAL PROCEDURES: Twinject Administration System

PURPOSE: To administer emergency epinephrine upon report of exposure.

After Epinephrine is given, student is to be transported by EMS.

ACTION:

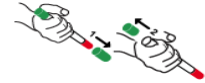
INSTRUCTIONS FOR USING TWINJECT – Revised November 2007

If the expiration date has passed, Twinject can not be used.

Step 1: Call EMS 911

Step 2: First Dose

- Pull off the end cap labeled "1." You will now see a rounded red tip. Never put the thumb, finger, or hand over the rounded red tip.
- Pull off the end cap labeled "2."



- Put the rounded red tip against the middle of the outer side of the thigh (upper leg) as shown. It can go through clothes.



- Press down hard until the needle enters the thigh (upper leg) through the skin. Hold it in place while slowly counting to 10.
- Remove the Twinject from the thigh.
- Massage injection site for 10 seconds
- Check the rounded tip. If the needle is exposed, dose was received. **If the needle is not visible, repeat FIRST DOSE Step C.**

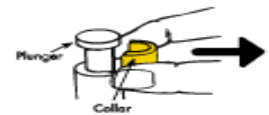


- Document administration and time given on FCPS Medication Chart.
- Immediately prepare for the second dose if there is an order. If second Dose *not* ordered, place used Twinject in Sharps container or place back into hard plastic carrying case.



Step 3 If medication order request a second dose

- Unscrew and remove the rounded red tip.
- Be careful to avoid the exposed needle.
- Grab the BLUE plastic to pull the syringe out of the barrel. Do not touch the needle.
- Slide the YELLOW collar off the plunger. Be careful not to pull up on the plunger while removing the YELLOW collar.



- Administer second dose per medication order.
- Put the needle in the thigh (upper leg), through the skin, as shown
- Push the plunger down all the way until it cannot go any further.
- Remove the Twinject from the skin by pulling straight out of the injection site.
- Massage injection site for 10 seconds.
- Place the used Twinject in Sharps container or place back into hard plastic tube.
- Document administration and time given on FCPS Medication Chart.

Tips for Storing Twinject

- Keep at room temperature; do not refrigerate, and protect from freezing
- Keep out of direct sunlight, hot cars, and extreme cold
- Discard properly after use

PRECAUTIONS: If a person is stuck with a contaminated needle, follow OSHA guidelines for exposure to bloodborne pathogens

FCPS EPINEPHRINE AUTHORIZATION FORM (SS/SE-64) REQUIRED FOR EPINEPHRINE AND MEDICATION AUTHORIZATION FORM (SS/SE-63) FOR ORAL ANTIHISTAMINE.

APPENDIX C

FREQUENTLY ASKED QUESTIONS

- 1. Does the school team have to include all recommendations from the health care provider?** As part of the process of developing a Individual Health Care Plan that meets the individual needs of students, the school Public Health Nurse will discuss with the parent, physician and school team how best to incorporate the physician recommendations into a safe school plan. The school Public Health Nurse will discuss school policies and resources with the family and physician in order to ensure that the health care plan meets the student's needs.
- 2. Is it appropriate to discuss modifications in the student's Individual Health Care Plan in front of other parents and students?** Schools should maintain the confidentiality of student information. Parents should be informed of the allergy management plan without any reference to a particular child. It is important to protect the family and student with life threatening allergies from discrimination and harassment due to changes that may be made.
- 3. What paperwork must be in place for a child to have medication in school?** In order to administer medication in the school setting, the school must have a signed medical authorization form (SS/SE-64 see Appendix B) from the student's health care provider indicating the name of the medication, when it is to be administered, the medical diagnosis, the desired effects and potential side effects. In addition, the parent must provide written permission for trained school staff. If epinephrine autoinjector will be used, the Epinephrine form SS/SE-63 will also need to be completed.
- 4. Who can administer an epinephrine autoinjector in schools?** Designated school staff and the School Health Aide can administer the epinephrine after completing training provided by the school Public Health Nurse.
- 5. May a student carry their own epinephrine autoinjector?** Yes, with physician, parent and school administration permission. If a student is carrying his/her epinephrine autoinjector a second back-up autoinjector needs to be kept in the health room. The school Public Health Nurse will assess the student's ability to self administer the epinephrine if needed and include a plan for the student to immediately notify a school staff member if he/she self administers.
- 6. How should changes to modifications in the Individual Health Care Plan be made?** The school Public Health Nurse will update the Individual Health Care Plan based on any new information provided by the parent or physician that may impact the student's educational day.

7. If a child unexpectedly brings in a treat for the class, and it is unclear as to whether or not the treat contains allergens, should the treat be distributed to the class?

Classrooms which are designated as allergen free should be identified with a sign (see Appendix F for example) and all parents of children in that classroom should be provided with a letter at the beginning of the school year notifying them that the classroom is allergen-free so they can plan appropriately. The parent of the student with allergies may provide a substitute snack for the student to be kept in the class in the event of an unplanned special event. Be sure the student and/or substitute teacher knows where the snack is located. *No foods should be offered to the student with a life threatening food allergy without the approval of the parent.*

8. Is it appropriate to use foods as part of classroom lesson planning?

Teachers should consider the use of non-food items as an alternative when planning lessons.

9. What happens when a child goes on a field trip?

Schools should arrange for advance notice prior to a field trip. Parents may want to plan accordingly and provide the student with an alternative snack or lunch option. Parents may also want to volunteer to be a chaperone on field trips, but should never be required to be a chaperone.

10. What information should be provided for after-school activities?

The school health room is closed after dismissal and the school Public Health Nurse and School Health Aide are not in the building. Always notify the teacher and/or sponsor about your child's allergy when the student will be staying for any school sponsored after school activity.

11. If the student has an Individual Health Care Plan is a 504 Plan required? An Individual Health Care Plan (IHCP) is the best way to manage life threatening allergies at school. If the student requires additional support beyond the Individual Health Care Plan then a referral can be made to the school to review the need for a 504 Plan. A 504 Plan specifies which accommodations a student with a disability needs to access school programs and activities. Additional information regarding 504 Plans can be found at: <http://www.fcps.edu/dss/sei/504/504%20Fact%20Sheet.pdf>, or the FCPS Section 504 Procedures Manual at <http://www.fcps.edu/dss/seps/duprocess-eligibility/504manual.pdf>.

APPENDIX D

Sample Letter General Food Allergy Letter

Date:

Dear Parents/Guardians of (teacher's name) Class;

Food allergies are becoming increasingly common among students in our district and throughout our nation. Currently, one or more students in your child's class have a serious food allergy. In order to minimize the risks to these students and to strengthen healthy habits in general, we are having students wash hands after eating and are reminding them to not share food with others. We ask for your support in reinforcing these habits at home. In addition, we ask that when you send in a personal snack with your child, avoid sending in food that contains the following products:

- (List foods that student(s) is allergic to)

If you are planning to provide food for a classroom event or birthday, please notify the teacher in advance. We are committed to enabling all students to fully participate in activities while maintaining a safe learning environment. Thank you for your understanding and assistance in making this a safe and healthy school year for our students.

If you have any questions, please feel free to contact the school office at () - _____.

Sincerely,

Principal

APPENDIX E

Alternative Celebration Ideas

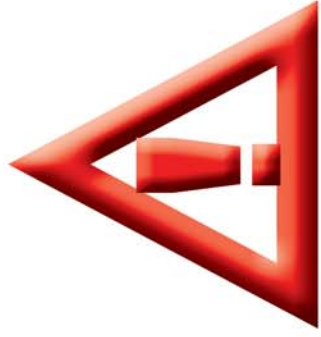
Before providing a list of alternative celebration ideas to parents, classroom teachers will want to review the list of suggestions with their school administrators.

- Have the student be the birthday line leader for the day and get to wear a special hat or crown.
- Take an instant (digital or Polaroid) picture of the student with the entire class.
- The Teacher or parent will create an autograph book and each student will write something nice about the child. This can be written on separate sheets and stapled together in a notebook.
- Have the student be the teacher helper for the day.
- Have student choose a book for the teacher to read.
- Recognize the student during the morning announcements.
- Feature the student on a photo recognition board.
- Recognize the student with a trip to the “treasure box” (non-food items such as stickers, temporary tattoos, yo-yo’s, bubbles, pencils, magnets, art supplies would be examples of choices from this box).

Teachers are encouraged to use non-food related items for instructional materials. When food items are used, teachers should consider the impact these items may have on students, particularly on students who have life-threatening allergies.

APPENDIX F

Food Allergy ALERT!



Check with school staff
before bringing in treats.

Remember to wash your hands
before and after handling food.

Don't share food with your friends.
It may make them very sick.

Food Allergy ALERT!

Food Allergy ALERT!

APPENDIX G

REFERENCES

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