

R 5331 MANAGEMENT OF LIFE-THREATENING ALLERGIES IN SCHOOLS

A. Definitions

1. Anaphylaxis - A serious allergic reaction that is rapid in onset and may cause death.
2. Epinephrine (adrenaline) - A drug that can be successfully utilized to counteract anaphylaxis.
3. Food Allergy - A group of disorders characterized by immunologic responses to specific food proteins. In the United States, the most likely common allergens in adults and children are cow's milk, eggs, peanuts, wheat, soy, fish, shellfish, and nuts.
4. Individualized Emergency Healthcare Plan (IEHP) - A personalized healthcare plan written by the certified school nurse that specifies the delivery of accommodations and services needed by a pupil in the event of an emergency.
5. Individualized Healthcare Plan (IHP) - A plan written by the certified school nurse that details accommodations and/or nursing services to be provided to a pupil because of the pupil's medical condition based on medical orders written by a health care provider in the pupil's medical home.
6. School-Sponsored Function - Any activity, event, or program occurring on or off school grounds, whether during or outside of regular school hours, that is organized and/or supported by the school.

B. Policy and Regulation Development

1. Policy and Regulation 5331 address different allergens, varying ages and maturity levels of pupils, and the physical properties and organizational structures of schools in this school district. The components below were critical in developing Policy and Regulation 5331.
 - a. The school district nursing staff, in consultation with the school physician, if needed:
 - (1) Assessed the overall health needs of the pupil population at risk for anaphylaxis, particularly pupils with food allergies; and



- (2) Assessed current and relevant policies and/or protocols regarding the care of pupils with life-threatening allergies and identified areas in need of development or improvement.
2. Policy and Regulation 5331 were developed using a multidisciplinary team that included various school district administrators, teachers, and support staff members.
3. Additional factors need to be regarded at the secondary school level in order to provide the best care for food-allergic teens. The multidisciplinary team should consider the factors below when developing Policy and Regulation 5331 as it pertains to food-allergic teens.
 - a. Pupils move to different classrooms, frequently in larger buildings and campuses, presenting needs for updated avoidance strategies, epinephrine availability, and designated assistance.
 - b. Pupils may have open lunch periods and accompany friends to local eateries.
 - c. Pupils may have access to vending machines.
 - d. Certain classes give rise to new avoidance issues, e.g., chemistry/biology labs, home economics/culinary class, etc.
 - e. The number of off-site school-sponsored functions increases, e.g., travel, sometimes to other States and foreign countries; athletic games and competitions, sometimes in other towns; dances; etc.
 - f. Risk-taking behaviors frequently accompany the independence of adolescent years.
 - g. N.J.S.A. 18A:40-12.6 provides for a delegate for the emergency administration of epinephrine even when a pupil is able to self-administer life-saving medication. Although teenage pupils will more than likely be permitted to carry and self-administer emergency medications, those pupils are not to be expected to have complete responsibility for the administration of epinephrine. A severe allergic reaction can completely

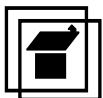


incapacitate a pupil and inhibit the ability to self-administer emergency medication. Therefore, the school nurse or volunteer delegate shall be available during school and school-sponsored functions to administer epinephrine in an emergency in accordance with the provisions of N.J.S.A. 18A:40-12.5.e.(2).

4. The Principal and/or the school nurse will educate staff and the community regarding Policy and Regulation 5331; obtain feedback on the implementation and effectiveness of the Policy and Regulation; and annually review, evaluate, and update the Policy and Regulation, as needed or required by law.
- C. Prevention Measures
1. Considerations for the Cafeteria

The Principal, in consultation with the school nurse, teaching staff members, food service staff members, and other appropriate staff members, will work to make the cafeteria environment as safe as possible for food-allergic pupils. This process includes making determinations about serving foods with known allergens and identifying steps that can be taken to reduce the chance of accidental exposure. The steps may include:

- a. Training to food service personnel on food label reading and safe handling, as well as safe meal substitutions for food-allergic children.
- b. Educating cafeteria staff and monitors about food-allergy management and make them aware of the pupils who have life-threatening food allergies.
- c. Developing and implementing standard procedures for cleaning tables, chairs, and trays, particularly those designated as allergen-safe, after lunch periods using dedicated and disposable supplies to avoid cross contact.
- d. When possible, sharing ingredient/allergen information for food provided by the school to pupils and parent(s) or legal guardian(s).
- e. Making allergen-safe table(s) an available option for allergic pupils.
- f. Considering allergen-full table(s) (i.e., all those eating peanut butter sit together).



- g. Discouraging pupils from sharing or trading food/snack items, drinks, straws, or utensils.
- h. Encouraging pupils to wash hands before and after eating.
- i. Considering the benefits and ramifications of serving and/or removing allergen-containing foods or removing a particular food item from the school menu.
- j. Making accommodations in the event a pupil cannot be in direct proximity to certain allergens that are being cooked/boiled/steamed.

2. Considerations for the Classroom

Provisions will be made to develop safeguards for the protection of food-allergic pupils in the classroom. The school nurse will work with the classroom teacher(s) so the teacher understands and is able to initiate the pupil's IEHP, as necessary.

- a. If possible, consider prohibiting the use or consumption of allergen-containing foods in the classroom.
- b. Conduct training for teachers, aides, volunteers, substitutes, and pupils about food allergies.
- c. Develop and implement a procedure that will alert substitute teachers to the presence of any pupils with food allergies and any accompanying instructions.
- d. Develop and implement a letter to parent(s) or legal guardian(s) of classmates of the food-allergic pupil (without identifying the pupil), particularly in lower grades, explaining any prohibitions on food in the classroom.
- e. Discourage the use of food allergens for classroom projects/activities, classroom celebrations, etc.
- f. Encourage the use of non-food items for all classroom events/activities, as a way to avoid the potential presence of major food allergens.



- g. Notify parent(s) or legal guardian(s) of classroom celebrations that involve food with particular attention to notification of parent(s) or legal guardian(s) of food-allergic children.
- h. Encourage pupils to wash hands before and after eating.
- i. Develop and implement standard procedures for cleaning desks, tables, and the general classroom area.

3. General Considerations for the School Environment

The Principal, in consultation with the school nurse, teaching staff members, food service staff members, and other appropriate staff members, will work to make the school environment as safe as possible for the food-allergic pupil to include:

- a. Developing and implementing cleaning procedures for common areas (i.e., libraries, computer labs, music and art rooms, hallways, etc.).
- b. Developing and implementing guidelines for food fundraisers (i.e. bake sales, candy sales, etc.) that are held on school grounds.
- c. Avoiding the use of food products as displays or components of displays in hallways.
- d. Developing protocols for appropriate cleaning methods following events held at the school, which involve food.

4. Field Trips and Other School Functions

N.J.S.A. 18A:40-12.6 requires a nurse or delegate to be available during school and school-sponsored functions in the event of anaphylaxis. Pupils with food allergies should participate in all school activities and will not be excluded based on their condition. The appropriate school staff member(s) should:

- a. Communicate (with parent(s) or legal guardian(s) permission) relevant aspects of the IEHP to staff, as appropriate, for field trips, school-sponsored functions, and before- and after-school programs.
- b. Encourage long-term planning of field trips in order to ensure that food-allergic pupils receive needed services while away from school.



- c. Evaluate appropriateness of trips when considering the needs of pupils e.g., a trip to a dairy farm should not be scheduled for a class with a milk-allergic pupil.
- d. Encourage, but do not require, parent(s) or legal guardian(s) of food-allergic pupils to accompany their child on school trips.
- e. Implement the district's procedure for the emergency administration of medications.
- f. Implement the district's procedure for emergency staff communications on field trips.
- g. Inform parent(s) or legal guardian(s), when possible, of school events at which food will be served or used.

5. Bus Transportation

The district administrative staff and transportation personnel will consider the needs of pupils with life-threatening allergies while being transported to and from school and to school-sponsored activities. The appropriate school staff member(s) should:

- a. Advise bus drivers of the pupils that have food allergies, symptoms associated with food-allergic reactions, and how to respond appropriately.
- b. Assess the emergency communications systems on buses.
- c. Consider assigned bus seating i.e., pupils with food allergies can sit at the front of the bus or can be paired with a "bus buddy."
- d. Assess existing policies regarding food on buses.

6. Preparing for an Emergency

The Principal and school nurse will establish emergency protocols and procedures in advance of an emergency. These protocols and procedures should:

- a. Provide training for school personnel about life-threatening allergic conditions.



- b. Create a list of volunteer delegates trained by the nurse in the administration of epinephrine, and disseminate the list appropriately.
- c. Ensure that epinephrine is quickly and readily accessible in the event of an emergency. If appropriate, maintain a backup supply of the medication.
- d. Coordinate with local EMS on emergency response in the event of anaphylaxis.
- e. Consider conducting anaphylaxis drills as part of the district or school-wide emergency response plan.
- f. Ensure access to epinephrine and allergy-free foods when developing plans for fire drills, lockdowns, etc.
- g. Ensure that reliable communication devices are available in the event of an emergency.
- h. Adhere to Occupational Safety and Health Administration (OSHA) and Universal Precautions Guidelines for disposal of epinephrine auto-injectors after use.

7. Sensitivity and Bullying

A food-allergic pupil may become victim to threats of bullying related to his/her condition. N.J.A.C. 6A:16-7.9 requires each Board of Education to develop, adopt, and implement a policy prohibiting harassment, intimidation, or bullying on school grounds, including on a school bus or at a school-sponsored function, pursuant to N.J.S.A. 18A:37-15. The appropriate school staff member(s) should:

- a. Remind pupils and staff that bullying or teasing food-allergic pupils will not be tolerated and violators should be disciplined appropriately.
- b. Offer professional development for faculty and staff regarding confidentiality to prevent open discussion about the health of specific pupils.
- c. Discourage needless labeling of food-allergic pupils in front of others. A food-allergic pupil should not be referred to as “the peanut kid,” “the bee kid” or any other name related to the pupil’s condition.



D. Roles and Responsibilities for Managing Food Allergies

The risk of accidental exposure to foods can be reduced in the school setting if schools, pupils, parent(s) or legal guardian(s), and physicians work together to minimize risks of exposure to allergens and provide a safe educational environment for food-allergic pupils.

1. Family's Role

- a. Notify the school of the pupil's allergies.
- b. Work with the school team to develop a plan that accommodates the pupil's needs throughout the school, including the classroom, the cafeteria, after-care programs, during school-sponsored activities, and on the school bus, as well as an IEHP.
- c. Provide written medical documentation, instructions, and medications as directed by a physician, using the Food Allergy Action Plan as a guide. Include a photo of the child on written form.
- d. Provide properly labeled medications and promptly replace medications after use or upon expiration.
- e. Educate the child in the self-management of their food allergy including: safe and unsafe foods; strategies for avoiding exposure to unsafe foods; symptoms of allergic reactions; how and when to tell an adult they may be having an allergy-related problem; and how to read food labels (age appropriate).
- f. Review policies and procedures with the school staff, the child's physician, and the child (if age appropriate) after a reaction has occurred.
- g. Provide current emergency contact information and update regularly.

2. School's Role

- a. Review the health records submitted by parent(s) or legal guardian(s) and physicians.



- b. Identify a core team including the school nurse, teacher, Principal, and school food service and nutrition manager/director to work with parent(s) or legal guardian(s) and the pupil (age appropriate) to establish an IEHP. Changes to the IEHP that promote food allergy management should be made with core team participation.
- c. Assure that all staff who interact with the pupil on a regular basis understand food allergies, can recognize symptoms, know what to do in an emergency, and work with other school staff to eliminate the use of food allergens in the allergic pupil's meals, educational tools, arts and crafts projects, or incentives.
- d. Coordinate with the school nurse to ensure medications are appropriately stored and ensure an emergency kit is available that contains a physician's standing order for epinephrine. Epinephrine should be kept in a secure but unlocked location that is easily accessible to delegated school personnel.
- e. Pupils who are permitted to self-administer should be permitted to carry their own epinephrine in accordance with State regulations and district policy.
- f. Designate school personnel who volunteer to administer epinephrine in an emergency.
- g. Be prepared to handle a reaction and ensure there is a staff member available who is properly trained to administer medications during the school day, regardless of time or location.
- h. Review policies and prevention plans with the core team members, parent(s) or legal guardian(s), pupil (age appropriate), and physician after a reaction has occurred.
- i. Work with the transportation administrator to insure that school bus drivers receive training that includes symptom awareness and what to do if a reaction occurs and assess the means by which a bus driver can communicate during an emergency, including proper devices and equipment.



- j. Discuss field trips with the family of the food-allergic child to decide appropriate strategies for managing the food allergy.
 - k. Follow Federal and/or State laws and regulations regarding sharing medical information about the pupil.
 - l. Take threats or harassment against an allergic child seriously.
3. Pupil's Role
- a. Pupils should not trade food with others.
 - b. Pupils should not eat anything with unknown ingredients or known to contain any allergens.
 - c. Pupils should be proactive in the care and management of their food allergies and reactions based on their developmental level.
 - d. Pupils should notify an adult immediately if they eat something they believe may contain the food to which they are allergic.

Issued: 7 December 2009

