

Administrative Procedures for Food Allergy Management (Attachment for Policy No. 209.1)

Purpose

The purpose of these administrative procedures, together with related policy, is to provide a safe educational environment for students with severe and/or life-threatening food allergies. The School District of Philadelphia (“District”) cannot guarantee that a student will never experience an allergy-related adverse event while at school or a school-related activity. However, accidental exposure to food allergens can be reduced in a supportive school environment if students, parents, and staff work together to minimize risk of exposure and to provide a safe educational environment for students with severe and/or life-threatening food allergies. The District is committed to implementing reasonable steps to protect the safety of students, and has created these procedures to reduce the risk that children will experience an allergy-related adverse event.

Definitions

For purposes of these administrative procedures, terms are defined as follows:

Anaphylaxis: An allergic reaction that is rapid in onset and may result in death. It involves several body systems and signs and symptoms may involve the mouth, throat, nose, eyes, ears, lungs, stomach, skin, and heart.

Food Allergy: An abnormal, adverse reaction to a food that is triggered by the body's immune system.

Common Food Allergens: Common foods that are associated with food allergy are milk, eggs, peanuts, tree nuts, fish, shellfish, wheat, and soy.

Food Allergy Diagnosis: A diagnosis that requires a careful medical history and physical exam, laboratory studies, and other diagnostic tests ordered by a licensed healthcare provider.

Food Allergy Medical Management Plan: This plan should be part of the Individualized Health Care Plan (IHP) and Emergency Care Plan (ECP). This plan is developed by a student’s personal healthcare team and family. It outlines the prescribed healthcare regimen and should be signed by the student’s board certified allergist, family physician, physician assistant, or certified registered nurse practitioner. The Food Allergy Medical Management Plan may include information such as the student’s date of diagnosis, current health status, list of equipment and supplies, specific medical orders, and emergency contact information.

Medical Plans of Care: Written documents individualized for a particular student with a severe or life-threatening food allergy to address the student’s needs throughout the school day, including:

1. **Individualized Health Care Plan (“IHP”):** A medical plan of care that provides written directions for school health personnel to follow in meeting the individual student’s

healthcare needs. The plan describes functional problem areas, sets goals for overcoming problems, and lists tasks/interventions to meet the goals. The IHP shall include a Food Allergy Medical Management Plan developed by a student's personal healthcare team and family, which shall outline the student's prescribed healthcare regimen and be signed by the student's board-certified allergist or healthcare provider. Symptoms of anaphylaxis typically occur within 5-30 minutes of exposure to the allergen and involve two of the three following body systems: respiratory, digestive and/or skin. Any combination of vomiting, diarrhea, abdominal pain, shortness of breath, wheezing, cough, difficulty swallowing, skin welts, itching, a pale or flushed face, and feelings of impending doom can occur.

2. **Emergency Care Plan ("ECP"):** A medical plan of care based on the information provided in the student's IHP and provided to appropriate school personnel who have responsibilities for the student which specifically describes how to recognize a food allergy emergency and what to do when signs or symptoms of these conditions are observed.
3. **Section 504 Service Agreement:** An individualized plan for a qualified student, which sets forth the specific related aids, services, or accommodations needed by the student, which shall be implemented in school, in transit to and from school, and in all programs and procedures so that the student has equal access to the benefits of the school's educational programs, nonacademic services, and extracurricular activities.
4. **Related Services Component in Individualized Education Program ("IEP"):** That part of an IEP for a student receiving special education and related services which includes reference to development and implementation of an IHP and ECP for students with a documented severe or life-threatening food allergy as well as identifying the medical accommodations, educational aids, and services to address the student's needs.

Procedures

The focus of food allergy management shall be prevention, education, awareness, communication, and emergency response. Board Policy 209.1 is the basis for the development of these administrative procedures. Outlined in these procedures are key elements to the safe management of food allergies.

Identification of students with food allergies and provision of school health services

At the beginning of each new school year, all parents are required to complete and submit the [Student Emergency/Medical Information form \(S-865\)](#) to the school. Among other things, this form delineates a student's health conditions and medications prescribed for their management.

Development and implementation of individual written management plans

Upon receiving medical documentation from the parents regarding the diagnosis and management of a severe and/or life-threatening allergy, the certified school nurse ("CSN") will

ensure development of an individual Medical Plan of Care which may include an ECP, IHP, IEP, and/or 504 if/and when relevant. Medical Plans of Care will include:

- Emergency treatment for a severe or life-threatening allergic reaction including:
 - Name of licensed medical provider trained in administering epinephrine;
 - Clear instructions on what indicates the need to administer epinephrine; and
 - Identification of who initiates an ECP, including calling 911, for all identified students.
- A contingency plan should the student be unable to self-administer medication if the identified licensed medical provider is absent.
- Risk reduction and emergency response during travel to and from school and field trips.
- Documentation of whether the child has asthma and medications related to this diagnosis
- Maintenance of confidentiality and the student's right to privacy.

Medication protocols, including methods of storage, access, and administration

The CSN will receive the medication, equipment, and/or machinery from the parent in accordance with safe standards which include proper labeling and packaging by the pharmacy. The CSN will document the date of receipt, name of child, name and amount of medication, and signatures of the persons who delivered and who received the medication on a [MED-4 form](#).

Storage of medication must be in a secure area which meets the following criteria:

- Medication and supplies (such as syringes) must be stored in a locked cabinet (preferably in the school health room) which is convenient to the person responsible for administering the medication.
- Medication requiring refrigeration will be stored in the refrigerator in the school health room.

Only emergency medication which must be administered quickly to prevent serious harm to the student, such as Epi-Pens and asthma inhalers, can be given by District staff other than the CSN. It is also permissible for students who require these emergency medications, and who are capable of self-administering in accordance with the competency-based [Self Medication Assessment Tool](#), to carry the medication with them.

Development of a comprehensive and coordinated approach to creating a healthy school environment

Schools should develop a comprehensive approach to creating a healthy school environment and consider incorporating the following, as appropriate:

- Identify high-risk areas in the school such as the cafeteria and classroom and implement strategies to limit exposure to food allergens in those areas.
- Designate specific and identifiable allergy-friendly tables in the cafeteria where students with severe or life-threatening allergies will not come in contact with foods most likely to cause anaphylaxis (i.e. tree nuts and peanuts and milk).
- Consider allowing children without allergies to sit at the allergy-friendly tables when it is determined that their lunch does not include the offending allergens.

- Limit, reduce, and/or eliminate food from classroom(s) and other learning environments used by children with food allergies at risk for anaphylaxis.
- Limit, reduce, and/or eliminate parent-provided classroom snacks.
- Educate staff and children about not trading or sharing food, snacks, drinks, or utensils.
- Encourage the practice of washing hands before and after eating.
- Implement similar risk reduction strategies for field trips.
- Avoid the use of food products in hallway art displays and school projects.

Effective communication between the student's family, school personnel, and medical provider in an environment of complete confidentiality

Parent/Guardian Responsibilities

- Inform the CSN of the student's food allergies when he/she enrolls in the school or is newly diagnosed with a severe or life-threatening allergy and provide the following:
 - Documentation of food allergies using a [Medical Plan of Care for Food Service](#) form.
 - Request for Administration of Medication ([MED-1](#)) forms completed by a licensed provider for epinephrine auto-injector as well as other prescribed medications if needed. MED-1 forms must be renewed at least annually.
 - A recommended minimum of two up-to-date epinephrine auto-injectors (More may be necessary based on the student's activities and travel during the school day.)
- Parents who intend to accompany the student on field trips for the purpose of administration of the student's medication must communicate that intent and comply with Board Policy 121 - Field Trips, Social Events, and Class Trips and its administrative procedures.

During the school year, the parents or guardian will:

- Consider obtaining a medical alert bracelet for their student.
- Educate and consistently remind their student to:
 - Recognize the first symptoms of an allergic/anaphylactic reaction.
 - Communicate clearly as soon as they feel a reaction is starting.
 - Carry his/her own epinephrine auto-injector in accordance with Policy 210.1 or know where the epinephrine auto-injector is kept and who has access.
 - Not share snacks, lunches, or drinks.
 - Understand the importance of hand-washing before and after meals.

CSN Responsibilities

- Obtain materials and medical supplies necessary from the parent/guardian and arrange a system for notifying the student or parents/guardian when supplies need to be replenished.
- Act as a liaison between the school and the student's healthcare provider regarding the student's self-management at school and communicate to parents/guardians any concerns about the student's food allergy management.
- Communicate to parents/guardian any concerns about the student's food allergy and act as an advocate for students to help them meet their food allergy healthcare needs.

School Principal Responsibilities

- Allot time during professional development for the CSN to address staff regarding life-threatening food allergies, including demonstrating the administration of Epi-Pens and needs for students with life-threatening food allergies.
- Ensure contingency plans are in place to continue care of the student in case of a substitute teacher.
- Designate the CSN as the resource for families and staff regarding their concerns.

Emergency response*School-based Emergency Medical Response Plan*

Medical emergency responses should follow the procedures set forth in the Emergency Response Flip Chart that are to be maintained in each classroom, the main office, the principal's office, and the school health room.

Return to School

In the event of an allergic reaction that warrants activation of an Emergency Response, the following actions should be implemented by the Office of Student Health Services in collaboration with the CSN and principal in order to prepare for the child's successful return to the classroom:

- Identify, if possible, the source of allergen exposure and take steps to prevent future reactions.
- Review accurate and updated information on the allergic reaction including any new medication(s) which would require new consent forms to be signed by the parents.
- If an epinephrine auto-injector was utilized during the reaction, ensure that the parent/guardian replaces it with a new one.
- Review of the ECP, IHP, IEP and/or the 504 Plan and amend to address any changes that were made by the student's healthcare provider.
- Identify and interview those who were involved in the emergency care of the student and those that witnessed the event.
- Meet with school staff to dispel any rumors and review administrative procedures.
- Provide factual information, as deemed necessary, to parents of the student's classmates that complies with FERPA and does not identify the individual student.

In the event of a fatal allergic reaction:

- Implement the school's crisis plan for the death of a student. Resources for this can be found on the District's [Crisis Response webpage](#).
- Consider providing counselors to support staff and students.
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Professional development and training for school personnel

The Office of Student Health Services, in conjunction with other appropriate central offices, will coordinate employee training about the signs and symptoms of allergic reactions and potential for anaphylaxis including topics described in the [Pennsylvania Guidelines for Management of Food Allergies in Schools](#). [1]

Awareness education for students

Schools will utilize curriculum appropriate to the development of the students to make students aware of food allergies including topics described in the [Pennsylvania Guidelines for Management of Food Allergies in Schools](#). [2]

Awareness education for parents/guardians

Additional information regarding the diagnosis and management of food allergies is available on various websites, including:

- [American Academy of Allergy, Asthma, and Immunology](#)
- [Food and Drug Administration: What You Need to Know about Food Allergies](#)
- [Kids with Food Allergies](#)
- [Centers for Disease Control and Prevention: Food Allergies](#)

Maintenance Schedule

These administrative procedures will be reviewed upon policy renewal, or in the case of a triggering event, and include:

- A review of the current science on management of food allergies in the school setting.
- A review of the District's annual incident report summaries.
- A review of current policies and administrative procedures.

Related Information

Policies

[Policy 121](#) - Field Trips, Social Events, and Class Trips

[Policy 145](#) - Student and Staff Wellness

[Policy 210](#) - Administration of Medication/Medical Technology

[Policy 210.1](#) - Possession/Use of Emergency Medications

Forms

[S-865 Emergency Medical Information form](#)

[Medical Plan of Care for Food Service form](#)

[Self Medication Assessment Tool](#)

[MED-1 form](#)

[MED-4 form](#)

[1] See pages 24-29 of the Guidelines

[2] See page 22 of the Guidelines