

New Milford Public Schools

Food Allergy and Glycogen Storage Disease Management Plan

The New Milford Public School system is committed to maintaining a healthy environment for all students in our schools including all students with life-threatening food allergies and Glycogen Storage Disease. The focus of a Food Allergy and Glycogen Storage Disease Management Plan shall be prevention, education, awareness, communication and emergency response.

Overview of Food Allergies and Anaphylaxis:

Food allergy is an exaggerated response by the immune system to a food that the body mistakenly identifies as being harmful. The immune system produces antibodies to that food. The next time the individual eats that food, the immune system releases moderate to massive amounts of chemicals, including histamine, to protect the body. These chemicals trigger a cascade of allergic symptoms that can affect the respiratory system, gastrointestinal tract, skin and cardiovascular system. In some people, symptoms appear in only one body system, while in others symptoms appear in several. These symptoms can range from mild to severe (anaphylaxis) and may be life threatening depending on the individual and type of exposure.

Overview of Glycogen Storage Disease:

Glycogen storage disease occurs when an enzyme (proteins produced by the body) that regulates conversion of sugar (glucose) into its storage form (glycogen) or release of glucose from glycogen is missing. If the enzymes to process to the stored glycogen are missing, the glycogen will accumulate and cause problems. There are ten different types of GSD, the symptoms of GSD vary based on the enzyme that is missing. Because GSD occurs mainly in muscles and the liver, those areas show the most obvious symptoms. Treatment of GSD depends on the type of GSD. For the types of GSD that can be treated, patients must carefully follow a special diet.

Process for Identification of Students with Life Threatening Food Allergies and Glycogen Storage Disease:

The child with a severe food allergy and GSD may be identified in a variety of ways. It may be noted at Kindergarten registration, on the Health Assessment Record form, or by notification from the parent. Nurses will make every effort to carefully review the medical records of all new students entering their school or district. Nurses with students with severe allergies or Glycogen Storage Disease moving to a new school within the district shall notify the new school nurse of the child and the presence of an Individualized Health Care Plan (IHCP) and/or Emergency Care Plan (ECP). Data will be carried from year-to-year within the system.

Process for Annual Development of Individualized Health Care Plan:

A formalized process will be used for the development of an individualized health care plan for students with life-threatening food allergies and GSD. This process includes a standardized template for the development of both the IHCP and the ECP, a process to obtain medical information and proper authorizations to administer medication from the student's health care provider, and a process to develop other accommodations within the IHCP. The plan should be individualized to meet the specific needs of the student with input from the family, classroom teacher, school nurse and specialty teachers. The plan should include the following information:

- Name, identifying information, photo if available
- Specific allergy
- Signs and symptoms of an accidental exposure
- Medication to be administered in the event of an exposure
- Location and storage of EpiPen auto injector
- Who will administer (including self-administering options)
- Follow up plan (Calling 911)
- Emergency contacts
- Risk management during lunch and recess

Strategies to reduce the risk of exposure to life-threatening food allergens in school buildings:

Parent's responsibility in management and emergency planning:

- To notify the school of the child's allergy and GSD, will update at least annually.
- To work with the school nurse and school team to develop a plan that accommodates the child's needs throughout the school including the classroom, cafeteria, after school activities and the school bus.
- To provide written medical documentation, instructions and medication as directed by a physician. This may include proper authorizations for medications and emergency response protocols.
- To provide written permission for the nurse to communicate with the health care provider.
- To replace medication after use or upon expiration.
- Parent to provide the school a way to reach them in case of emergency. (cell phone, beeper, etc.)
- To 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 adults they may have an allergy-related problem; how to read food labels (age-appropriate). Education efforts should promote self advocacy and competence in self care.
- To educate the child in self management of GSD, including signs and symptoms of hypoglycemia.

- After school activities: medication brought to school for the use in an emergency is not available for after school activities. Parents must inform the person in charge of the activity of their child's life-threatening food allergy or GSD. If parent feels it is necessary for student to have emergency medication available, medication policy must be followed. A physician's order must be on file in the nurse's office and a separate cartridge must be given to staff member in charge of activity. Staff member in charge of activity will inform the nurse; medication administration instruction will be completed.

Student responsibility in management and emergency planning:

- To be proactive in the care and management of their food allergies and GSD and reactions based on their developmental level by learning to recognize symptoms of an allergic reaction and hypoglycemia.
- To not trade or share food with others.
- To not eat anything with unknown ingredients or known to contain any allergen.
- To notify an adult immediately if they eat something they believe may contain the food to which they are allergic.
- The student may be allowed to carry his own EpiPen on his person at all times in the event that self-administration is authorized. He/she must agree to keep the emergency medications on their person or immediately under their control and supervision at all times. In addition, students must be responsible for keeping control of their medications so that other students cannot have access to them and inadvertently harm themselves.

Classroom/teacher responsibility in management and emergency planning:

- Food used for class projects should be limited. The teacher is responsible for following a student's IHCP as it applies to food in the classroom. Parent of student with severe allergy should be notified of projects so they can check that ingredients are safe for their child.
- Teacher may send written information home to parents of other children in elementary school classrooms, explaining that there is a student in the classroom with a severe allergy, to encourage other parents not to send those foods in with their child.
- Promotion of hand washing practices following eating to prevent cross-contact using recommended procedures of soap and water or hand wipes when soap and water are not available. Hand sanitizers are not effective for removing food allergens or dirt.
- Enforce safe practices among students, such as prohibiting meal/snack swapping among students.
- Consider options for allergen free zones in classroom, ensure cleaning of tables before and after snack times.
- Classroom teachers will acknowledge receipt and understanding of IHCP and ECP.
- Classroom teachers should leave information for substitute teachers in an organized, prominent and accessible format.

- Student's who are suspected of having a reaction should never be allowed to walk to the school nurse alone.
- To collaborate with the nurse prior to planning a field trip to plan ahead for risk avoidance at the destination and during transportation to and from the destination. Ensure that the child with a food allergy is assigned to staff who are trained in early recognition and use of an EpiPen and that the auto injector is with the student or with the trained adult.

Food Service responsibility in management and emergency planning:

- If a licensed physician determines a child's food allergy is severe enough to result in a life-threatening (anaphylactic) reaction, the school food service program must make the substitutions prescribed by the physician, even if the child is not considered disabled under Section 504 or IDEA. A copy of the physician note will be given to food service staff when the school nurse receives it.
- Parents of students with severe life-threatening food allergies and GSD are encouraged to contact food service to become informed of the routine, cooking methods and food preparation done on a daily basis.
- Tables are cleaned between lunches.
- Cafeteria staff (especially at point of sale) is notified of students with life-threatening severe food allergies and GSD, elementary through middle school, usually through the nurse. If a picture of the student is available, it will be included. Nurses will sometimes introduce student to the cafeteria staff.
- Review and follow food-handling guidelines to avoid cross contamination with potential food allergens.
- To be aware of signs and symptoms of allergic reaction to facilitate quick ECP response.

Transportation:

- In the event of an emergency, driver will immediately pull over and radio in to the dispatcher who will call 911.
- No food is to be consumed on the bus, unless IHCP for student with GSD states student is required to snack during bus transport or as needed. .

School Nurse responsibility in management and emergency planning:

- Identify students with severe food allergies and Glycogen Storage Disease.
- Meet with parents to obtain a medical history, which should include a list of foods the child is allergic to and how he reacts after ingesting these foods. It should be ascertained whether the child can be near the offending food, included in the history should be an account of past reactions and how they were managed.

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- Acquire permission from child's parents to share IHCP and ECP with school staff on a need to know basis. Care plans distributed to all staff that have daily interaction with student alerting them to important food allergy/GSD information.
- When a student has been identified with a food allergy or GSD, the parent will be asked to have the child's doctor provide the school with written information regarding the child's allergies/GSD and what restrictions will be provided. Medication administration forms will need to be completed by the physician and signed by the parent. The medication must be properly labeled and delivered to the school nurse by the parent prior to the child starting school. Nurse will periodically check medications for expiration dates.
- School nurses shall be responsible for the storage of emergency medication in the health office, which should be easily accessible to school staff during the school day. In addition to an accessible location in the health office, the emergency medication may be kept on the child in the event that self-administering is authorized; or in the hand of a teacher. As part of the IHCP it may be decided that the EpiPen accompanies the child to recess or other activities.
- Additional personnel, including but not limited to the school principal, classroom teacher, occupational therapist, physical therapist or paraprofessional directly in contact with the student may be trained by the school nurse in signs and symptoms of an allergic reaction and the use of the EpiPen. If a paraprofessional is delegated the task it must be for the purpose of administration to a select student. In addition, the school nurse shall provide annual instruction in recognition, prevention and treatment of food allergies for school personnel as required as part of a written plan. This training must also include the medication, the desired effects, when and how to administer the medication, the potential side effects and the emergency response plan. Teachers of elementary school food allergic children shall receive student-specific instruction. All training must be documented and done annually. The school nurse maintains responsibility for supervision of the delegated task.
- School nurse will use Self Medication Assessment Form to review EpiPen use and to determine an individual student's ability to self administer their own medication, if written permission by the authorized health care provider and the parent is on file.
- Make sure that substitute school nurses are fully oriented to students with life-threatening food allergies and GSD and their care plans.
- Notify transportation of Food Allergy/GSD, ECP/IHCP as requested by parent.
- IHCP for students with GSD must include, but not limited to, "the provision of food or dietary supplements by the school nurse or any other school employee approved by the school nurse, to a student with glycogen storage disease provided such plan shall not prohibit a parent or guardian, or a person designated by such parent or guardian, to provide food or dietary supplements to a student with glycogen storage disease on school grounds during the school day" (Public Act 12-198 2012)

School's responsibility in management and emergency planning:

- To be knowledgeable about and follow applicable state and federal laws, including ADA, IDEA, Section 504, and FERPA, as well as district policies that apply.
- To include food allergic and GSD students in school activities.
- To designate school personnel who are properly trained to administer medication in accordance with laws governing the administration of emergency medication. If there is no nurse available have a plan in place where there are at least three staff members that are trained in the recognition of early symptoms of anaphylaxis and in medication administration.
- To determine methods of effective communication between essential personnel in the event of a medical emergency. This may include walkie talkies, intercom systems or other methods to decrease the response time of the school nurse or emergency response team in the event of an emergency. Communication systems should also be established during off-site activities such as field trips
- School personnel, including teachers and school nurses, are NOT responsible for determining whether food brought to school by the student with an identified food allergy- or food brought to school by another student- is safe for an allergic student to consume.
- To discuss field trips with the family to decide appropriate strategies for managing the food allergy. The classroom teacher should give the child's parent ample notice and request that they come along. If this is not possible the teacher will keep the student with him/her and review foods to be avoided and precautions to be taken.
- After school activities: Medication brought to school for use in an emergency is not available for after school activities. Parents must inform the person in charge of the activity of their child's life-threatening food allergy. If parent feels it is necessary for student to have emergency medication available, the medication policy must be followed. Parent must provide medication to person in charge.
- To obtain a standing order from the school medical advisor for the nurses to administer epinephrine to students who are not known to have a life-threatening food allergy, do not have their own medication order and have their first anaphylactic reaction in school. This standing order shall include an order to administer a second dose of epinephrine if the symptoms of an anaphylactic reaction have not subsided within a specified number of minutes from the first dose of epinephrine. These orders are to be reviewed and signed by the school medical advisor on an annual basis. Nurse's office will have a minimum of two EpiPens for use with standing orders.
- Multi-disciplinary Food Allergy Management Team is formed within district Wellness Committee to continually develop, implement, monitor, review and revise the plan to manage life-threatening food allergies and GSD effectively. The plan will be reviewed at least yearly as well as all incidents of allergy ingestion and treatment in the school setting.

Provisions for ongoing education of school personnel and the school community regarding the management of life-threatening food allergies:

- All staff members will be notified of signs and symptoms of severe allergic reactions to food and the need for emergency care.
- Education of appropriate school staff in collaboration with the parent of students with life-threatening food allergies and Glycogen Storage Disease, such as classroom teacher, administrators, food service workers, coaches, bus drivers, and other onsite persons in charge of conducting after school activities.
- School nurses in each of their schools will be responsible to educate staff and any other appropriate members of the school community in regards to students with life-threatening severe food allergies and GSD on an annual basis and as needed (i.e., new student registers with a life-threatening allergy or a new diagnosis). This education may include: overview of life-threatening food allergies; overview of GSD; prevention strategies; emergency care plans; medication training; food safety; sanitation; and specific accommodations, such as field trips.
- All certified staff trained in administration of EpiPens. Individual training will be provided as required for student safety. Paraprofessionals will receive child specific training if they are working with a student with known severe allergy with physician orders in place.
- Communication and privacy issues between relevant school staff, families and the student's health care providers will meet all federal, state and local standards.

Emergency medical response plan including communication strategies between individual schools and local providers of emergency services:

Anaphylaxis can be defined as a potentially life-threatening medical condition occurring in allergic individuals after exposure to an allergen. Anaphylaxis refers to a collection of symptoms affecting multiple symptoms in the body. These symptoms may include:

Skin	Swelling of any body part Hives, rash on any body part Itching of any body part Itchy lips
Respiratory	Runny nose Cough, wheezing, difficulty breathing, shortness of breath Throat tightness or closing Difficulty swallowing Change in voice
Gastrointestinal	Itchy tongue, mouth and/or throat Vomiting Stomach cramps

	Abdominal pain
	Nausea
	Diarrhea
Cardiovascular	Heartbeat irregularities
	Flushed, pale skin
	Cyanosis of the lips and mouth
	Decrease in blood pressure
	Fainting or loss of consciousness
	Dizziness, change in mental status
Other	Sense of impending doom
	Anxiety
	Itchy, red watery eyes

Several factors may increase the risk of a severe or fatal anaphylactic reaction: asthma or a history of asthma; a previous history of anaphylaxis; peanut, tree nut and/or shell fish, milk, egg, soy, wheat allergies; presentation with gastrointestinal or respiratory symptoms.

Early recognition of the symptoms of anaphylaxis, immediate administration of epinephrine auto-injector and prompt transfer of the child by the emergency medical system is essential due to the severity and rapid onset of food induced anaphylaxis.

Sometimes, if symptoms do not subside, a second epinephrine auto-injector is necessary. Parents should be notified as soon as possible, but not before administration of the epinephrine.

When in doubt, it is better to give the epinephrine auto-injector and call the EMS system for an ambulance. **In the event an EpiPen is used at any time for a student, 911 will be called immediately.** Fatalities are more likely to occur when epinephrine administration is withheld.

Monitoring Effectiveness of District Plan and Procedures:

- The plan will be monitored annually with the school district team;
- The plan will be monitored after each emergency event involving the administration of medication to determine the effectiveness of the process, why the incident occurred, what worked and did not work in the district plan and procedures; and
- Include medically-accurate, research-based practices in the annual review of the plan and procedures.

Resources:

- Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools (2006)
- Guidelines for Managing Life Threatening Food Allergies in Connecticut Schools 2012 (includes Guidelines for Managing Glycogen Storage Disease)
- The School Food Allergy Program - Food Allergy Network
- Guidelines for the Management of Children with Peanut or Tree Nut Allergies in the School Setting - Danbury Public Schools

State Legislation:

- PA 05-104 An Act Concerning Food Allergies and the Prevention of Life-Threatening Incidents in School
- PA 12-198 (HB 5348) An Act Concerning the Administration of Medicine to Students with Diabetes, the Duties of School Medical Advisors, the Availability of CPR and AED Training Materials for Boards of Education and Physical Exercise During the School Day.
- CGS 10-212a Administration of Medications in Schools
- Section(d) of CGS 10-212a Administration of Medications in Schools by a paraprofessional
- C.G.S.. 10-212c Life-threatening food allergies : Guidelines, district plans

The Regulations of Connecticut State Agencies:

- Section 10-212a-1 through 10-212a-7
- C.G.S. 10-220i Transportation of students carrying cartridge injectors
- C.G.S. 52-557b Good Samaritan Law Immunity from liability for emergency medical assistance, first aid or medication by injection
- PA 05-144 and 05-272 An Act Concerning the Emergency Use of Cartridge Injectors

Federal Legislation:

- Section 504 of the Rehabilitation Act of 1973
- The Americans with Disabilities Act (ADA) of 1990
- The Individuals with Disabilities Education Act of 1976 (IDEA)
- The Family Education Rights and Privacy Act of 1974 (FERPA)
- Occupational Safety and Health Administration (OSHA)

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