

Littleton Public Schools
Guide for Supporting Children
With Life-Threatening Food Allergies

The purpose of this manual is to provide guidelines for supporting children with life-threatening food allergies in Littleton Public Schools. This resource is designed to assist teams in developing individual plans for children.

LPS is committed to the health and safety of our students.

In order to reduce the risk that children with food allergies will have an allergy-related event at school, the following practices have been created.

LPS cannot guarantee that a student will never experience an allergy-related event while at school.

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Purpose of this Document

Littleton Public Schools holds student safety as the highest priority. The health and wellbeing of all students is in the forefront of all of our work as a district. Food allergies are a challenging issue that schools must plan for. The guidance contained in this document is intended to support schools, students, parents, and the district with providing a safe and inclusive environment for all students.

Littleton Public Schools provides highly effective health services. Through a contract with Children's Hospital, LPS provides school nurse consultants to schools to support and supervise the health needs. Our five school nurse consultants work the health assistant and teaching and support staff at all of our school sites to support the health needs of all of our students. The district takes pride in collaborative partnerships with parents and members of the community to also address the health and safety of our students.

A value in supporting students with food allergies is to educate them about their individual needs and to teach students to advocate on their own behalf. Creating schools and students who are aware of the risks involved with food allergies results in a safer environment for all students.

Common allergens

Eight types of food are responsible for more than ninety percent of allergic reactions. These foods are: milk, eggs, peanuts, tree nuts, fish, shellfish, soy, and wheat. Non-food items, such as arts and craft materials, may contain trace amounts of these foods. There is no cure for food allergy, and strict avoidance is the only way to prevent a reaction. Other allergic reactions are known to occur from insect venom (e.g., bee stings), medications, and latex. An allergic reaction can occur within minutes or up to hours upon exposure.

To address the complexities of food allergy management in schools, it is imperative that students, parents/caregivers, and district school personnel work cooperatively to create a safe learning environment. All school personnel must be made aware and be well prepared to prevent, when possible and respond, when necessary to emergency medical situations in the school environment.

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. The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock that are potentially fatal.

Recognizing Signs and Symptoms of Anaphylaxis

- Flushing and/or swelling of the face
- Itching and/or swelling of the lips, tongue or mouth
- Itching and/or sense of tightness in the throat, hoarseness, difficulty breathing and/or swallowing
- Hives, itchy rash and/or swelling about the face, body or extremities
- Nausea, abdominal cramps, vomiting
- Shortness of breath, repetitive coughing and/or wheezing

- Faint, rapid pulse, low blood pressure
- Light headedness, feeling faint, collapse
- Distress, anxiety and a sense of dread
- Hoarseness or inability to speak

How a Child Might Describe a Reaction

Food Allergy News, Vol. 13, No. 2. © 2003 The Food Allergy & Anaphylaxis Network.

- This food is too spicy
- My tongue is hot (or burning)
- It feels like something is poking my tongue
- My tongue (or mouth) itches
- It (my tongue) feels like there is hair on it
- My mouth feels funny
- There's a frog in my throat
- There's something stuck in my throat
- My tongue feels full (or heavy)
- My lips feel tight
- It feels like there are bugs in there (to describe itchy ears)
- It (my throat) feels thick
- It feels like a bump is on the back of my tongue (throat)

Anaphylaxis usually occurs immediately, but can occur up to two hours following allergen exposure. Anaphylaxis is often treated with the administration of epinephrine, a prescribed medication that immediately counteracts the life-threatening symptoms. Epinephrine is given by an injection that is easily administered.

In about one third of anaphylactic reactions, the initial symptoms are followed by a late phase of symptoms two to four hours later. 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, Use Epinephrine~

Medical advice indicates that it is better to give the student's prescribed epinephrine and seek medical attention. Fatalities occur when epinephrine is withheld or delayed. In many fatal reactions the initial symptoms of anaphylaxis were mistaken for asthma, which delayed appropriate treatment with epinephrine.

Individual Health Care Action Plan (HCAP)

An HCAP puts in writing what the school can do to accommodate the individual needs of a child with a life-threatening allergy. Prior to entry into school (or immediately after the diagnosis of a potentially life-threatening allergic condition), the parent/guardian should meet with the school nurse to develop an Individualized Health Care Action Plan. This plan details the preventative steps a school will take to help protect a student with life-threatening allergies including steps staff must take in the event of an emergency. The plan must be signed by the child's physician in order to be implemented.

There may be some circumstances when a student needs a 504 plan to accommodate their food allergy. A 504 Plan may be developed for the child if there are specific accommodations that need to be put in to place for the student in order for them to be able to access activities within the school environment. Examples of accommodations include access to educational activities that do not include food and no food rewards in the classroom.

In most cases a student needs will be supported through a Health Care Action Plan. If a student needs more intensive accommodations, especially in the classroom or other educational settings such as transportation, field trips, etc., it is best to document the accommodations in a 504 plan.

Importance of 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, such as foods, medicines, insects, and latex. Avoidance is the key to preventing a reaction.

School is a high-risk setting for accidental ingestion of a food allergen, due to such factors as the large number of students, increased exposure of the food allergic student to food allergens, as well as cross-contamination of tables, desks, and other surfaces.

Other high-risk areas and activities for the student with food allergies include:

- the cafeteria
- food sharing
- hidden ingredients in craft, art, and science projects
- bus transportation
- fund raisers & bake sales
- parties and holiday celebration
- field trips
- substitute teaching staff being unaware of the food allergic student

Ingestion of the food allergen is the primary route of exposure leading to life-threatening reactions. It is possible for a student to be exposed to the allergen through touch, which could result in a life-threatening reaction if the student then ingested what was touched (i.e.: putting fingers in mouth). The amount of food needed to trigger a reaction depends on multiple variables. Each student's level of sensitivity may fluctuate over time. The symptoms of a food allergy reaction are specific to each individual. He/she should be medically evaluated.

General Guidelines

This next section serves as a guide to outline the range of responsibilities staff can have concerning a child with a life-threatening allergy. Note that each child's team ultimately determines the responsibilities of individual staff members. This guide will help teams determine which accommodations are necessary for a given child.

Epinephrine by auto-injector should be readily accessible and reasonably secure at all times during school hours. It may be carried by the student if appropriate. To promote rapid life-saving steps, emergency medication should be in a safe accessible and reasonably secure location that can be properly supervised by a school nurse consultant or other authorized and trained staff members. Key staff members, such as the teacher (including substitutes), principal, health assistant, and cafeteria staff, should know where the auto-injector is stored even if they are not trained to administer it. All staff trained in use of epinephrine should know exactly where it is located. Identification of the place where the epinephrine is stored should be written in the student's health care plan. When epinephrine is administered there shall be immediate notification of the local emergency response services system (911), followed by notification of the school nurse, principal, and student's parents.

Schools should maintain and make available a list of those school personnel authorized and trained to administer epinephrine by auto-injector. A current list should be placed in the school health office.

Responsibilities of the Student with Life-Threatening Allergies

The long-term goal is for the student with life-threatening allergies to be independent in the prevention, care, and management of their food allergies and reactions based on their developmental level. With this in mind, students with life-threatening allergies are asked to follow these guidelines:

- Avoid trading or sharing foods.
- Wash hands before and after eating. (Hand sanitizer is not an effective means of cleansing hands.)
- Learn to recognize symptoms of an allergic reaction and notify an adult immediately if a reaction is suspected.
- Promptly inform an adult as soon as accidental exposure is suspected or symptoms appear.
- Develop a relationship with the school nurse consultant and other trusted adults in the school to assist in identifying issues related to the management of the allergy in school.
- Do not eat anything with unknown ingredients or ingredients known to contain an allergen (as age appropriate) or eat only foods brought from home and/or parent approved cafeteria menu items.
- If unsure of ingredients in party/celebration foods, eat only safe snacks/treats from home stored in a sealed, labeled container in the classroom.
- Develop a habit of always reading ingredients before eating food (as age appropriate).
- When developmentally appropriate, the student may be responsible for carrying emergency medication(s) See policy JLCD for more information (Appendix).
- Empower the student to self-advocate in situations that they perceive as compromising.

Responsibilities of the Parents/Guardians

Parents/Guardians are asked to assist the school in the prevention, care, and management of their child's food allergies and reactions. Additionally, parents are encouraged to foster independence on the part of their child, based on her/his developmental level. To achieve this goal, parents are asked to follow these guidelines:

- Inform the school of your child's allergies prior to the opening of school (or immediately after a diagnosis) and request a meeting with the school nurse consultant to develop an Individual Health Care Action Plan. In addition, provide:
 - ▶ Medication orders from the licensed provider
 - ▶ Up-to-date epinephrine injector and other necessary medication(s)*
 - ▶ Annual updates on your child's allergy status including a description of student's past allergic reactions, including triggers and warning signs
 - ▶ If the child carries medication, periodically check for expiration dates and replace medication as needed

 - ▶ Provide and update emergency contact information regularly

*911 will be called any time that epinephrine is administered or in the case of allergy symptoms without access to allergy medications.

- Notify sponsors and coaches of before and after school-sponsored activities regarding your child's allergy and provide necessary medication.
- While the school will not exclude an allergic student from a field trip, a parent may choose to do so.
- Provide safe classroom snacks for your own child.
- For lunch at school review weekly menus and then reconfirm daily food choices, eating a lunch provided by the school may not be appropriate.

It is important that children take increased responsibility for their allergies as they grow older and as they become developmentally ready. Consider teaching your child to:

- Understand the seriousness and recognize the first symptoms of an allergic/anaphylactic reaction and notify an adult immediately.
- Carry his/her own epinephrine injector when appropriate (or know where the epinephrine injector is kept), and be trained in how to administer her/his own epinephrine injector, when this is an age-appropriate task. (Please note: If the child carries his/her own epinephrine, it is highly encouraged that back-up medication be provided to the school's health office.)
- Recognize safe and unsafe foods and do not share snacks, lunches, or drinks. Encourage the habit of reading ingredient labels before eating food. Understand the importance of hand washing before and after eating.
- Report teasing, bullying, and threats to an adult authority.
- Inform others of your allergy and specific need.

Guidelines for the School Administration

Administrators are asked to assist the school team in the prevention, care, and management of children with food allergies and reactions. Educators are encouraged to foster independence on the part of children, based on her/his developmental level. To achieve this goal administrators are asked to consider these guidelines when developing an Individual Health Care Action Plan for a student with a life-threatening allergy:

- The Individual Health Care Action Plan (for prevention) is essential for managing life-threatening allergic reactions. A school team should be trained to adequately prevent, recognize and respond to allergic reactions. The team may include, but is not limited to: School Nurse Consultant, Health Assistant, Administrative representative, Teachers and Specialists (i.e. – art, music, science, computer etc.) other Support Staff, Student with food allergy (if age appropriate)
- Offer training and education for staff (including supervising personnel of school-sponsored activities) regarding:
 - Food allergies, insect stings, medications, latex, etc.
 - Emergency and risk reduction procedures.
 - How to administer an epinephrine injector for an emergency.
- Arrange for an allergy free table in the school cafeteria.
- Have the custodian wash doorknobs, tables, desks, and other potentially contaminated surfaces when cleaning the classroom, as needed.
- Plan for student transitions each spring for the next school year.
- Be aware that students with allergies may be subject to bullying or harassment related to their health condition. Take all allegations of bullying seriously and thoroughly investigate. Support students as needed with education of peers and appropriate response to bullying or harassment.

Guidelines for the School Nurse Consultant

When it comes to the school care of children with life-threatening allergies, school nurses consultants may carry the largest responsibility. School nurse consultants are asked to assist the school team in both prevention and emergency care of children with food allergies and reactions. School nurse consultants are encouraged to foster independence on the part of children, based on their developmental level. To achieve this goal, school nurses are asked to consider these guidelines when developing an Individual Health Care Plan for a student with a life-threatening allergy:

- Schedule a meeting including the classroom teacher (team), and the student's parent/guardian to develop the Individual Health Care Action Plan for the student.
- Distribute final copies as outlined in the Individual Health Care Plan.
- Conduct and track attendance of in-service training for staff that work with the child at beginning of school and after mid-year break.
- In the health office, child's classroom or other appropriate locations post, and label location of Individual Health Care Plans and emergency medication (e.g. EpiPen)
- For epinephrine injectors stored in the health office, periodically check medications for expiration dates. Contact parent/guardian for replacement as needed.

Guidelines for Teachers

All teachers are asked to assist the school team in the prevention, care, and management of children with food allergies and reactions. Educators are encouraged to foster independence on the part of children, based on their developmental level. To achieve this goal, the following guidelines should be considered:

- Prior to the start of school, teachers will receive the Individual Health Care Action Plan of any student(s) in the classroom with life-threatening allergies.
- Participate in any trainings regarding the student's life-threatening allergy and any team meetings as appropriate.
- Keep the student's Health Care Action Plan accessible in the classroom.
- In the event of an allergic reaction immediately initiate the emergency procedures in the student's Health Care Action Plan. Contact the front office immediately.
- Be sure student teachers are informed of students with food allergies and that they work closely with the supervising teacher on allergy protocols.
- Inform para-professionals of students' food allergies. Seek training and information from school nurse consultant when notified.
- Concerning sub folders, each folder will have information regarding children in the specific classroom with serious medical conditions. Leave information for the substitute teachers in an organized, prominent, and accessible format. Include a notice in the sub folder. (See Appendix).
- Notify parents in the class that there is a child in the class with a life-threatening food allergy. This notification should occur in the same manner as other parent communication from the class/school. The purpose of this communication is to create awareness. Special care should be given to maintaining the confidentiality of the child.
- Reinforce school guidelines on bullying and teasing to avoid stigmatizing, or harassing students with food allergies.
- When possible, inform parents of the allergic child in advance of any classroom events where food will be served. Establish a system for accommodating the needs of the students with allergies (ie: parent provided treats, having a alternative, safe treats on hand, etc.)
- Never question or hesitate to immediately initiate the emergency procedures identified in the student's Individual Health Care Action Plan if a student reports signs of an allergic reaction or if ingestion is suspected or known.
- Sharing or trading food in the classroom should be discouraged.

Snacks in the Classroom

- If the teacher suspects exposure to unknown or allergy-trigger food in the classroom, assess for ingestion and symptoms.
- If it is suspected that the student(s) desk has been contaminated, the desk(s) will need to be cleaned by someone other than the allergic child.
- Reinforce hand washing before and after eating.
- A parent or guardian of a student with food allergies is responsible for providing classroom snacks for his/her own child. These snacks should be kept in a separate labeled snack box

or closed container.

Classroom Activities

- Consider the presence of allergy-trigger foods in classroom activities (e.g., arts and crafts, science projects, and celebrations, or other projects). Modify class materials as needed. Special consideration may be necessary for students taking Consumer Family Studies or other classes involving food preparation. If the teacher suspects exposure to unknown or allergy-trigger food in the classroom, assess for ingestion and symptoms.
- If an event has been held in an allergic child's classroom(s) that may have included food allergens of concern, have the custodian wash the tables and chairs.
- Try not to isolate or exclude a child because of allergies, encourage the use of stickers, pencils, or other non-food items as rewards instead of food.

Field Trips

- Consider the student when planning a field trip due to a risk of allergen exposure.
- Collaborate with the health assistant and school nurse consultant prior to planning a field trip. Ensure the epinephrine injector and Emergency Action Plan is taken on field trips with trained personnel.
- Consider eating situations of field trips and plan for prevention of exposure to the student's life-threatening foods.
- Invite parents of student(s) at risk for anaphylaxis to accompany their child on school trips, in addition to the chaperone(s); however, the parent's presence at a field trip is not required.
- Clearly specify any special meals needed before the field trip. Avoid meals that may be food allergy related.
- Store meals appropriately to avoid cross-contamination.
- Identify the staff member(s) who will be assigned the task of watching out for the student's welfare and handling any emergency.
- A cell phone or other communication device must be available on the trip for emergency calls. In the absence of accompanying parents/guardians or school nurse, another school staff member must be trained and assigned the task of watching out for the student's welfare and for handling any emergency. The trained staff member carrying the epinephrine should be identified and introduced to the student as well as the other chaperones.
- Field trips should be chosen carefully; no student should be excluded from a field trip due to risk of allergen exposure.
- Students should wash hands before and after eating as available.
- It is recommended that students not be permitted to eat on the bus to and from school with exceptions made only to accommodate special needs under federal or similar laws

Guidelines for Nutrition Services Director/School Kitchen Manager

A school kitchen manager cannot guarantee that food served in the general lunch program is allergen free. Parents or students may be given access to food labels to identify ingredients in products used by a school's cafeteria. It is ultimately the responsibility of the parent to decide whether the child will buy the allergy-free lunch substitute or bring a lunch to school.

Modifications to school meals for individuals can only be made if a student has a dietary disability. Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA), a "person with a disability" means "any person who has a physical or mental impairment which substantially limits one or more major life activity, has a record of such impairment, or is regarded as having such an impairment." In such a case, a Medical Statement for Dietary Disability form must be completed by a licensed physician and returned to the Nutrition Services office. The Nutrition Services Department does not make meal modifications for non-disability allergens.

The Nutrition Services staff is responsible for the following:

- Provide safe food handling practices to avoid cross-contamination with potential food allergens.
- All Nutrition Services staff should be trained on how to read product labels and recognize food allergens.
- Food service staff is not responsible for notifying a student that an item contains a certain allergen at the point of service. Students are responsible for knowing which items they can and cannot take. The Nutrition Services office or the kitchen manager in the school is available to help parents identify foods that potentially contain allergens in advance.
- Maintain contact information for manufacturers of food products.
- Work with administration to determine if peanut and other nut-containing products are on the menu, and if so, post information so students are aware (i.e. sign posted on food item).
- Provide advanced copies of the menu, as available, to parents/guardian when requested.

Refer to Nutrition Services website, for updated food allergen information.

The Nutrition Services office is available to discuss a student's allergy. If there are further questions, call the Nutrition Services office.

Guidelines for Lunch and Recess Supervision Staff

- Be aware of and monitor allergy free table(s) within the lunchroom. Reinforce that only children with –safe lunches eat at an allergy free table.
- Teachers and staff responsible for lunch and/or recess should be trained to recognize and respond to a severe allergic reaction or anaphylaxis.
- Take all complaints seriously from any student with a life-threatening allergy by immediately contacting the school nurse/health office.
- Encourage hand washing for students after eating.
- A Medic Alert bracelet should not be removed.

- Adult supervisors may be asked to hold an epinephrine injector for a child.

Guidelines for School Bus Drivers

- Maintain policy of no food eating allowed on school buses to and from school with the exception made only to accommodate special needs under federal or similar laws.
- School bus drivers shall be trained by appropriate personnel in risk reduction procedures, recognition of allergic reaction,
- The school bus driver must have a radio or other means of communication for emergency calls.
- When an allergic reaction is suspected call 911.

Guidelines for School Age Child Care

Staff responsible for school age child care should be trained to recognize and respond to a severe allergic reaction or anaphylaxis. This training should include how and where to access the Health Care Action Plans and emergency medications.

- Know who has a severe food allergy and adhere to the Health Care Action Plan for those students
- Encourage hand washing for students after eating.

APPENDIX

Allergy and Anaphylaxis Health Care Action Plan and Medication Orders – LPS 2014-15

Name: _____	D.O.B. _____	
School/Teacher: _____	Grade: _____	

ALLERGY TO: _____

History: _____

Asthma: YES (Higher risk for sever reaction) NO

◇ STEP 1: TREATMENT ◇

SEVERE SYMPTOMS:

One or more of the following:

- LUNG: Short of breath, wheeze, repetitive cough
- HEART: Pale, blue, faint, weak pulse, dizzy, confused
- THROAT: Tight, hoarse, trouble breathing/swallowing
- MOUTH: Obstructive swelling (tongue and/or lips)
- SKIN: Many hives over body

Or **combination** of symptoms from different body areas:

- SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)
- GUT: Vomiting, crampy pain



1. INJECT EPINEPHRINE IMMEDIATELY

2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications:*
 - Antihistamine
 - Inhaler (quick relief) if asthma

*Antihistamine & quick relief inhalers are not to be depended upon to treat a severe reaction (anaphylaxis). **USE EPINEPHRINE**

Give epinephrine immediately if the allergen was definitely ingested, even if there are no symptoms

MILD SYMPTOMS ONLY:

- MOUTH: Itchy mouth
- SKIN: A few hives around mouth/face, mild itch
- GUT: Mild nausea/discomfort



1. GIVE ANTIHISTAMINE

2. Stay with student; alert healthcare professionals and parent
3. If symptoms progress (see above), **USE EPINEPHRINE**
4. Begin monitoring

DOSAGE

Epinephrine: inject intramuscularly using auto-injector (check one): 0.3 mg 0.15 mg

Administer 2nd dose if symptoms do not improve in _____ minutes

Antihistamine: (brand and dose) _____

If Asthmatic: (brand and dose) _____

Student has been instructed and is capable of carrying and self-administering own medication. Yes No

Provider (print) _____ Phone Number: _____

√ **Provider's Signature:** _____ **Date:** _____

If this condition warrants meal accommodations from food service, please complete the medical statement for dietary disability.

◇ STEP 1: EMERGENCY CALLS ◇

1. If epinephrine given, **call 911**. State that an allergic reaction has been treated and additional epinephrine, oxygen, or other medications may be needed.
2. Parent: _____ Phone Number: _____
3. Emergency contacts: Name/Relationship Phone Number(s)
 - a. _____ 1) _____ 2) _____
 - b. _____ 1) _____ 2) _____

To be completed by healthcare provider

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED; DO NOT HESITATE TO ADMINISTER EMERGENCY MEDICATIONS

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our health care provider. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices. I approve this Severe Allergy Care Plan for my child.

√ **Parent/Guardian's Signature:** _____ **Date:** _____

School Nurse: _____ **Date:** _____

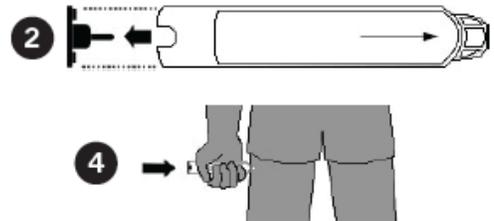
TRAINED/DELEGATED STAFF MEMBERS

- | | |
|----------|------------|
| 1. _____ | Room _____ |
| 2. _____ | Room _____ |
| 3. _____ | Room _____ |
| 4. _____ | Room _____ |
| 5. _____ | Room _____ |

Self-Carry contract on file. Yes No Medication located in: _____

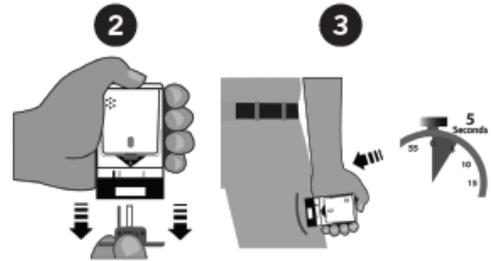
EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



ADRENACLICK™/ADRENACLICK™ GENERIC DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.



Once epinephrine is used, call 911.

Student should remain lying down or in a comfortable position.

Additional Information:

GLOSSARY

Acute- Symptoms that occur suddenly and have a short and fairly severe course

Adrenaline- Synonym for epinephrine

Allergen- A substance that can cause an allergic reaction.

Allergic Reaction- An immune system response to a substance that itself is not harmful but that the body interprets as harmful. When an allergen is eaten, the food allergic student produces histamine. Once the histamine is released in the body it causes chemical reactions which trigger inflammatory reactions in the skin (itching, hives, rash), the respiratory system (cough, difficulty breathing, wheezing) the gastrointestinal tract (vomiting, diarrhea, stomach pain), and the cardiovascular system (lowered blood pressure, irregular heartbeat, shock). Each person with a food allergy reacts to the allergy differently. Each reaction by a food allergic student may differ in symptoms.

Anaphylactic Reaction- Synonym. for Anaphylaxis

Anaphylaxis- It is a potentially life-threatening allergic reaction. The most dangerous symptoms include breathing difficulties, and a drop in blood pressure or shock, which can be fatal. Asthmatic students are at an increased risk for anaphylaxis. Anaphylaxis often involves various areas of the body at once such as the skin itching, hives, rash), the respiratory system (cough, difficulty breathing, wheezing) the gastrointestinal tract vomiting, diarrhea, stomach pain), and the cardiovascular system (lowered blood pressure, irregular heartbeat, shock). The drug to immediately use to abate anaphylaxis is Epinephrine (contained in an EpiPen).

Antihistamine- A drug that blocks a histamine response during an allergic reaction. Benadryl is an example of an antihistamine.

Asthma- A chronic inflammatory disorder of the airways. The primary manifestations of asthma are bronchospasm leading to bronchoconstriction, increased bronchial mucus, and inflammation of bronchial tissue leading to edema. These cause recurrent episodes of wheezing, breathlessness, chest tightness, and cough...that is associated with widespread but variable airflow obstruction that is often reversible either spontaneously or with treatment. (National Asthma Education & Prevention Program Expert Panel Report, 2002.)

Chronic- Symptoms that occur frequently or last a long time.

Cross Contamination- Occurs when the proteins from various foods mix rendering a safe food - unsafe. Often this is done in the cooking process –using contaminated utensils, pans, frying oils, grills, etc.

Epinephrine- The medicine contained in the EpiPen, EpiPen JrAuvi-Q, and Adrenaclick. . The drug of choice for anaphylaxis. It is the first medicine that should be used in the emergency management of a child having a potentially life-threatening allergic reaction. It is synonymous with adrenaline. There are no contraindications to the use of epinephrine for a life-threatening allergic reaction. Always call for emergency personnel when epinephrine is given.

504 Plan- The Rehabilitation Act of 1973 contains Section 504 Regulations, 34 C.F.R. Part 104. This section states that a recipient of Federal financial assistance cannot discriminate, excluded from participation in, or deny the benefits of any program or activity on the basis of an individual's handicap. As it relates to the educational setting, this is a regular education issue not a special education issue. Procedural safeguards are handled through due process or the Office of Civil Rights and discrimination court case. A person is defined as handicapped if they have a mental or physical impairment that significantly limits the following major life activities: caring for one's self, walking, seeing, hearing, speaking, breathing, learning, working or performing manual tasks.

Food Allergy- An immune system response to a certain food. Upon ingestion, the body creates antibodies to that food. When the antibodies react with the food, histamine and other chemicals are released from cells. The release of those chemicals may cause hives, difficulty breathing, or other symptoms of an allergic reaction. See Allergic Reaction, above.

Life-threatening Food Allergy- Students with allergies have over-reactive immune systems. The immune system produces chemicals and histamine which cause the severe symptoms in the body (e.g., swelling, breathing difficulty or shock). See Allergic Reaction, above. Epinephrin is the recommended treatment.

Histamine- A chemical released by the body during an allergic reaction. It causes the symptoms listed above in Allergic Reaction.

Hives- Itchy, red, mosquito-like bumps that may appear anywhere on the skin. Often a symptom of an allergic reaction.

Individual Health Care Action Plan- This written plan is developed by the school nurse consultant using the nursing process to address the needs of students with chronic health conditions. With the input of the family, student and, if possible, the primary care provider, the nurse develops a plan that identifies the student's health needs, describes how the nursing care will be provided and identifies the outcomes expected from that intervention.

Medic Alert Bracelet/Necklace- A necklace or bracelet worn by an allergic student that states the allergens and gives a telephone number for additional information.

School Sponsored Activities- Activities that are planned and implemented by the school, such as clubs, events, and athletics. These do not include activities that are housed in the school but are not affiliated with the school.

Substitute Notice

The following students have Health Care Action Plans (please see the attached list and copies of the plan)

Please contact the front office if you have any questions.

When substituting in this classroom, it is best to use non-food rewards

