

Wallingford Public Schools

Food Allergy/Glycogen Storage Disease Management Plan



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I. Current Food Allergy Management Team Members

Committee Co-chairs:

Nurse Coordinator

Director of Food Service

School Medical Advisor

Principal Moran Middle School

Assistant Superintendent Curriculum

Athletic Director, Sheehan

Wallingford, Department of Health/Parent

School Nurse, Pond Hill

School Nurse, Sheehan

Transportation

Assistant Superintendent Personnel

Health and Wellness Coordinator

Original Food Allergy Management Team Members

Committee Co-Chairs:

Kathy Neelon, RN
Nurse Coordinator

Sharlene Wong, SFNS
Director of Food Service

Dr. Carlos Valentin
School Medical Advisor

Dr. Joseph Bivona
Director of Pupil Personnel

Patricia Crowley
Principal Parker Farms School

Allyson Glass,
Principal Rock Hill School

Carol Mikulski
Principal Yalesville School

Paul Reynolds
Assistant Principal Dag Hammarskjold School

Debbie Poach, RN
Nurse Yalesville School

Lisa Taylor, RN
Nurse Pond Hill

Diane Gibson, RN
Nurse Moran Middle School

Cyndi Mitchell, RN
Nurse Sheehan High School

Maureen Kovach
Teacher Yalesville School

Donna Dysinger
Teacher Moran Middle School

Jeanette Fox
Central Kitchen Manager Sheehan HS

Debbie Brauch
Cafeteria Manager Dag Hammarskjold School

Patty Pursell
PE Teacher

Charles Farley
Coach Sheehan HS

Marsha Doherty
Transportation Clerk

Rick Gibson
EMS Local Representative

Eloise Hudd
Director Department of Health

Laura Bell
Parent

Cassandra Carolan
Parent

Kristen Woolery
Student Sheehan High School

II. Primary Goals

Food allergies can be life threatening. The risk of accidental exposure to foods can be reduced in the school settings if schools work with students, parents, and physicians to minimize risks and provide a safe educational environment for food allergic students.

The focus of our Food Allergy Management/Glycogen Storage Disease Plan is prevention, education, awareness, communication and emergency response. The Food Allergy Management plan is the basis for the development of the procedural guidelines that will be implemented at the school level and provide for consistency across all schools within the district.

The goals for the district wide plan include:

- To maintain the health and protect the safety of students who have life-threatening food allergies in ways that are developmentally appropriate, promote self-advocacy and competence in self-care.
- To maintain the health and protect the safety of students who have GSD.
- To ensure that interventions and individual health care plans for students with life-threatening food allergies and GSD are based on medically accurate information and evidence-based practices.
- To define a formal process for identifying, managing, and ensuring continuity of care for students with life-threatening food allergies *and* GSD from kindergarten through grade 12

III. Overview of Glycogen Storage Disease

Glycogen Storage Disease (GSD) is an inherited disorder in which an abnormal amount or type of glycogen is stored in the liver. The abnormal storage results from the liver's inability to adequately regulate the metabolism of glycogen and glucose. GSD occurs when an enzyme (protein produced by the body) is missing that regulates conversion of sugar (glucose) into its storage form (glycogen) or the release of glucose from glycogen.

Many sugars (including glucose) are present in foods and are used by the body as a source of energy. After a meal, blood glucose levels rise. The body stores the extra glucose that is not needed right away as glycogen in the liver and muscles. Later, as the blood glucose levels in the body begin to decrease, the body uses this stored energy. These sugars stored in the form of glycogen, need to be processed by enzymes in the body before they can carry out their functions. If the enzymes needed to process them are missing, the glycogen or one of its related starches can accumulate causing problems.

There are many, many different types of GSDs which are put into groups based on the particular enzyme that is missing. The condition is rare, occurring in approximately one out of **20,000 people**.

Severity of illness is dependent on the effect of the missing enzyme and its impact on the body's ability to metabolize glycogen and glucose.

Symptoms of Glycogen Storage Disease

Symptoms of GSD usually result from the buildup of glycogen or from an inability to produce glucose when needed. Because GSD occurs mainly in muscles and the Liver, those areas show the most obvious symptoms.

Symptoms of GSD may include:

- growth failure
- muscle cramps
- low blood sugar
- enlarged liver
- swollen belly

The age when symptoms begin and how severe they are depends on the type of GSD.

Treatment of Glycogen Storage Disease

Treatment of GSD depends on the type of GSD. Some GSD types cannot be treated; others can be treated by controlling the presenting symptoms. For the types of GSD that can be treated patients must carefully follow a special diet.

- **Frequent high carbohydrate meals during the day.** For some children, eating several small meals rich in sugars and starches every day helps prevent blood sugar levels from dropping.
- **Cornstarch.** For some young children over the age of 2, giving uncooked cornstarch every four to six hours -including during overnight hours - can also relieve the problem.
- **Continuous tube feeding.** In order to maintain appropriate blood glucose levels, gastrointestinal tube feedings with solutions containing high concentrations of glucose may need to be administered. Younger children may have to use this treatment method during the night until they get older. In the daytime the feeding tube is sometimes suspended, but the patient must eat food rich in sugars and starches about every three hours.
- **Drug treatment.** GSD tends to cause uric acid (a waste product) to accumulate, which can cause gout (painful inflammation of the joints) and kidney stones.

Overview of Food Allergies and Anaphylaxis in School-Age Children

A food allergy is an exaggerated response by the immune system to a food that the body mistakenly identifies as being harmful. Once the immune system decides that a particular food is harmful, it produces specific antibodies to that particular food. The next time the individual eats that food the immune system releases moderate to massive amounts of chemicals 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 systems. These symptoms can range from mild to severe and may be life-threatening depending on the individual and the type of exposure.

Scientists estimate that approximately 12 million Americans suffer from potentially life-threatening food allergies. Of these 12 million, 3 million are school-aged children. At the present time, there is no cure for food allergy and avoidance is the only way to prevent an allergic reaction.

It is extremely important to understand that although eight foods are responsible for most life threatening allergic reactions an individual can have a life-threatening allergic reaction to **any** food, including fruits, vegetables and meats. Greater than 90 percent of allergic reactions are caused by the following eight foods:

- Peanuts
- Milk
- Egg
- Fish
- Soy
- Wheat
- Shellfish
- Tree nuts (walnut, cashew, pecan, hazelnut, almond, etc.)

Most, but not all, childhood allergies to milk, egg, soy and wheat are outgrown by age 5. Peanut and tree nuts typically cause the most severe allergic reactions, and approximately 90 percent of fatal and near-fatal reactions are due to these foods. Allergies to peanuts, tree nuts, fish and shellfish are often considered life long.

The principal route of exposure, which leads to allergic reactions, is ingestion of the food allergen. For sensitized individuals, ingestion of even very minute amounts of food can, in certain instances, result in fatal reactions without rapid intervention.

While it is possible for a child to have an allergic reaction to tactile (touch) exposure or inhalation exposure, research has shown that they are extremely unlikely to result in severe or life-threatening reactions. Nevertheless, if children with life-threatening food allergies touch the allergens and then put their fingers to their eyes, nose or mouth, the exposure becomes an ingestion and may cause anaphylaxis. The quantity of food necessary to trigger an allergic reaction may depend upon multiple variables. Each individual's level of sensitivity may fluctuate over time. The type and severity of symptoms can vary for a specific food in an individual and for different foods in someone with multiple food allergies.

What is Anaphylaxis?

Anaphylaxis is a serious allergic reaction that in a small percentage of cases can cause death. It can happen in people who have allergies or asthma, and it may be caused by a number of normally harmless things called allergens. Most often it is caused by foods, insect sting and medicines.

Anaphylaxis characteristically is usually an immediate reaction, occurring within minutes of exposure, although onset may occur one to two hours after ingestion. In up to 30 percent of

anaphylactic reactions, the initial symptoms may be followed by a second wave of symptoms two to four hours later and possibly longer.

In the event of an anaphylactic reaction, epinephrine auto-injector (epi-pen) is the treatment of choice and should be given immediately. Sometimes, if symptoms do not subside a second epinephrine auto-injector is necessary.

Studies show that fatal and near-fatal anaphylactic reactions are sometimes associated with not using an epi-pen or delaying the use of the epinephrine treatment. When in doubt, it is better to give the epi-pen and call 911. Fatalities are more likely to occur when epinephrine administration is withheld.

Common symptoms of anaphylaxis are:

- Red rash, hives,
- Swollen and/or itchy throat, lips or swollen areas of the body
- Wheezing (breathing that sounds like whistling from chest)
- Coughing, difficulty breathing, shortness of breath
- Trouble swallowing, hoarse voice, chest tightness
- Nausea, vomiting, stomach cramps, abdominal pain, diarrhea
- Anxiety, Sense of impending doom

An individual experiencing anaphylaxis may present with one or more of these symptoms. Anaphylaxis may occur in the absence of any skin symptoms such as itching and hives. Fatal anaphylaxis is more common in children with food allergies who are asthmatic even if the asthma is mild or well controlled. **Fatal anaphylaxis is more common in children who present with respiratory symptoms, or gastrointestinal (GI) symptoms such as abdominal pain, nausea or vomiting.** In many fatal reactions, the initial symptoms of anaphylaxis were mistaken for asthma or mild GI illness, which resulted in delayed treatment with epinephrine auto-injector.

Children experiencing anaphylaxis should be observed in the emergency department for a minimum of 4 to 6 hours or longer after initial symptoms subside, to monitor for signs or symptoms of a second wave of symptoms.

Key Points to Remember

- **For children at risk for food anaphylaxis the most important management strategy in the school is PREVENTION**

- **You are never alone**
It takes a team to ensure the best for our students. Help is usually a phone call away.
- **GSD**
Every student with GSD must have an individual health care plan specific to the student's health care needs. It is developed in collaboration with the doctor, parent and school nurse.
- **Educate, Educate, Educate**
This ongoing process changes with the students' needs and as the staff changes. The best plan is to educate our school community about the issues that face students with life threatening allergies.
- **Special events/Non-routine days**
The greatest risk for a life threatening allergic reaction exists when the normal routine is broken. Examples are classroom parties, field trips, a substitute teacher, and after school events. **Be Prepared.** Always have the Emergency Action Plan (EAP) available and think ahead to prevent possible exposures to a food allergen.
- **Symptoms vary greatly**
CALL 911 if ingestion is suspected or if anaphylactic symptoms occur. Administer emergency medication as ordered by the physician.
- **Banning of Specific Foods**
Banning of foods can create a false sense of security, which can lead to less responsible approaches to effective management strategies, education and emergency responses. Bans will not render the environment absolutely safe because schools can not ensure that allergenic food does not inadvertently come into the schools. Banning offending foods detracts from the schools' responsibility to properly plan for children with life threatening food allergies and to educate all school personnel accordingly. Therefore, the schools will have the option of establishing allergen free zones, such as a child's individual classroom, allergen free lunch tables(s) or areas in the cafeteria. Individual student and family privacy needs and preferences will be considered in determining appropriate plans and not all students will need or want to use an allergen-free zone during the school day. The specifics for each individual student will be addressed in the students Individual Health Care Plan (IHCP).

IV.

Medications

- In order to promote rapid, life saving steps in an emergency, emergency medication such as epinephrine auto injectors and glucagon should not be locked during the school day. While they must not be accessible to any student or unauthorized staff member, they should be kept in a safe, accessible and reasonably secure location that can be properly supervised by a nurse or other authorized and trained staff member.

- Parents will be required to supply an extra set of emergency medications for availability during extra-curricular athletic activities and off-site school activities that occur outside the regular school day. This practice allows the "school day" medications to be properly stored and locked after regular school hours to ensure that they will be available without fail. If a student is cleared for self-carry and administration of the medication this requirement will not apply. Those students cleared to self-administer will be required to be in possession of his/her medication at all times.
- Parents of students with life threatening allergies who participate in extended school day activities must discuss a plan with whoever is supervising the activity. If there is no nurse available and the student does not have authorization to self-administer their medications the plan would be to call 911 should an incident occur.
- During the regular school day school nurses are responsible for the training and supervision of qualified staff, which are; principals, teachers, coaches, full time physical and occupational therapists in the administration of medications. The "auto-injector cartridge" is the only allowed injectable medication trained certified staff is allowed to administer to those students with life threatening food allergies.
- **Location Emergency Medication**
 - The determination of the location of emergency medications will be sufficiently flexible to allow the student, parent, administrator and nurse to choose the best option for students when developing the IHCP.
 - Emergency medication will most often be kept in the health office for those students who do not self-administer their medication. When the school nurses, parent and student develop the IHCP, they will determine if this option is appropriate for the student. The parent and nurse will have to determine if other locations in the school may be more appropriate and/or necessary to locate the emergency medication. Sometimes, several locations, which could include the student's classroom, may be appropriate, especially in very large buildings.
 - The school nurse always has a stock supply of Epi-pens for use in an emergency.

During the school day the emergency medication will be available in an unlocked cabinet so that the medication will be easily accessible in the event of an emergency.

- **Self-administration of Medication**
 - Students will be allowed to self carry and/or self administer their medication provided; they have the written order from an authorized prescriber and authorization of a parent or guardian
 - The medication is transported to school and maintained under the student's control in accordance with the Board of Education's policy on self- administration of medication.

- o The principal and teachers are informed of the student's self-administration plan.

- **Eligibility of Section 504**

- o Since the law provides that a team of knowledgeable persons must make eligibility determinations on a case-by-case basis, this plan cannot make determination regarding 504 eligibility. This plan requires that each 504 request will be looked at by the 504 team and determine if it meets the requirements for 504 eligibility. Whether students with life-threatening food allergies **and GSD** are identified under Section 504 as disabled individuals or not, the school district will provide these students with an IHCP in order to address their health and safety needs.

V. Prevention: Roles and Responsibilities

a) Parents

- Inform the school nurse of their child's food allergy and/or GSD diagnosis prior to opening of school (or as soon as possible after a diagnosis).
- Make the school nurse aware of the allergy/and or GSD diagnosis via one or all of the following routes: parent phone call, parent visit to school, health information on emergency card collected annually, health history and survey form, health assessment record and/or historical documentation on student's cumulative health record.
- Provide the school nurse with a way to reach you at any time (cell phone, beeper, etc.)
- Provide the school nurse with health information from your healthcare provider.
- Provide the school nurse with a Food Allergy and Anaphylaxis Treatment Plan, GSD Treatment Plan or other similar document that includes medication orders completed by a licensed healthcare provider.
- Participate in developing an Individualized Health Care Plan (IHCP) with the school nurse and other school team members when appropriate.
- Provide the school nurse with written permission to communicate with your healthcare provider.
- Provide your school nurse with permission to share this information on a need to know basis within the school system.
- Provide the school nurse with at least one up-to-date epinephrine auto-injectors.
- Provide the school nurse with any medication if ordered for a student with GSD.
- Provide the school with food or medical supplies needed for a student with GSD.

- Consider providing a medical alert bracelet for your child.

Parent section continued:

- Provide the school nurse with at least annual updates on your child's allergy status and/or GSD status.
 - **Parent must understand that a food allergic child in school will not be allowed to eat any food unless brought from home or specifically approved by the parent. Nurses or other school personnel will not be responsible to read food labels to determine if a food is safe for the student to eat.**
- Supply an extra set of emergency medications for availability during extra-curricular athletic activities and off-site school activities that occur outside the regular school day.
- Provide alternate snacks that may be kept in the elementary school for classroom parties and unexpected events.
- Review each month's menu to see if they contain any potentially offending allergens.
- Review the list of student responsibilities with your child and be sure he/she understands his role.
- Role-play different scenarios so that your child will know what to do in any situation.
- Encourage your child to share with friends that his/she is allergic to certain foods and what can happen if ingested.

It is important that children take on more responsibility for their food allergies as they grow older and are developmentally ready. Consider teaching them to:

- Carry own epinephrine auto-injector.
- Communicate the seriousness of the allergy.
- Communicate symptoms as they appear.
- Read labels.
- Recognize potentially dangerous situations and make good safety decisions.
- Administer their own epinephrine auto-injector and be able to train others in its use.

Remember – our ultimate goal is that students eventually learn to keep themselves safe by making good choices and advocating for themselves.

b) **Students**

- Learn to recognize symptoms for an allergic reaction and for those with GSD hypoglycemia.
- Follow safety measures established by parent(s)/guardian(s) and school team at all times.
- Do not share or trade foods or water bottles with anyone.
- Do not eat anything with unknown ingredients or known to contain the allergen(s).
- Learn/know what to eat to prevent hypoglycemia.
- Do not eat any foods at school unless brought from home or previously approved by parent(s)/guardian(s).
- Inform an adult as soon as accidental exposure occurs or symptoms appear. Ask a friend to help you if you cannot get to an adult.
- Wash hands before and after eating.
- Carry your epinephrine auto-injector at all times, if approved by your parent, physician and school nurse. If you cannot carry your auto-injector you must make provisions to have it available to you.
- Report any instances of teasing or bullying to an adult immediately.

The role that students with life-threatening food allergies play in staying safe at school will increase as they grow older therefore developmental age and learning capabilities will be evaluated by the school nurse and parent when developing the IHCP. Younger children will not be expected to assume the same responsibilities for their safety as older children.

c) **School Administrator**

- Support faculty, staff and parents in implementing all aspects of the life-threatening allergy management and GSD plan.
- Provide for training and education (at least annually) for faculty and staff regarding:
 - Anaphylaxis and anaphylactic reactions to foods, insect stings, medications, latex
 - Overview of GSD
 - Risk reduction procedures
 - How to administer an epinephrine auto-injector in an emergency
 - Emergency Procedures
 - Cafeteria management and food preparation for food service personnel
- Provide or put in place an emergency communication plan for all school activities, including transportation and field trips that involve a student with life-threatening allergies and/or GSD.
- Ensure that at least two, but preferably three, staff members are trained in the recognition of early symptoms of anaphylaxis, hypoglycemia and medication administration.
- Consider the impact when providing PTO sponsored events that involve food, animals or other potential allergens. Consider the impact on allergic children and set up a plan to inform parents and develop a plan to keep the students with allergies safe.
- Provide education to the PTO on the topic of life threatening food allergies so that they may be more aware when planning activities sponsored by the PTO.
- Determine an allergy free table in the cafeteria if and when necessary in consultation with the parent and school nurse. Designate someone to wash the table using separate supplies from the other tables. Use warm soapy water before the first lunch wave and after each lunch wave. This table will be sanitized with each washing.

d) School Nurse

Prior to entry into school or as soon as possible after learning of the diagnosis of a life-threatening allergic condition and/or *GSD*, communicate with the student's parent/guardian to develop a draft of an IHCP.

- Ensure that the Emergency Action Plan (EAP) includes the student's name, photo, allergen, symptoms of allergic reactions and/or *GSD* symptoms, risk reduction procedures, emergency procedures and that it is distributed to all appropriate staff, including the transportation department.
- Familiarize teachers with the EAPs and IHCPs of their students by the opening of school, or as soon as plans are written.
- Ensure that other staff members who have contact with students with life-threatening allergies or *GSD* should be familiar with their IHCPs and/or EAPs on a need-to-know basis including principal, specialists, food service personnel, aides, physical education teacher, coaches/trainers, food and consumer science teacher, art and music teachers, custodian, and transportation department.
- Conduct education for appropriate staff regarding life-threatening allergens and *GSD*, symptoms, risk reduction procedures, emergency procedures and how to administer and epinephrine auto-injector.
- Track education of all staff trained and/or updated in epi-pen administration and signs and symptoms of anaphylaxis.
- Since it is a very rare disease and very patient specific, training of staff regarding *GSD* will be done by the school nurse on a case by case basis.
- Ensure that all IHCPs and EAPs are in an easily accessible place in the nurse's office and clearly marked.
- Determine with the parent where the auto-injector will be kept. Post location where epinephrine auto-injectors can be found. Do not lock up auto injectors during the school day.
- Determine if the student is competent and capable for self-carry/self administration by having the student complete and demonstrate competency in the self-administration checklist, obtaining orders from the physician and obtaining approval from the parent.
- Discuss field trips with parent and student to decide on strategies for managing the food allergy and/or *GSD*.
- Check medications periodically for expiration dates and notify parent to respond accordingly.

- Arrange for periodic follow-up to review effectiveness of the IHCP, at least on an annual basis, or as often as necessary.
- Make sure that your IHCPs and EAPs for students with life threatening allergies and GSD are clear and easily accessible to substitute nurses.

e) Classroom Teacher/Specialist

- Participate in the development of the student's IHCP and EAP if and when necessary.
- Review and follow the EAP of any student(s) in your classroom with life-threatening allergies and/or GSD.
- Keep accessible the student's EAP with photo in the lesson plan and Substitute Teacher folder.
- Act immediately and follow the EAP if a student reports signs of an allergic reaction.
- Act immediately and follow the EAP if a student with GSD reports or exhibits signs and symptoms of hypoglycemia.
- Never allow a child you suspect of having an allergic reaction or an hypoglycemic episode to be without adult supervision
- Request that the classroom has a functioning intercom, walkie-talkie or other communication device for communication with the school nurse.
- Be sure volunteers, student teachers, aides, specialists and substitute teachers are informed of the student's food allergies or diagnosis of GSD and necessary safeguards.
- Coordinate with parent, (if willing) and possibly the school nurse a lesson plan about food allergies, anaphylaxis or GSD in age appropriate terms for the class.
- Educate classmates to avoid endangering, isolating, stigmatizing or harassing students with food allergies and/or GSD. Be aware of how the student with food allergies and/or GSD is being treated; use this opportunity to teach community caring; and enforce school rules/policies about bullying and threats.
- Participate with the planning for student's re-entry to school after an anaphylactic reaction and/or severe hypoglycemic episode.
- **SNACKS/LUNCHTIME**
 - Prohibit students from sharing or trading snacks or water bottles.
 - Avoid cross contamination of foods by wiping down eating surfaces with soap and water or hand wipes before and after eating as applicable. Tables should also be washed with soap and water in the morning if an after-school event has been held in the evening before.
 - Reinforce hand washing before and after eating. Cleansing hands with hand wipes is also an acceptable practice.

NOTE: The use of liquid hand sanitizing gel does not remove protein allergens from the hands, so it should not be used to cleanse hands to remove food particles.

- **CLASSROOM ACTIVITIES**

- Avoid use of allergenic foods for classroom activities (e.g., arts and crafts, counting, science projects, parties, holidays and celebrations, cooking, pet foods, or other projects).
- Welcome parental involvement of food allergic students in organizing class parties and special events.
- Consider non-food treats for rewards and incentives.

- **FIELD TRIPS**

- Collaborate with the school nurse and parents, prior to planning a field trip.
- Review student Emergency Action Plans when selecting field trip destinations in order to avoid high-risk places.
- Ensure the epinephrine auto-injectors and instructions are taken on field trips and remain with the student or in the care of a parent or a trained qualified staff member during the course of the field trip.
- Ensure that functioning two-way radio, walkie-talkie, cell phone or other communication device is taken on a field trip and that there are adults present who are trained per the district Administration of Medication Policy in the administration of an epinephrine auto-injector.
- Ensure that the child with life-threatening food allergies is assigned to a qualified staff member trained in recognizing symptoms of life-threatening allergic reactions, trained to use an epinephrine auto-injector, and trained in emergency procedures.
- Consider eating situations on field trips and plan for prevention of exposure to the student's life-threatening foods.
- Consider ways to wash hands before and after eating (e.g. provision of hand wipes, etc.).
- Know where the closest medical facilities are located and 911 procedures.
- Invite parents of a student at risk for anaphylaxis and GSD to accompany their child on field trips. However, the student's safety or attendance must not be conditioned on the parent's presence.

f) School Food Service

- Continue its policy of non-use of food items with peanuts on the school lunch menu.
- Obtain the list of students with life threatening food allergies and the EAP (if requested) from the school nurse in order to identify students with life threatening food allergies.
- Ensure that staff will be trained to recognize the signs of a food induced allergic reaction and be trained in the use of the EAP.
- Provide menus in advance to parents and students.
- Review each month's menu to see if they contain any potentially offending allergens and be prepared to share this information with the parent/student. It is recommended that parents go to the Food Service Office to read any food labels prior to any food being served to their children.

Note: unidentified vegetable oil will be considered the oil student is allergic to.

- Make food substitutions provided the appropriate documentation is completed by a doctor, in compliance with USDA regulations for students with disabilities and students without disabilities. The documentation must contain specific information regarding the food to be omitted and the food item to be used as a substitution.
- Follow safe food handling and food preparation procedures to avoid any potential cross contamination of food allergens.
- Have access to a functioning intercom or phone to summon the school nurse or appropriate individual in the event of an anaphylaxis emergency.

g) **Transportation Department**

- Encourage education for all school bus drivers regarding life-threatening allergies, GSD and what to do, if they suspect a student is having a reaction.
- Ensure that the bus company provides a functioning emergency communication device to all drivers.
- Communicate the policy regarding foods or beverages on school buses.
- Provide school bus dispatcher with a list of students with life-threatening food allergies and GSD.

h) **School Medical Advisor**

- Provide consultation to and collaborate with school nurse(s) on clinical issues and protocols which may include:
 - Standing orders for emergency medications including epinephrine; and
 - Recommendations for interventions (for known and unknown reactors) in cases of Anaphylaxis.
 - Signs and Symptoms of hypoglycemia
- Guide the district in the development of procedures for prevention of anaphylaxis and emergency planning to ensure safety without undue interference with a child's normal development or right of others.
- Participate in staff training regarding life-threatening food allergies and GSD as needed.
- Assist in the development of educational programs for students to promote wellness.
- Provide input and oversight for the school district's food management and GSD plan.

i) **Athletic Directors, Coaches, Trainers & other On-Site Persons in Charge of Conducting After-School Activities**

- Conduct sports and after school activities in accordance with all school policies and procedures regarding life-threatening allergies and GSD.
- Call 911 in any emergency.
- Obtain a list of food allergic and GSD student(s) participating in sports or an after school activity and consult with the school nurse.
- Coaches and trainers must attend formal training in epi-pen and inhalant administration minimally prior to coaching and then with every CPR/AED recertification.
- Make sure that an emergency communication device (e.g., walkie-talkie, intercom, cell phone, etc.) is always present. Know how to access the Emergency Medical System (EMS-911) system from each site of any activity.
- Obtain a copy of the Emergency Action Plan (EAP) of students with life-threatening allergies and GSD.
- Have medication available in the first aid kit, if a student is unable to carry medication.

VI. Monitoring the Effectiveness of the District Plan

The monitoring of the effectiveness of this plan shall occur:

- The school district team will review the plan at least annually and approve changes as needed.
- After each emergency event involving the administration of medication for a life threatening allergy the nurse coordinator, principal of the school, the school nurse, and if necessary the medical advisor shall debrief and plan accordingly with involved parties.
- The documentation of the debriefing will be kept in the nurse coordinator's office.
- Occurrence reports will be reviewed at the annual review.

**Implementation Responsibilities:
Food Allergy Management/GSD Plan****I. Administrators: (Principals and Assistant Principals):****A. Distribute the plan****1. Faculty (including interns)**

- a. Insert in the faculty handbook
- b. Discuss the plan at the first faculty meeting

2. Para's

- a. Insert in the faculty handbook
- b. Discuss the plan at the first Para meeting

3. Additional Non-Certified Staff (building aides, clerical, custodian)

- a. Make them aware of the plan during orientation PTO/PTAC
- b. Discuss the plan at a PTO/PTAC meeting

4. Athletic Director/Middle School Principal

- a. Distribute plan to all coaches and trainers
- b. When needed contact school nurse to attend coaches meetings to educate coaches on plan

II. Building Nurse

- A. Attend first monthly school staff meeting along with the principal review with staff the Food Allergy/GSD Plan
- B. Inform faculty and staff they must review their individual responsibilities identified in the plan
- C. Review the appendices with the staff
- D. Distribute Plan as needed to parent of student with LTFA and GSD
- E. Educate certified nurse assistants to the plan

III Personnel

- A. Will add the plan to the substitute handbook
- B. Will discuss the plan with the substitutes

IV. Nurse Coordinator:

- A. Distribute plan to all staff via email annually
- B. Educate new nurses and substitute nurses to the plan

- C. Meet with EMS Coordinator for the Town of Wallingford to inform of plan
- D. Meet with Principal of Holy Trinity School and discuss responsibilities
- E. Ensure that the Food Allergy Management/GSD Team Meets annually in the Spring

V. PPS

- A. Distribute and discuss the plan with the staff of the all programs, Leadership Team and contracted employees (i.e... OT, PT.)

VI. Food Service Personnel

- A. Food Service Director will distribute the plan
- B. Food Service Director will provide training
- C. The Food Service Director and the nurse coordinator will organize the annual meeting of the Food Allergy/GSD Management Committee.

VII. Transportation

- A. Distribute the plan and review the policy with the bus company

Resources: *Food Allergy Association of Connecticut*; <http://www.FAACT.org>
State Department of Education; <http://www.sde.ct.gov/sde/health>

VIII.

Appendix B

ANAPHYLAXIS SYSTEMS AND SYMPTOMS

Systems:

Symptoms:

*Student may have one or more of the following symptoms.

Mouth Itching & swelling of lips, tongue, or mouth

Skin Hives, itchy rash, and/or swelling about the face or extremities

GI Nausea, abdominal cramps, vomiting and/or diarrhea

Throat Itching and/or tightness in throat, hoarseness or hacking cough

Lung Shortness of breath, repetitive coughing, and/wheezing

Heart Rapid heart rate, lightheadedness, dizziness, loss of consciousness, sense of impending doom

Students who are asthmatic or present with gastrointestinal symptoms (GI) are at higher risk for severe reactions.

Note: The severity of symptoms can quickly change. All above symptoms can potentially progress to a life - threatening situation.

IX.

Appendix C

**Field Trip CheckList for
Life Threatening Health Conditions**

Key reminders:

1. Plan ahead
2. Call 911 in an emergency. When in doubt, CALL.

Check List:

___ Is food to be distributed at any time during or at the field trip site?

___ Is soap and water available to wash hands or will you be bringing hand wipes for this purpose?

___ If students will be eating, students must clean hand with wipes or soap and water after eating.

___ Is there food used in any way such as to feed animals or used in any demonstration?

___ Emergency Action Plans (EAP) for ALL students with plans.

___ Emergency Medication (must go on bus with trained person and student).

___ Determine how to contact emergency services, to and from location.

___ Verify ALL student health issues, and inform all participating teachers.

___ Trained staff must be readily available to administer student meds.

Remember: Parent volunteers cannot by law be assigned responsibility for administering medication to students with life threatening conditions or providing medication to students unless it is their own child.

X.

Appendix D

MEDICAL ALERT NOTICE TO PARENTS

Date:

Dear Parent/Guardian,

This letter is to inform you that a student in your child's classroom has a severe food allergy to _____, which could be life threatening.

It is our goal to ensure that every student in our school is safe. We are asking for your assistance in providing the student with a safe learning environment. Because this student cannot be in contact with foods containing this/these allergen(s), we are requesting that you avoid sending these foods to school for snacks or treats.

Even very small amounts of these products could result in a severe allergic reaction. Sometimes these elements may be hidden in processed foods.

Please discuss the following with your child:

- **Do not offer, share or exchange any foods or water bottles with other students at school.**
- **Hand washing with soap and water, after eating is necessary to decrease the chance of cross contamination on surfaces at school.**
- **If your child rides the bus, remind them that there is a "no eating on the bus" policy.**

Thank you for your assistance and cooperation in this matter. If you have any questions or concerns please call.

Sincerely,

Principal Name

XI.

Appendix E

OCCURRENCE REPORT

Required to be completed in the event of epi-pen administration

Occurrence: _____ Date of occurrence _____

Time and Location of occurrence: _____

Occurred to: Name: _____ DOB: _____ Male ___ Female ___

Witness: Name: _____

Occurrence Description: Please give a concise, objective description of the occurrence. State significant facts in the order in which they occurred. Use the back of this form if more space is needed.

Signature of person preparing report Printed Name Date
(Person preparing this report forwards the report to the Principal within 24 hours of occurrence.)

=====

Follow-up (initial and date)
_____Principal _____Nurse

_____Nursing Coordinator _____Medical Advisor

Action: Describe action(s) taken to minimize re-occurrence

Signature of Person Investigating Report Date

Original filed in Nurse's office and a copy sent to Nurse Coordinator