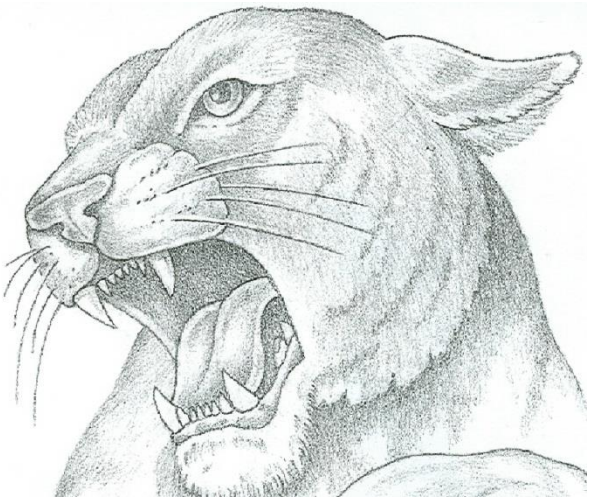
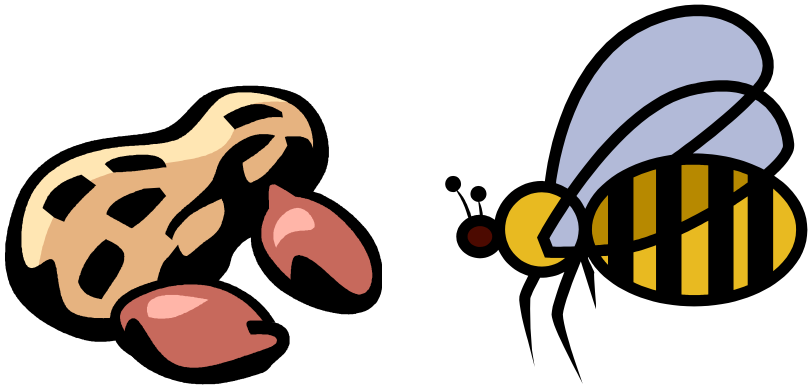


KLONDIKE ISD
Guidelines for the Care of Students with Food Allergies At-Risk for Anaphylaxis



Guidelines for the Care of Students with Food Allergies At-Risk for Anaphylaxis

Definition of Food Allergy and Anaphylaxis

A ***food allergy*** is a potentially serious immune-mediated response that develops after ingesting or coming into contact with specific foods or food additives. A life-threatening allergic reaction to food usually takes place within a few minutes to several hours after exposure to the allergen. Eight foods account for over 90 percent of allergic reactions in affected individuals: milk, eggs, peanuts, tree nuts, fish, shellfish, soy and wheat (Sampson, 2004 & Sicherer S. , 2002). Although most allergic reactions are attributed to these eight foods, any food has the potential of causing a reaction. In addition, school settings may contain non-food items such as arts and crafts materials, that contain trace amounts of food allergens. Many products used in the school setting may contain food proteins. Cross contamination can occur when an allergen is transferred from one item (utensils, pots, pans, countertops, surfaces, etc.) to another. When preparing, handling and serving food, it is critical to make sure that food preparation and serving utensils are not exposed to allergens for the safety of children with food allergies. Allergic reactions can occur with trace exposure to food allergens. There is no cure for food allergy. Strict avoidance of allergens and early recognition and management of allergic reactions are important to the safety of children with food allergies at risk for anaphylaxis.

Anaphylaxis is defined as "a serious allergic reaction that is rapid in onset and may cause death". Anaphylaxis includes a wide range of symptoms that can occur in many combinations and is highly unpredictable. It is estimated that four out of every 50 children have a food allergy and children with food allergies are more likely to experience other allergies. Children with the diagnosis of asthma may be more likely to experience an anaphylactic reaction to foods and be at higher risk of death. In case studies of fatalities from food allergy among pre-school and school-aged children in the United States, nine of 32 fatalites occurred in school and were associated primarily with significant delays in administering epinephrine, the only life saving treatment for anaphylaxis. Epinephrine is available through a physician's prescription in a auto-injectable device. The severity of one reaction does not predict the severity of subsequent reactions and any exposure to an allergen should be treated based on the child's Food Allergy Action Plan (FAAP)/Emergency Action Plan (EAP) and Individualized Healthcare Plan (IHP).

Food allergy can have a wide-ranging, negative effect on children and their families, affecting not only life at home but also school, work, vacation, and entertainment. Virtually no life activity remains unaffected by the presence of a potentially fatal allergy. Currently, management of food allergies consists of educating children, parents and care providers, including school personnel, about strict avoidance of the food allergen, recognizing the signs and symptoms of an allergic reaction, and initiating emergency treatment in case of an unintended ingestion or exposure. In order to address the complexities of food allergy management in schools, it is important that students, parents/caregivers, and school personnel work cooperatively to create a safe and supportive learning environment.

Signs and Symptoms of an Allergic Reaction

In the case of life-threatening food allergy reactions, more than one system of the body is involved. The mouth, throat, nose, eyes, ears, lung, stomach, skin, heart, and brain can all be affected. **The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock, which is potentially fatal.**

Signs and Symptoms of More Severe Food Allergy Symptoms *(Anaphylaxis)*

Body System	Sign or Symptom
Mouth	**Tingling, itching, swelling of the tongue, lips or mouth; blue/grey color of the lips**
Throat	**Tightening of throat; tickling feeling in back of throat; hoarseness or change in voice**
Nose/Eyes/Ears	**Runny, itchy nose; redness and/or swelling of eyes; throbbing in ears**
Lung	**Shortness of breath; repetitive shallow cough; wheezing**
Stomach	**Nausea; vomiting; diarrhea; abdominal cramps**
Skin	**Itchy rash; hives; swelling of face or extremities; facial flushing**
Heart	**Thin weak pulse; rapid pulse; palpitations; fainting; blueness of lips, face or nail beds; paleness**

Treatment of Anaphylaxis

Epinephrine is the first-line treatment in cases of anaphylaxis. Other medications have a delayed onset of action. Epinephrine is generally prescribed as an auto-injector device that is relatively simple to use.

Anaphylaxis can occur immediately or up to two hours following exposure to an allergen. In approximately one third of anaphylactic reactions, the initial symptoms are followed by a delayed wave of symptoms two to four hours later. This combination of an early phase of symptoms followed by a late phase of symptoms is defined as a biphasic reaction. While initial symptoms respond to epinephrine, the delayed biphasic response may not respond to epinephrine and may not be prevented by steroids.

Therefore, it is imperative that following the administration of epineprhine, the student be transported by emergency medical services (EMS) to the nearest hospital emergency department even if the symptoms appear to have resolved.

Because the risk of death or serious disability from anaphylaxis itself usually outweighs other concerns, existing studies clearly favor the benefit of epinephrine administration in most situations. There are no medical conditions which absolutely prohibit the use of epinephrine when anaphylaxis occurs.

Food Allergy Management in the School Setting

School districts and open-enrollment charter schools are required to develop and implement policies to address children with diagnosed food allergies at-risk for anaphylaxis. The school district's policy and administrative regulations should be comprehensive yet flexible in addressing different food allergens, varying ages and maturity levels of students, as well as the physical properties and organizational structures of schools and communities. While the policies may differ in the detail, they should all address common evidence-based stategies in the management of food allergies and anaphylaxis within the school setting. The following components should be addressed in policy and administrative regulations needed to support students with food allergies at risk for anaphylaxis.

1. Identification of Students with Food Allergies At-Risk for Anaphylaxis
2. Development, Implementation, Communication and Monitoring of Emergency Care Plans, 504 plans, and/or Individualized Health Care Plans for Students with Food Allergies At-risk for Anaphylaxis.
3. Reducing the Risk of Exposure Within the School Setting
4. Training for School Staff on Anaphylaxis and Emergency Response to Anaphylactic Reactions
5. Post Anaphylaxis Reaction-Review of Policies and Procedures

In order to coordinate the management of food allergies within the school district, the superintendent may consider designating a school district (central office) employee, that is knowledgable about food allergies, to serve as the point of contact for parents, healthcare providers, and other school staff. The superintendent's designee can help facilitate the development, implementation, and monitoring of comprehensive and coordinated administrative regulations by convening a multi-disciplinary team in addressing the components listed previously in this section. The designee should receive ongoing training in the management of food allergies in the school setting, including the provision of administration of epinephrine

Identification of Students With Food Allergy At-Risk for Anaphylaxis

Due to an increase in prevalence of food allergies and the potential for a food allergic reaction to become more life-threatening, information needs to be shared with the school in order to promote safety for children with food allergies that are at-risk for anaphylaxis. It is important for parents to provide accurate and current health information when requested, in order to assist schools in obtaining information necessary to:

1. identify the child's food allergens;
2. specify the nature of the child's allergic reaction;
3. reduce risk of exposure to food allergens;
4. provide emergency treatment to the student during the school day and at school-sponsored activities in the event there is an unintended exposure to a food allergen; and
5. facilitate communication between the school and the student's healthcare provider.

Texas Education Code Chapter 25, Section 25.0022 states that upon enrollment of a child in a public school, a school district shall request, by providing a form or otherwise, that a parent or other person with legal control of the child under court order:

1. disclose whether the child has a food allergy or a severe food allergy that, in the judgement of the parent or other person with legal control, should be disclosed to the district to enable the district to take necessary precautions regarding the child's safety, and
2. specify the food to which the child is allergic and the nature of the allergic reaction.

Conclusion

Raising a child with life-threatening food allergies is challenging and requires vigilance. Parents must ensure strict food avoidance, understand food labeling and be on constant alert in a world that is not food allergy friendly.

Given the increasing prevalence of food allergies in children and as children transition into the school setting, schools can play a major role in helping parents by implementing policies and administrative regulations that promote the physical and emotional health of children with diagnosed food allergies at-risk for anaphylaxis. There are many resources available to help schools develop policies and regulations that help promote safety for all children.

KLONDIKE INDEPENDENT SCHOOL DISTRICT

2911CR H * Lamesa, TX 79331
Ph. – 806-462-7332 * Fax – 806-462-7333

REQUEST FOR FOOD/INSECT STING ALLERGY INFORMATION

Dear Parent:

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to Klondike ISD in order to enable KISD to take necessary precautions for your child's safety.

"Severe food allergy" means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as how your child reacts when exposed to the food that is listed.

☐ No information to report.

Food/Insect Sting	Nature of Allergic Reaction to Food/Insect Sting	Life-Threatening?

TO REQUEST A SPECIAL DIET, MODIFICATION OF A MEAL PLAN OR PROVIDE OTHER INFORMATION FROM YOUR DOCTOR ABOUT YOUR CHILD'S FOOD ALLERGY, YOU MUST CONTACT THE SCHOOL ADMINSTRATOR AT KLONDIKE ISD.

Klondike ISD will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy.

Student Name: _____Date of Birth: _____

School: _____ Grade: _____

Parent/Guardian Name: _____

Work Phone: _____ Mobile Phone: _____ Home Phone: _____

Parent/Guardian Signature: _____ Date: _____

Date form received by KISD: _____

This document is to be maintained in the Student's Cumulative Folder

KLONDIKE INDEPENDENT SCHOOL DISTRICT

2911CR H * Lamesa, TX 79331
Ph. – 806-462-7332 * Fax – 806-462-7333

Dear Parent,

Upon reviewing the nurse information card that you completed, I noticed that your child has an allergy to _____.

Please provide the following:

1. Describe the child's allergic reactions in the past; including when and how they occur:

   _____

   _____

   _____

2. How are these reactions treated?

   _____

   _____

   _____

3. Is this child on daily or as needed medications for this allergy?

   _____

   _____

   _____

4. Please provide further details to the address below, including a physician's statement if necessary.

Thank you,

Principal - Tony Bushong
School - Klondike ISD
Phone – 806-462-7332
Address – 2911 CR H
Lamesa, TX 79331

This document is to be maintained in the Student's Cumulative Folder