

FOOD ALLERGIES AND SPECIAL DIETARY NEEDS

Code **JLCDC** Issued **9/15**

Purpose: To establish the basic structure for the management of food allergies.

The board is committed to the well-being of all students and will provide a safe and healthy learning environment for those with food allergies.

The purpose of this policy is to accomplish the following:

- Reduce the likelihood of severe or potentially life-threatening allergic reactions.
- Ensure a rapid and effective response in the case of a severe or potentially life-threatening allergic reaction.
- Protect the rights of food allergic students to participate in all school activities.

Schools are considered high risk areas for students with food allergies, with most incidents of allergic reactions occurring due to accidental exposure. While schools may not be able to totally prevent allergic reactions, they can dramatically reduce both the likelihood of such reactions occurring and the severity of consequences if they do occur with effective prevention and treatment plans, proper procedures, well-trained staff, and clear communication.

The level of sensitivity and the types and severity of reactions vary considerably among students with food allergies. Approaches to preventing and treating food allergies must be tailored to the needs of each student. At the same time, an undiagnosed student may experience an allergic reaction to food for the first time while at school, and staff must be prepared for such occurrences.

Definitions

Anaphylaxis - An acute allergic reaction that affects more than one system of the body. It is a life-threatening event. If someone exhibits difficulty breathing, a drop in blood pressure or symptoms in more than one body system (cutaneous, respiratory, gastrointestinal, or cardiovascular) after possible exposure to an allergen, it should be considered anaphylaxis. Medical attention and treatment should be sought immediately.

Epinephrine (also known as adrenaline) - Treatment to prevent or treat anaphylaxis which helps to reverse the symptoms and prevent progression to other symptoms. Epinephrine should be given immediately, as a delay in treatment with epinephrine can be fatal.

Epinephrine auto-injector (sometimes called EpiPen) - A device that is used for the automatic injection of epinephrine into the body.

Food allergy - An abnormal, adverse reaction to food that is triggered by the body's immune system. The immune system responds to an otherwise harmless food as if it were harmful, resulting in the release of various chemicals, including histamines. The most common food allergies are to peanuts, tree nuts, milk, soy, eggs, fish, crustacean shellfish, and wheat.

Food allergy symptoms - Manifestations of the allergic reaction in various parts of the body.

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Areas of the body affected may include the following:

- the cutaneous system (skin inflammation; tingling; itching; hives; rash; swelling of the lips, tongue, and/or throat)
- the respiratory system (runny or stuffy nose, sneezing, coughing, wheezing, difficulty breathing)
- the gastrointestinal tract (abdominal cramps, vomiting, diarrhea)
- the cardiovascular system (drop in blood pressure, dizziness, lightheadedness, heartbeat irregularities, fainting, shock)

Symptoms can begin immediately upon, or up to two hours after, exposure to an allergen. Some individuals exhibit initial symptoms followed by a second phase of symptoms two to four hours later. If more than one system is affected, it is considered anaphylaxis.

Individual Healthcare Plan (IHP) - A comprehensive plan for the care of children with special healthcare needs, including food allergies. Plans should include both preventive measures and a set of procedural guidelines that provide specific directions about what to do in an emergency situation.

All principals, in coordination with the school nurse, will implement student IHP protocol consistent with this policy. The protocols will be reviewed and updated at least annually, as well as after any serious allergic reaction has occurred at school or a school-sponsored activity.

All principals will identify school personnel who might be involved in managing an emergency in a school, including anaphylaxis. Training will be provided for personnel on the signs and symptoms of anaphylactic shock, proper epinephrine auto-injector administration, adverse reactions to epinephrine, and preparation for movement and transport of the student. Personnel will review emergency protocols on an annual basis.

Individual Healthcare Plan (IHP)

An IHP will be developed for each student identified with any food allergy with potentially serious health consequences. The school nurse will develop the IHP in collaboration with the student's health care provider, parents/legal guardians, and the student (if appropriate). This must be done prior to entry into school or immediately thereafter for students previously diagnosed with an allergy and should be done immediately for students already enrolled who are newly diagnosed with an allergy. These plans should include both preventative measures to help avoid accidental exposure to allergens and emergency measures in case of exposure.

Depending on the nature and extent of the student's allergy, the measures listed in the IHP may include, but are not limited to, the following:

- posting signs in visible areas, such as in classroom entryways
- prohibiting the sale of particular food items in the school
- designating special tables in the cafeteria
- prohibiting particular food items from certain classrooms and/or the cafeteria
- completely prohibiting particular food items from the school or school grounds
- educating school personnel, students and families about food allergies
- implementing particular protocols around cleaning surfaces touched by food products, such as washing of hands after eating, etc.

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Self-management

A student at risk for anaphylaxis will be allowed to carry an epinephrine auto-injector with him/her at all times in accordance with the IHP. If this is not appropriate (e.g., because of the age of the student), the epinephrine auto-injector will be kept in a conspicuous place in the classroom, cafeteria, physical education facility, health room, and/or other areas where it is most likely to be used, with reasonable safeguards in place to ensure its safekeeping. A student may self-administer the epinephrine auto-injector in accordance with the IHP.

Allergy bullying

All threats or harassment of students with food allergies will be taken very seriously and will be dealt with in accordance with the district's policy regarding bullying and harassment.

Confidentiality

The confidentiality of students with food allergies will be maintained to the extent appropriate and as requested by the student's parents/legal guardians in accordance with federal law.

Cf. JLCD, JLCDB, JLCE

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