



## Camas School District Guidelines for the Management of Students with Life-Threatening Allergies

Camas School District is aware that anaphylactic reactions, most often caused by exposure to substances to which a student is allergic, can be life threatening. The sources of these allergens are typically foods, medications, stinging insects and latex. The risk of accidental exposure to these allergens can be reduced in the school setting when school staff, students, parents/legal guardians, and the licensed health professional (LHP) work cooperatively to minimize risks and provide a safe environment.

**Foods:** Essentially any food can trigger an allergic reaction, but some of the most common ones that cause severe anaphylaxis are: peanuts, nuts from trees (i.e., walnut, cashew, and Brazil nut), shellfish, fish, milk, wheat, soy and eggs. A true food allergy involves an interaction between a food protein and the immune system. The only way to avoid a reaction is to eliminate ingestion of the food protein even in small amounts.

**Medications:** Virtually any medication can trigger an allergic reaction. Common categories of drugs that cause anaphylaxis are antibiotics and anti-seizure medicines. Your child's health is important to us. To avoid medication allergies at school and for your child's protection, any new medication should be first administered at home to observe your child's reactions. Also, it is required that parents/legal guardians complete the *Student Health Inventory* on a yearly basis. Medication allergies should be documented on this form. The *Student Health Inventory* form may be shared with emergency medical services if 911 is called during school hours.

**Stinging insects:** The venom of stinging insects such as yellow jackets, honeybees, paper wasps, hornets and fire ants cause discomfort for most people who are stung. However, reactions can be severe and even life-threatening for people with allergies to these venoms. Allergic reactions to stings usually do not happen after the first sting. A reaction may take place after two or more stings that have happened over a long period of time. Therefore, it is important to look for allergic reactions in children, even if they've been stung before and had no reaction.

**Latex:** Latex allergy is an emerging health issue believed to affect 5 to 10% of health care workers. Another high-risk group includes children with spina bifida and others who have undergone multiple medical procedures (where latex products are commonly used). There is no cure for latex allergy; avoidance of latex-containing products is the only way to prevent a reaction. Latex-containing products that commonly cause reactions are: gloves, balloons, and condoms. Latex-containing products that rarely cause reactions are: rubber bands, erasers, rubber parts of toys, products made from crepe rubber (soles of shoes), latex clothing, elastic in clothing, feeding nipples and pacifiers. Latex paint does not contain latex.

In order to help safeguard an allergic child during the school day, the following guidelines were developed with assistance from the Food Allergy Network. [www.foodallergy.org](http://www.foodallergy.org)

### Family's Responsibility

- Notify the school of your child's allergies
- Work with the school team (see **School's Responsibility** for possible school team members) to develop a plan that accommodates the child's needs throughout the school environment including in the classroom, the cafeteria (if applicable), during school sponsored activities, and on the school bus.
- On a yearly basis complete the *Student Health Inventory* form, and provide to the Health Services team. If there are any changes in your child's health during the year, please report this to the Health Services team.
- Keep the child's school updated throughout the year as to emergency contact information.
- Due to your child's potential life threatening health condition, the *Authorization for Administration of Medication* form must be completed by a Licensed Health Professional (LHP) and provided to the school so the district/building registered nurse may develop an emergency care plan. The *Authorization...* form must be resubmitted at the beginning of each year and/or when there are changes to orders. A photo of your child should be included on the emergency care plan.
- Provide properly pharmacy labeled medications, and replace medications after use or upon expiration.
- If your child is allowed to self-carry medication, backup medication, that is easily accessible in the health room, should be provided by parent/legal guardian.
- When developmentally appropriate, parents should ask their child's licensed health professional about the child being taught to self-administer auto-injectable epinephrine.
- Families should consider a medical alert bracelet for their child, especially if there is a food, medication and/or stinging insect allergy.

- Review at the beginning of each school year, the guidelines regarding *The Management of Students with Life Threatening Allergies*, and any district policies/procedures (if applicable). After a reaction has occurred, allow health services to debrief event with school staff and share with family.

### **School's Responsibility**

- Be knowledgeable about and follow applicable federal laws including ADA, IDEA, Section 504, and FERPA and any state laws or district policies that apply.
- Identify school team members for each building to assist with possible development of Section 504 and help with any specific needs of the student beyond what might be in the emergency care plan. The building registered nurse may most likely be the primary contact person families will contact with health and safety concerns. Additional school team members may be the principal, teachers, playground staff and school food service personnel.
- Review the Student Health Inventory form to identify students with life-threatening allergies. Make sure parent/legal guardian has signed form allowing sharing of confidential information with emergency medical services.
- All families are made known that 911 – emergency medical services will be called after administering an auto-injectable epinephrine.
- The building registered nurse will create an emergency care plan for students based on the licensed health professional Authorization for Medication form, family input and other staff members as applicable, including the building principal.
- Distribute emergency care plans (in a timely manner) to applicable staff, including food services staff, bus drivers, etc.
- Provide training and education to staff on a yearly and as needed basis. Include training in anaphylaxis with auto-injector training device. Staff education will include information that students who self-carry auto-injectable epinephrine, may not be able to self-administer during a life-threatening allergic reaction.
- Design individual building communication systems so substitutes (teachers, paraprofessionals, health assistants, etc) are clearly aware of a student with potential life threatening allergy, whom they may be in contact with during their workday. Health services will create additional on-line staff trainings regarding students' with potential life threatening allergies. Human Resources and Health Services will also devise ways substitutes may complete trainings prior to employment.
- Periodically check medication for expiration dates.
- Collaborate with the consulting district registered dietician regarding students with food allergies
- If a reaction occurs, building registered nurse will debrief with school staff and share information with family.
- WA State permits students to self-carry auto-injectable epinephrine with proper documentation. Backup auto-injectable epinephrine is advised and will be kept in the health room.
- Teachers to notify health services not less than five school days in advance of scheduled field trips to enable health services to identify students with life threatening allergies.
- Discuss field trips with the family of the food-allergic child to decide appropriate strategies for managing food allergy.
- Allow students with a food allergy to provide his/her own food for snacks or celebrations and keep it in a clearly marked separate box or shelf.
- Custodians should be instructed to keep garbage covered outside.
- Clean all tabletops, counters, cutting surfaces thoroughly between uses, as trace amount of food left on them can cause an allergic reaction.

### **Educate your child in the self-management of their specific allergy including:**

#### **Food allergy**

- That he/she must completely avoid the food(s) that causes(s) the allergic reaction.
- What are safe and unsafe foods
- What strategies they need for avoiding exposure to unsafe foods
- What are the possible symptoms of allergic reactions
- How and when to tell an adult they may be having an allergy-related problem
- How to read food labels (age appropriate). Read the food ingredient labels of every product bought, every time it is bought; sometimes manufacturers change product ingredients without warning.

#### **Medications**

- Know medication allergy and possible symptoms (age appropriate)

#### **Latex**

- Understand that avoidance is the key to preventing an allergic reaction
- Parents/legal guardians - Some children may have a reaction, called cross-reactivity which can be triggered by: banana; chestnuts; passion fruit; avocado; kiwi, celery or melon. Parents should speak to their child's LHP about this reaction if their child has been diagnosed with a latex allergy.

## **Stinging insects**

- Understand that avoidance is the key to preventing an allergic reaction.
- Minimize wearing flowers, i.e., corsages, outdoors.
- Minimize bright colored clothes and floral patterns.
- Wear long-sleeved shirts, long pants, and shoes when walking in grassy areas.
- Avoid scented cosmetics, hair products or perfume.
- Avoid eating or drinking sweetened liquids outdoors.
- Avoid large bushes, especially flowering ones.
- Keep hands and face clean of sweet liquid: soda pop, juice, ice cream, butter and meat juices.

## **Student's Responsibility**

- Should not trade food with others
- Should not eat anything with unknown ingredients or known to contain any allergen.
- Should be proactive in the care and management of their food allergies and reactions based on their developmental level.
- Should contact an adult immediately if they eat something they believe may contain the food to which they are allergic.
- Should contact an adult immediately if they are stung by stinging insect and have an allergy to the venom.
- If self-carry auto-injectable epinephrine, understand implications for its use.
- Should contact an adult immediately if they experiencing any typical symptoms associated with allergic reactions, even if they cannot identify the allergy source.

## **Camas School District will support**

### ***The Management of Students with Life Threatening Allergies BY:***

- Utilizing ONLY non-latex gloves.
- Using non-latex face masks or respirators for person protective equipment.
- NOT ALLOWING the presence of latex balloons on school grounds and school busses. Mylar balloons are a safe substitute. (School officials should contact community floral/balloon vendors as to CSD Guidelines for the Management of Students with Life Threatening Allergies).
- Discouraging serving peanut butter products at elementary grade levels.

## **ALLERGY RESOURCES**

**American Academy of Allergy, Asthma and Immunology:** <http://www.aaaai.org>

**American Academy of Pediatrics:** <http://www.aap.org>

**American College of Allergy, Asthma, and Immunology:** <http://www.acaai.org>

**Food Allergy & Anaphylaxis Network:** <http://www.foodallergy.org>