

ACES LIFE-THREATENING ALLERGY PREVENTION AND MANAGEMENT PLAN

Revised: March 8, 2010

Introduction

A food allergy occurs when the body releases chemicals in response to a specific protein found in some foods. These chemicals can cause a variety of symptoms ranging from relatively mild ones such as hives to severe life-threatening ones such as an inability to breathe, shock, and death (anaphylaxis).

Foods that cause 90% of food allergies in the U.S. are: Peanut, Tree Nut, Shellfish, Fish, Wheat, Soy, Milk, and Eggs. Approximately 2 million school children have food allergies. Many anaphylactic reactions occur in schools as either a first time reaction or an accidental exposure. Accidental exposures commonly occur during classroom based celebrations or from food sharing in a cafeteria or bus.

Goal

To maintain the health and safety of children with life-threatening food allergies; promote developmentally appropriate self-care; and provide opportunities to work with students, families, community health care providers, and staff to communicate and implement an approach to minimize risk and optimize education.

The ACES Life-Threatening Allergy Prevention and Management Plan is in accordance with:

- PA 05-104 - An act concerning food allergies and the prevention of life threatening incidents in school
- PA 05-144 and PA 05-272 - An act concerning emergency use of cartridge injectors
- PA 09-155 - An act concerning the use of asthmatic inhalers and epinephrine auto-injectors while at school
- PA 04-224 - An act concerning childhood nutrition in school, recess and lunch breaks
- CGS 10-212a - Administration of medications in school
- CGS 10-220i - Transportation of students carrying cartridge injectors
- CGS 52-557b - Good Samaritan Law. Immunity from liability for emergency medical assistance, first aid or medication by injection

*Symptoms of Life-Threatening

*Symptoms of Life-Threatening anaphylaxis:

Usually occurs within minutes, but may occur up to 2 hours after exposure

- Facial, lips, tongue swelling
- Chest tightness, wheezing, cough, shortness of breath
- Dizziness, fainting, "feeling of impending doom"
- Itchy skin, hives
- Difficulty swallowing, tightness in throat
- Abdominal cramping, nausea, vomiting



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The ACES plan for managing life-threatening allergies in school relies on the cooperation of students, families, and staff. Although schools cannot guarantee an allergy-free environment, the following role responsibilities will assist with making our schools as food allergy safe as possible. "Allergy-safe" is considered food whose label does not list any known nut or peanut product in its ingredients or in the manufacturing of that product.

School Administration and Staff:

1. Will maintain the most updated version of this plan on the ACES website
2. Will implement this plan during activities associated with scheduled school day hours and school-sponsored after hour events
3. Avoid excluding students from school activities solely based on their food allergy
4. Support staff in implementing this plan by providing training or education, including annual and as needed reviews
5. Will work with food vendor services in an effort to avoid serving any food products with known shellfish, peanut or nut products listed on their food label
6. Will request that students and staff minimize their peanut and nut product foods in school
7. Encourage a "no food sharing or trading" protocol
8. Encourage all those who do eat peanut or nut products to wash their hands carefully to avoid cross-contamination
9. Collaborate with the school nurse to determine the age appropriate and developmental necessity of designating allergy-safe tables in the cafeteria where students with known food allergies can eat with other students who obtain their allergy-safe food from the cafeteria
10. Enlist the support of the food management vendor to train their food service staff and employees on proper food handling, food preparation, and cleaning procedures that will minimize the risk of cross-contamination of food allergens
11. Enlist the support of the food management vendor to make food labels available upon request, within a reasonable period of time, to students and families in order to help them make the safest choices that are reasonably possible
12. Will not use food for classroom celebrations or parties (*see 13*)
13. Teachers or staff who use food:
 - a. In a classroom for educational or life-skills curriculum OR
 - b. As part of an after- hours school sponsored event will be responsible for:
 - i. Collaborating with the school nurse or the ACES coordinator of school health services to promote the food allergy related safety of their students
 - ii. Being aware of all known food allergies for students in their classrooms or events



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- iii. Avoiding food that contains known nut, peanut, or any other ingredients that a student in that class has a known allergy
 - iv. Notifying parents/guardians of food related activities with a copy of notification to the school nurse
14. School nurses will be responsible for:
- a. Reviewing student's health records to identify a medical history of food allergy
 - b. Identifying appropriate members of the student's team to meet with student/family to develop and implement an Individual Health Care Plan (IHCP) that includes the Emergency Allergy Plan
 - c. Consulting the Medical Advisor as needed to ensure the reasonable and safe implementation of an IHCP and Emergency Allergy Plan
 - d. Ensuring that copies of each student's Emergency Allergy Plan is available to all staff responsible for a student on or off school grounds
 - e. Compiling and updating lists of students' emergency health concerns, including food allergies, and making those lists available to:
 - i. ACES transportation coordinator
 - ii. Building administrator for distribution to sending districts for their transportation coordination
 - f. Documenting that all certified or non-certified staff, including substitutes, but excluding drivers, primarily responsible for a student with an Emergency Allergy Plan, on or off school grounds, is competent to:
 - i. Identify and avoid student's known allergies
 - ii. Identify signs and symptoms of anaphylaxis
 - iii. Administer an auto-injectable epinephrine device (i.e. Epi Pen) to the student
 - iv. Activate the Emergency Medical Service (EMS) - 911
15. Coordinate with the school nurse to ensure that emergency allergy medication is safely stored and is accessible to staff during an emergency
16. Ensure that there is always at least one staff member available who is competent knowing when and how to administer emergency allergy medications
17. Never allow a student you suspect of having an allergic reaction to walk alone to the health office (or anywhere) – escort with an appropriate staff member
18. Notify family and primary care provider if a suspected food allergy reaction requires treatment
19. Meet with family and core team members to evaluate emergency allergy treatment that requires epinephrine administration for an anaphylactic episode that does occur in school



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20. Ensure that all transportation staff, including substitutes, have 2-way radios to use in case of emergencies
21. Take appropriate and safe measures by drivers to maintain the “no eating on the bus” policy, unless medically indicated in a student’s IHCP
22. Collaborate with school nurse or ACES coordinator of school health services when considering field trip options that minimize any student’s food allergy risk
23. Fundraisers that involve food must follow State Department of Education food service guidelines, including the limitation of the direct sale and distribution to parents/guardians
24. Facilitate an environment that discourages embarrassing, stigmatizing, or harassing students/classmates with food allergies

Parent/Guardians:

1. Will not bring food into school intended for any student other than their own
2. Work with school staff to determine if food is safe for their child with a known allergy
3. Provide updated and current emergency contact information throughout the school year
4. Provide accurate and current medical information regarding student’s known or suspected potential life-threatening allergy, including specific foods to avoid
5. Provide medical updates regarding allergies, including additional or resolved allergies as the information becomes known and available
6. Provide annual Emergency Allergy Plans signed by a licensed medical provider
7. Meet with school staff as needed to ensure that the IHCP, including the Emergency Allergy Plan is based on accurate information, minimizes risk of allergy exposure, and optimizes educational opportunity
8. Provide emergency allergy medication as indicated on the Emergency Allergy Plan, and replaces in a timely manner if expired or used
9. Work with their physician and the school nurse to determine if a special diet order is indicated for a life-threatening allergy or medical condition
10. Educate the student on:
 - a. reading food labels
 - b. avoiding foods with potential allergens
 - c. not sharing or trading food
 - d. recognizing signs and symptoms of anaphylaxis
 - e. when to seek help, and
 - f. how to safely handle and administer emergency medication – including an Epi Pen, to the extent that it is developmentally and reasonably appropriate



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Student:

1. Use family, school nurse, and health care providers to learn as much as is reasonably possible about:
 - a. reading food labels
 - b. avoiding foods with potential allergens
 - c. recognizing signs and symptoms of anaphylaxis
 - d. when to seek help, and
 - e. how to safely handle and administer emergency medication – including an Epi Pen
2. Do not share or trade food with others
3. Wash hands before and after eating
4. If Emergency Allergy Plan designates the student as being able to self-administer medication: carry a non-expired Epi Pen at all times
5. Do not ever allow other students to handle your Epi Pen unless they are assisting you with an anaphylactic reaction and no adult is immediately available
6. Report any instances of bullying, harassment, or difficulty maintaining your allergy plan



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