

### Quick Food Allergy Action Plan

School Year: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Address: \_\_\_\_\_

Student Birthdate: \_\_\_\_\_ Date of plan: \_\_\_\_\_

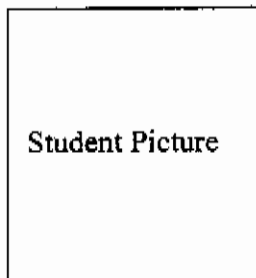
School: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies: \_\_\_\_\_

Location(s) of medication(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



(Please note: If medication is kept in the clinic/office, in the event of an allergic reaction, an adult should escort the student to the office/clinic)

#### If above student has ONLY the following symptom(s):

\_\_\_\_\_

1. Give \_\_\_\_\_

2. Stay with the student: **MONITOR BREATHING**

3. Contact school nurse, school office, parent/guardian

#### If condition does not improve within \_\_\_\_\_ minutes, or if more symptoms develop:

1. Give **Epi-Pen/Epi-Pen Jr/TwinJect**. (Note time given)

2. Have student lay down

3. Call 911

#### If above student has the following symptom(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Give **Epi-Pen/Epi-Pen Jr/TwinJect**. (Note time given)

2. Give \_\_\_\_\_

3. Have student lay down

4. Call 911

5. Stay with student

#### Emergency contacts:

School office: \_\_\_\_\_

School nurse: Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

**If on a bus:** Follow above instructions for medication administration, call dispatch, state emergency, give student name, give bus location, and stay at your location.

When EMS arrives, give medication pack and food allergy action plan to EMS.

## Food Allergy Action Plan (Page 1 of 2)



Student's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Teacher: \_\_\_\_\_

ALLERGY TO: \_\_\_\_\_

Asthmatic Yes\*  No  \*Higher risk for severe reaction

### STEP 1: TREATMENT

Symptoms		Give Checked Medication (To be determined by physician authorizing treatment)	
		<i>Epinephrine</i>	<i>Antihistamine</i>
If an allergen has been ingested, but <i>no symptoms</i>		<input type="checkbox"/>	<input type="checkbox"/>
Mouth	Itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/>	<input type="checkbox"/>
Skin	Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/>	<input type="checkbox"/>
Gut	Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Throat*	Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/>	<input type="checkbox"/>
Lung*	Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/>	<input type="checkbox"/>
Heart*	Thready pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/>	<input type="checkbox"/>
Other*		<input type="checkbox"/>	<input type="checkbox"/>
If reaction is progressing (several of the above areas affected), give		<input type="checkbox"/>	<input type="checkbox"/>
The severity of symptoms can quickly change. *Potentially life-threatening.			

**DOSAGE**

**Epinephrine:** inject intramuscularly (check one) EpiPen®  EpiPen® Jr.  Twinject™ 0.3mg  Twinject™ 0.15mg   
(see reverse side for instructions)

**Antihistamine:** Give \_\_\_\_\_  
(medication/dose/route)

**Other:** Give \_\_\_\_\_  
(medication/dose/route)

### STEP 2: EMERGENCY CALLS

1. Call 911 (or Rescue Squad: \_\_\_\_\_). State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Dr. \_\_\_\_\_ at \_\_\_\_\_.
3. Emergency contacts:

Name/Relationship	Phone Number(s)	
a.	1.	2.
b.	1.	2.
c.	1.	2.

**EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY:**

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(Required)

### TRAINED STAFF MEMBERS

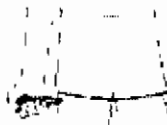
1. _____	Room _____
2. _____	Room _____
3. _____	Room _____

#### EpiPen® and EpiPen® Jr. Directions

- Pull off gray activation cap.



- Hold black tip near outer thigh (always apply to thigh).



- Swing and jab firmly into outer thigh until Auto-injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

#### Twinject™ 0.3 mg and Twinject™ 0.15 mg Directions



- Pull off green end cap, then red end cap.
- Put gray cap against outer thigh. Press down firmly until needle penetrates. Hold for 10 seconds, then remove.



#### SECOND DOSE ADMINISTRATION:

If symptoms don't improve after 10 minutes, administer second dose:

- Unscrew gray cap and pull syringe from barrel by holding blue collar at needle base.
- Slide yellow or orange collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.



Once EpiPen® or Twinject™ is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.



\*\*Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.

**Sample Letter**

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Date: \_\_\_\_\_

Dear Parent/Guardian,

Occasionally a health concern arises in the school setting that requires enlisting the support of Parent/Guardians and classmates to help make the classroom a safe and healthy place for all. This letter is to inform you that a student in your child's classroom has a severe allergy to (nuts). Strict avoidance of (all nut) products is the only way to prevent a life threatening allergic reaction. Even touching a small amount of a product or accidental ingestion containing (nuts) could result in a life-threatening situation. We are asking your assistance in providing the student with a safe learning environment.

If exposed to (nuts) the student may develop a life-threatening allergic reaction that requires emergency medical treatment. To reduce the risk of exposure, no (nuts) will be allowed in your child's classroom this year. **Please do not** send any products containing (nuts) for your child to eat during snack in the classroom. Please read ingredient labels carefully. Any exposure to (nuts) through contact or ingestion can cause a severe reaction. If your child has eaten (peanuts or any nuts) prior to coming to school, please be sure your child's hands have been thoroughly washed prior to entering the school.

Since lunch is eaten in the cafeteria/lunchroom, your child may bring (peanut butter, peanut or nut products for lunch). In the cafeteria there will be a table designated where no (nuts) are allowed. Any classmate with a lunch from the cafeteria lunch program may sit at this table along with students with severe allergies. If your child sits at this table with a (peanut or nut) product, s/he will be asked to move to another table. This plan will help to maintain safety in the classroom while allowing classmates without allergies to enjoy (peanut/nut) products in a controlled environment. Following lunch, the children will wash their hands prior to going to recess or returning to class. The tables will be cleaned after each lunch.

Please remind your child not to share any food, eating utensils, or food containers with other students.

We appreciate your support of these procedures. We believe all families understand a parent/guardian's concern and worry about safety and will join us in ensuring that our environment is conducive to this goal. Please complete and return this form so that we are certain that every family has received this information. If you have any questions regarding ingredient lists or other questions, please contact any one of us.

Signature of Teacher: \_\_\_\_\_

Signature of Principal: \_\_\_\_\_

Signature of School Nurse: \_\_\_\_\_

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I have read and understand the procedures to not allow (nuts) in the classroom. I agree to do my part in keeping (nuts) out of the classroom.

Child's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Information About Child**



Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
Height: \_\_\_\_\_"  
Weight: \_\_\_\_\_  
Hair color: \_\_\_\_\_  
Eye color: \_\_\_\_\_  
 Male  Female

See picture at right  
Child reacts to allergens (typically) in this way: \_\_\_\_\_

Page added (child's reactions to food, etc.)

**Allergies**

Dairy  Eggs  Wheat  Potato  Peanuts  Tree nuts  Fish  Shellfish  Soy  
 Other \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Please note that these allergens can go by different names. For example, albumin can mean "eggs," "lactose" is milk. Alternate names for the above allergens include:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Safe foods: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Being touched/ exposed to an allergen (not just ingesting) can cause an allergic reaction in \_\_\_\_\_

Page added (safe foods included with child, additional allergens, etc.)

**Contact Information**

Father's name: \_\_\_\_\_

Work phone: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Work phone: \_\_\_\_\_

Parents' home phone number: \_\_\_\_\_

Parents' beeper, cell phone, or other way of contacting: \_\_\_\_\_

Neighbor's  home  work number: \_\_\_\_\_ (Name: \_\_\_\_\_)

Friend's  home  work number: \_\_\_\_\_ (Name: \_\_\_\_\_)

Friend's  home  work number: \_\_\_\_\_ (Name: \_\_\_\_\_)

Friend's  home  work number: \_\_\_\_\_ (Name: \_\_\_\_\_)

Page added (who to contact)

**Treatment if Exposed**

Number, in order, of which to contact first.

Parent (numbers listed above)

Family doctor's number: \_\_\_\_\_

Pediatrician's number: \_\_\_\_\_

Hospital: \_\_\_\_\_

Allergist's number: \_\_\_\_\_

911

Use EpiPen

(Instructions {where stored, how to administer, etc.}): \_\_\_\_\_

Page added (treatment information)

## WHAT IS "FOOD ALLERGY"?

**FACT:** The prevalence of food allergies has increased over the past several years, with current estimates of approximately 2 million school-aged children with food allergies.

People with food allergies have over-reactive immune systems that target otherwise harmless elements of our diet and environment. During an allergic reaction to a food, a sequence of events in the immune system occurs resulting in the release of histamine, which triggers an inflammatory reaction in the tissues (ex. hives, itching, rash, coughing, wheezing, difficulty breathing etc).

## MOST COMMON FOOD ALLERGIES IN CHILDREN:

<i>EGGS</i>	<i>MILK</i>
<i>FISH</i>	<i>PEANUTS</i>
<i>SHELLFISH</i>	<i>SOY</i>
<i>TREE NUTS</i>	<i>WHEAT</i>

## DIFFERENT TYPES OF FOOD ALLERGIES

There are 2 types of food allergies: the first is an immediate often associated with anaphylaxis and is a rare food allergy.

The most common type of food allergy is a delayed or cyclic food allergy. This type of food allergy is associated with approximately 95% of all food reactions. With this type of food allergy the symptoms do not occur until hours after the food is ingested and therefore symptoms are not immediate, making them more difficult to diagnose. Instead what you see is persistent symptoms despite the use of medications.

## IF MY CHILD HAS ALLERGIES WHAT SHOULD I WORRY ABOUT WHEN HE IS AT SCHOOL?

- Communication with the school nurse is vital. Make sure there is a plan if a child should have a reaction (mild, moderate or severe).
- Make sure the school has all the information needed regarding your child's allergies. This includes, allergies, current medications and medical history, contact information, Physician, safe and non-safe foods.
- Step by step instructions that are to be performed in the event that there is a reaction.
- Appropriate documentation for elimination of certain foods during meals if there are food allergies
- Appropriate storage of medications needed in the event of a reaction (Epinephrine, Albuterol, antihistamines, Benadryl etc.)

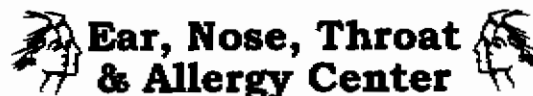


## SYMPTOMS OF ALLERGIES

- Sneezing, runny nose nasal congestion, itchy watery eyes, increase in sinus pressure, mouth breathing
- Asthma, shortness of breath, wheezing coughing
- Swelling of any part of the body, hives or welts
- Recurrent ear, sinus or bronchial infections
- Abdominal cramping diarrhea, fatigue, hyperactivity headaches

## WHAT CAUSES ALLERGIES?

- Exposure to certain items in the environment that cause a complex chain of reactions and symptoms.
- Examples include: Foods, medicines, dust, mold pollen, bee stings, animals, pollutants, smoke, perfume or contact with certain items (latex, poison ivy, metals, etc.), to name a few.
- Allergies tend to run in families
- People with certain medical conditions are more likely to have allergies.
  - Severe history of allergic
  - Reactions
  - Asthma
  - Frequent infections of the ears, sinus, or lungs
  - Sensitive skin or eczema



## **Ear, Nose, Throat & Allergy Center**

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Claremore, OK 74017  
(918) 341-5088 • Fax (918) 341-5023

Visit our website at  
[entallergycenter.com](http://entallergycenter.com)

### **Responsibilities of School Administrator**

- \_\_\_\_\_ Support a proactive “parent/guardian interview process” between school nurse and student’s family in order to complete the Food Allergy Assistance Plan.
- \_\_\_\_\_ Provide and monitor annual training and education for faculty and staff regarding.
  - \_\_\_\_\_ Foods, insect stings, medications, latex
  - \_\_\_\_\_ Risk reduction procedures
  - \_\_\_\_\_ Emergency procedures
  - \_\_\_\_\_ How to administer an epinephrine auto-injector in an emergency
- \_\_\_\_\_ Develop and implement a school wide plan for promoting an inclusive, sensitive, and responsive school climate when responding to students with life threatening food allergies.
- \_\_\_\_\_ Review the publication “Composing a Letter to Classmates and Families”.
- \_\_\_\_\_ Systematically educate the school community on issues having to do with life-threatening food allergies e.g. PAL program materials, parent/guardian information letters, school newsletters.
- \_\_\_\_\_ Include the PTO in the educational process and when scheduling all-school events and fundraisers.
- \_\_\_\_\_ Provide special training for food service personnel.
- \_\_\_\_\_ Provide accessible emergency communication between classroom-office, playground-office, field trips-office (e.g. walkie talkies, cell phones).
- \_\_\_\_\_ Inform parent/guardian/family if the student experiences an allergic reaction at school.
- \_\_\_\_\_ Make sure a contingency plan is in place in case of a substitute teacher, nurse, food service personnel, secretary and/or administrator occurs e.g. When a substitute reports to the office to check in, a note should be attached to the time sheet alerting the substitute that a child with a potentially life threatening food allergy attends the class.
- \_\_\_\_\_ Every effort should be made to follow up with a face to face meeting between the building administrator and the substitute to introduce the child to the substitute. If the building principal is unavailable, another office staff person or nurse should do so.
- \_\_\_\_\_ Verify that the substitute has completed Epi-Pen/TwinJect training.
- \_\_\_\_\_ Reinforce /monitor that teaching staff should record as part of their “sub finder” recorded message that a student with life-threatening food allergies is a member of the classroom. Only substitutes who have been fully trained and have no reservations about administering emergency medical procedures should be assigned to fill the vacancy. This must include all teaching assistants assigned to the classroom.

- \_\_\_\_\_ Have an emergency communication plan for contacting a nurse when a nurse is not on-site (e.g. beeper, phone numbers of other assigned buildings).
- \_\_\_\_\_ Ensure that the student is placed in a classroom where the teacher is trained to administer an Epi-Pen/TwinJect (this includes all special area classrooms, before and after child care and lunch staff).
- \_\_\_\_\_ Post common signage around the building as indicated in the Food Allergy Assistance Plan.
- \_\_\_\_\_ Monitor that NO food is intentionally taken to common areas such as the media centers, multi-purpose rooms, and /or playground UNLESS the foodstuff and location is clearly communicated and specifically located (contained) in advance to the student and his/her family to prevent a possibility of incidental contact. Every attempt to encourage sensitivity and consideration for the purposes of promoting a safe, inclusive climate should be made.
- \_\_\_\_\_ Completely and carefully complete all overnight field trip permission requests to reflect food allergy concerns.
- \_\_\_\_\_ Strongly discourage all parents/guardians and staff from bringing family pets into the building.
- \_\_\_\_\_ Eliminate unscheduled/unplanned classroom celebrations and/or food rewards.
- \_\_\_\_\_ Enlist the help of parents/guardians of children with food allergies when determining what foods are "safe" for classroom consumption.

***Shared goal:*** Students with life-threatening food allergies will over time develop greater independence to keep themselves safe from anaphylactic reactions. School communities will differentiate Assistance Plan Strategies for students with food allergies with the same generous spirit and understanding as is demonstrated for students with differentiated learning styles and other health-related student needs.



### Responsibility of the School Nurse

- \_\_\_\_\_ Prior to entry into the school (or, for a student who is already in school, soon after the diagnosis of a life-threatening allergic condition) meet with the student's parent/guardian/ family to complete the "*Parent/Guardian Interview*" and develop a Food Allergy Assistance Plan.
- \_\_\_\_\_ By November 1, enter data on each student with a life-threatening allergy into the AAPS allergy database. Update as needed throughout the school year.
- \_\_\_\_\_ Review the publication *To: Parents/Guardians of Students with Life Threatening Food Allergies and Information From the School* with parents/guardians during interview.
- \_\_\_\_\_ Provide each parent/guardian with a copy of the completed Food Allergy Assistance Plan to review.
- \_\_\_\_\_ Ensure all portions of the Action Plan are completed and the parent/guardian and primary health care provider signs the form
- \_\_\_\_\_ Complete the Quick Food Allergy Action Plan template and distribute to transportation supervisor, childcare, noon hour workers, food service personnel, substitute folder and playground staff.
- \_\_\_\_\_ Distribute the Food Allergy Assistance Plan to all staff who supervise the student with allergies to include principal, teachers, special area staff, childcare, transportation supervisor and noon hour staff prior to the school year or as close to start up as possible.
- \_\_\_\_\_ Meet with staff as necessary to understand and implement Food Allergy Assistance Plan.
- \_\_\_\_\_ Work with principal/teacher/parent/guardian to communicate with other parent/guardian about the nature of the student's food allergies and classroom/building strategies; review the publication "*Composing a Letter to Classmates and Families*".
- \_\_\_\_\_ Help principal and teachers monitor the fruit and veggie snack guideline for the first 2 weeks of each school year.
- \_\_\_\_\_ Work in coordination with parent/guardian to maintain up to date Food Allergy Assistance Plan with each new school year and as needed.
- \_\_\_\_\_ Ensure all school staff has received Epi-Pen/TwinJect training and other guidance having to do with life-threatening food allergens, symptoms, risk reduction procedures and emergency procedures. Documentation is to be kept in school's medication log.
- \_\_\_\_\_ Maintain a list of "trained school staff" in the main office.
- \_\_\_\_\_ Educate new personnel when notified.
- \_\_\_\_\_ Introduce yourself to the student, show him/her how to get to the office and how to attract attention should symptoms occur.

- \_\_\_\_\_ Periodically work with the student to foster increasing independent skills as is age-appropriate and reflected in the Assistance Plan.
- \_\_\_\_\_ Communicate with parent/guardian their need to supply emergency medications and track expiration dates.
- \_\_\_\_\_ Communicate with the parent/guardian to ensure that a minimum of one Epi-Pen/TwinJect be stored in the main office or clinic.
- \_\_\_\_\_ Make sure the office staff have access to contact information for alternate nurse coverage.
- \_\_\_\_\_ Work with building secretary to ensure health concerns are entered into student database.
- \_\_\_\_\_ Enter incidents of allergic student responses (to include anaphylactic responses) into new nursing database system for purposes of monitoring district medical needs.
- \_\_\_\_\_ Monitor that epinephrine and all necessary medications and completed paperwork are received from each family. Place each emergency kit as indicated in the Individual Assistance Plan.
- \_\_\_\_\_ Have copies available/ready of the student's Action Plan if a 911 call is placed and the student is subsequently transported to a medical care facility following an allergic/anaphylactic response. Copies should be maintained in a predetermined location in the school infirmary/office with each Epi-Pen/TwinJect.

**Shared goal:** Students with life-threatening food allergies will over time develop greater independence to keep themselves safe from anaphylactic reactions. School communities will differentiate Assistance Plan Strategies for students with food allergies reflecting the same generous spirit and understanding as is demonstrated for students with differentiated learning styles and other health-related student needs.

### Regarding Classroom Activities

- \_\_\_\_\_ Avoid the use of food for classroom activities (i.e. art projects, counting, science projects, parties, holidays, cooking etc.).
- \_\_\_\_\_ Welcome parental involvement in organizing the class parties and special events. Encourage non-food treats for all classroom celebrations.
- \_\_\_\_\_ Monitor that food pellets and bedding for classroom pets do not contain products that make cause food allergen response (e.g. nut products or byproducts).
- \_\_\_\_\_ Check all ingredients of soap and lotion products used in the classroom.

### Regarding Field Trips

- \_\_\_\_\_ Review the publication "*When Taking a Student with Medications on a Field Trip*".
- \_\_\_\_\_ Ensure a trained staff person is assigned to chaperone student with allergies.
- \_\_\_\_\_ Emergency medications and Action Plans are taken on field trips and kept with the supervising trained staff member.
- \_\_\_\_\_ Ensure communication between teacher-office/emergency responders is accessible.
- \_\_\_\_\_ Proactive planning should avoid high-risk places. Make sure to consider where and what students will eat for lunch.
- \_\_\_\_\_ Completely fill out field trip permission forms.
- \_\_\_\_\_ When leaving Ann Arbor, identify the closest medical facility.
- \_\_\_\_\_ Invite parents/guardians of a student at risk for anaphylaxis to accompany their child on school trips, in addition to the chaperone. **However, the student's safety or attendance must not be conditioned on the parent/guardian's presence.**
- \_\_\_\_\_ Consider ways to wash hands before and after eating (e.g. hand wipes).

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### *Responsibility of Room Parent/Guardian*

- \_\_\_\_\_ Work with principal, school nurse and parent/guardian of student with food allergies when communicating to other classroom parents/guardians.
- \_\_\_\_\_ Work with principal, school nurse and parent/guardian of student with food allergies when arranging class parties and other special events.

- \_\_\_\_\_ Work with principal, school nurse and parent/guardian of student with food allergies to ensure an inclusive and supportive classroom environment.

### **Responsibilities of School Secretaries**

- \_\_\_\_\_ Apply "Medical Alert" sticker to some form of notification each substitute will receive upon entering the building. This could be the "Hourly Employee Time Sheet" of each substitute teacher who will have a student in their class with a serious life-threatening health concern or classlist or daily lesson plans. This decision should be made with the building principal in a way that attracts immediate attention.
- \_\_\_\_\_ Provide to each substitute teacher, prior to the start of their day, a printed list of students with serious life-threatening health concerns who will be under their supervision during that day. This list is to include the following information: Name, face picture diagnosis, name and location of emergency medications (orders should be kept with emergency medications), location of the student's individual health plan. **This list will be available from the school nurse.**

### **Responsibilities of School Bus Drivers and the Transportation Department**

- \_\_\_\_\_ Maintain a no food eating practice on the bus.
- \_\_\_\_\_ Bus drivers should not hand out food treats even on special occasions.
- \_\_\_\_\_ With parent/guardian permission, bus drivers should be provided with a copy of the *Quick Check Action Plan*. This document should be kept in a safe place and shared with drivers who may substitute for primary driver and/or shared with team leaders.
- \_\_\_\_\_ Provide annual training for all school bus drivers on managing life-threatening allergies.
- \_\_\_\_\_ Ensure that each bus is equipped with 2-way communication.
- \_\_\_\_\_ Know the closest, local emergency medical facilities when transporting students on a field trip or to/from home.
- \_\_\_\_\_ Students with life-threatening food allergies should sit in the seat designated by the bus driver when transporting to/from school and on field trips.
- \_\_\_\_\_ Students with life-threatening food allergies should be introduced to the bus driver.
- \_\_\_\_\_ Assistance Plan Strategies should reflect "wipe down" guidelines in preparation for all bus runs, including field trips, although such practice will not guarantee that accidental contamination from previous trips and ridership won't occur.
- \_\_\_\_\_ Student and/or responsible adult should carry emergency medications at all times since bus drivers do not.
- \_\_\_\_\_ In the absence of accompanying parents/guardian/family members or school nurse, a trained staff member must be assigned the task of watching out for the student's welfare and for handling any emergency while on a field trip.

\_\_\_\_\_ The trained staff member carrying the emergency medications for young students should be introduced to the bus driver and to the student.

\_\_\_\_\_ Field trips need to be chosen carefully; no student should be excluded from a field trip due to risk of allergen exposure.

\_\_\_\_\_ Bus drivers should not hand out food treats even on special occasions.

These responsibilities should be monitored and maintained while on the Environmental Field Trips as well.

***Shared goal:*** Students with life-threatening food allergies will over time develop greater independence to keep themselves safe from anaphylactic reactions. School communities will differentiate Assistance Plan Strategies for students with food allergies reflecting the same generous spirit and understanding as is demonstrated for students with differentiated learning styles and other health-related student needs.

### **Responsibilities for Staff supervising Recess, Lunch, Child Care and/or After School Activities**

\_\_\_\_\_ Participate in team meetings to determine how to implement Assistance Plan should the student with life threatening food allergies choose to participate in childcare or after school events.

\_\_\_\_\_ Be vigilant in monitoring whereabouts of food allergy students on the playground.

\_\_\_\_\_ Assign a lunch supervisor to monitor "safe table" use.

\_\_\_\_\_ Maintain a copy of the Action Plan and photo of student(s) with life threatening allergies with parent/guardian permission.

\_\_\_\_\_ 1-2 persons should be present who have been trained in the administration of emergency medications.

\_\_\_\_\_ Maintain easy access to the prescribed emergency medications.

\_\_\_\_\_ Have posted all EMS or 911 procedures.

\_\_\_\_\_ After school or before school activities sponsored by the school and/or hosted by school programs such as the Community Recreation and Education Department should follow school practices/procedures.

\_\_\_\_\_ All after hours, school sponsored events that serve food such at PTO evening events must identify a clearly defined area where food will be served and/or consumed. The student with life-threatening allergies and his/her family must be notified well in advance to accommodate scheduling and self-directed activities. As a function of sponsoring and promoting such events, the school should communicate to all parents/guardians attending the event the importance of avoiding food and ingredients which could cause the student to experience an anaphylactic response.

- \_\_\_\_\_ Child Care providers should review "*Teacher and Principal Responsibilities*" checklist to ensure these same considerations and protocols are followed during the childcare program.
- \_\_\_\_\_ Child care providers will utilize their protocols for medications to ensure the availability of appropriate medications while students are under their care.
- \_\_\_\_\_ Communicate with all groups having access to general room use (i.e. snacks, room rental, the "food allergy" guidelines).

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### **Responsibilities of Custodians**

- \_\_\_\_\_ Review Cafeteria Cleaning Protocol memo dated 10/18/05 from Ann Anglim to Building Administrators, Head Custodians and Noon Hour Staff. The standard daily cleaning schedule will include:
  - \_\_\_\_\_ Floors will be swept, spot mopped or vacuumed daily
  - \_\_\_\_\_ Restrooms, sinks and dispenser will be disinfected and filled
- \_\_\_\_\_ Maintain fresh 4.5 disinfecting solution and PH7 all-purpose soap as effective cleaning solutions. This solution is generally found to be effective for removing peanut allergen from surfaces.
- \_\_\_\_\_ Individual Assistance Plans may require more frequent cleaning of tabletops, chairs, desks, which should be specified in the plan and specific to the student's sensitivity (e.g. before assemblies, emergency response to littering or spills).
- \_\_\_\_\_ Provide hand wipes for classroom with affected student and if necessary for lunchroom protocol. These dispensers are mounted on the exterior of the rooms. Liquid soap, bar soap and commercial wipes are considered effective when removing peanut allergens from hands.
- \_\_\_\_\_ Provide hand wipes to the Transportation Department for wiping down the bus seat/ handrails.
- \_\_\_\_\_ Provide hand wipes to teachers to wipe down student seating prior to an assembly or off-site performance.
- \_\_\_\_\_ Provide hand wipes for field trips taken by the classrooms with affected students if running water will not be readily available.

**Shared goal:** Students with life-threatening food allergies will over time develop greater independence to keep themselves safe from anaphylactic reactions. School communities will differentiate Assistance Plan Strategies for students with food allergies reflecting the same generous spirit and understanding as is demonstrated for students with differentiated learning styles and other health-related student needs.

### Student Health Concerns

School Year: \_\_\_\_\_

From: \_\_\_\_\_  
(Parent/Guardian) (Daytime Phone)

\_\_\_\_\_  
(Evening Phone)

To: \_\_\_\_\_, School Nurse Building: \_\_\_\_\_

Re: \_\_\_\_\_  
(Student Name) (Birthdate) (Grade)

My child ***does not*** have any current medical concerns \_\_\_\_\_

Please call me so I may inform you of my child's medical situation which includes:

- Asthma
- Diabetes
- Medications
- Seizures
- Severe food or bee allergy
- Other, explain: \_\_\_\_\_

If your child ***does*** have a medical concern, the nurse will contact you to obtain more information and to plan for the upcoming school year.

Please return to the school nurse. Thank you!



### Food Allergy Assistance Plan – Parent/Guardian Interview Worksheet

Student:			
Birthdate:		Age:	
School:			
Teacher:			
Grade:			
Does Student Ride Bus?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
What programs is your child enrolled in:			
Parent/Guardian:			
Address:			
Telephone:		Email:	
Parent/Guardian:			
Address:			
Telephone:		Email:	
Source of Information:			
Today's Date:			
Review Date for Plan:			
Is Student Changing Schools This Year?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Person taking information:			

Allergens	
1.	Ingestion/Touch/Airborne
2.	Ingestion/Touch/Airborne
3.	Ingestion/Touch/Airborne
4.	Ingestion/Touch/Airborne
5.	Ingestion/Touch/Airborne

Asthma      YES                  NO                                  Eczema      YES                  NO  
 History of hives without allergic reaction      YES                  NO