

**Environmental Charter School at Frick Park
829 Milton Street
Pittsburgh, PA 15218**

Board of Trustees Policy

Environmental Charter School Food Allergy Policy

Intent

The Environmental Charter School at Frick Park (“ECS” or the “School”) is committed to the safety and health of all students and employees. In accordance with this the purpose of this policy is to:

- Provide a safe and healthy learning environment for students with food allergies;
- 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.
- Maintain student confidentiality to the highest level possible.

Rationale

The prevalence of food allergies may be increasing, affecting as many as 8% of children nationwide. Food allergies result in about 125,000 emergency room visits and claim about 150 lives every year, with children and young adults being at greatest risk for having a fatal reaction. Nearly every school has students who have this severe, sometimes life-threatening condition, some of them undiagnosed. Schools are considered high risk areas for students with food allergies, with most incidents of accidental exposure occurring in schools. 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. Effective prevention and treatment plans, proper procedures, well-trained staff and clear communication can save lives. The level of sensitivity and the types and severity of reactions vary considerably among individuals with food allergies. Therefore the school’s approach to preventing and treating food allergies must be tailored to those individual’s needs. At the same time, an undiagnosed student may experience an allergic reaction to food for the first time while at school and any allergic reaction can turn life-threatening. Therefore the school’s approach must also be comprehensive.

Definitions and Background Information

Anaphylaxis is a severe, potentially life-threatening allergic reaction caused by contact with certain foods, medications, insect venom or latex. Anaphylaxis can also be caused by physical exercise. 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.

Emergency Health Care Plan (EHCP) means a set of procedural guidelines that provides specific directions about what to do in a particular emergency situation.

Epinephrine (also known as adrenaline) is the definitive emergency treatment for severe allergic reactions. This medication reverses the allergic reaction, at least temporarily, to provide the life-saving time needed to obtain further treatment in a medical facility.

Epinephrine auto-injector (sometimes called EpiPen) shall mean a prescribed device for self-administration of emergency supportive therapy of epinephrine to treat anaphylaxis.

Food allergy is an abnormal, adverse reaction to a food that is triggered by the body's immune system. The immune system responds to an otherwise harmless food as if it was 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 are manifestations of the allergic reaction in various parts of the body.

Symptoms may affect:

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); and

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 Health Care Plan (IHCP) means a comprehensive plan for the care of children with special health care needs, including food allergies. IHCPs may include both preventive measures and treatment options.

Individual Health Care Plans and Emergency Health Care Plans

An Individual Health Care Plan and an Emergency Health Care Plan shall be developed for each student identified with any food allergy with potentially serious health consequences. The school nurse will develop the IHCP and EHCP in collaboration with the student's health care provider, the parents/guardians of the student, and the student (if appropriate). These plans should include both preventative measures to help avoid accidental exposure to allergens and emergency measures in case of actual exposure.

Staff Training

The Principal or his designee shall identify school personnel who might be involved in managing an emergency in the School, including anaphylaxis. Training shall be provided for these personnel on the signs and symptoms of anaphylactic shock, proper epinephrine auto-injector administration, adverse reactions, accessing the "911" emergency medical system, and preparation for movement and transport of the student.

School Responsibilities

The School and its personnel shall not be responsible for determining food allergens and/or those foods or ingredients in foods that are safe to consume for a student with an identified food allergy.

For all life-threatening food allergens relative to identified students in the School, the School will make every attempt to:

1. Designate allergen-free zones to decrease exposure to allergens, such as the student's desk in the home base classroom, or designating certain classrooms as "allergen free", specific to the allergy present within that classroom. There shall be clear signage to indicate these areas.
2. Provide signage throughout the school to promote awareness of life threatening allergies.
3. Establish effective sanitation and cleaning measures, such as cleaning of lunch table and classroom surfaces with disposable paper towel/cleaning cloths and cleaning products known to effectively remove allergens.
4. Promote hand washing practices prior to and following eating to prevent cross contact using soap and water. Hand sanitizers are not effective for removing food allergens.
5. Develop common practices for alerting and assigning substitute staff for nurse and teachers.
6. Plan for celebrations which may include alternatives to food and provisions for allergy free foods.
7. Encourage safe practices among students, such as discouraging meal/snack swapping, utensil swapping and discourage eating on school transportation.

Parent/Guardian Responsibilities

1. Parents are expected to inform the school nurse of their child's allergies prior to the start of the school year or as soon as diagnosis is made by a physician.
2. Parents are expected to provide consent, as needed to allow the School to consult directly with the physician regarding the nature and extent of the allergy and treatment protocols.
3. Upon enrollment, parents are expected to provide a recent photograph of the student to help provide easier recognition of the student by staff.
4. Parents are expected to be responsible for determining food allergens and/or those foods or ingredients in foods that are safe to consume for a student with an identified food allergy.
5. Parents are expected to provide the school nurse with at least two up to date epinephrine auto injectors.
6. Parents are encouraged to provide, for their child, non- allergy snacks for daily classroom and special classroom events, and lunches for field trips.

Student Responsibilities

The role that students with life threatening allergies play in staying safe at school will increase as they become older. Younger children cannot be expected to assume the same responsibility for their safety as older children can.

1. Students should be able to recognize symptoms of an allergic reaction and how to inform someone as soon as symptoms appear.
2. Students will be expected to follow safety measures established by their parents/guardians and the School.
3. Students will be expected not to eat any food item that has not come from home or been approved by their parent/guardian.
4. Students shall not share food or utensils.
5. Students are expected to wash hands with soap and water before and after eating to prevent cross contamination.
6. Students will be expected to report any instances of bullying, intimidation or harassment of students with food allergies or other life threatening allergy to an adult immediately.

Food Safety Consideration

Parents of children with allergies will be encouraged to provide their children with allergen-free snacks and lunches and/or consult with food service for safe school lunch choices. Upon request, parents may review menus and ingredients used in school lunches in order to select safe foods. Food service staff will be informed and updated with known allergies and are not responsible for determining food allergens and/or those foods or ingredients in foods that are safe to consume for a student with an identified food allergy. This determination will be made by the student's parent or the student if age appropriate.

Communication

The Principal or his designee shall ensure that all school employees and other adults – including, but not limited to, school nurse, classroom teachers, specialty teachers, food service staff, and custodial staff– who may be involved in the care of a student diagnosed with a peanut/tree-nut allergy shall be informed of the IHCP and the EHCP, as appropriate. These individuals should understand and consistently follow plans and protocols, be able to recognize symptoms of an allergic reaction, know what to do in an emergency, and work with other school staff to reduce the use of food allergens in the allergic student's snacks and meals, educational tools, arts and crafts projects, or incentives. The Principal or his designee shall work with the transportation administrator of each transporting school district to ensure that school buses are equipped with required communication devices and that drivers are properly trained to recognize symptoms of allergic reactions and know what to do in case of an emergency. A no eating policy should be promoted, with appropriate exceptions made to accommodate diabetic students and others with special needs.

Self-Management

Consistent with the Epinephrine Auto Injector Policy, each student at risk for anaphylaxis shall be allowed to carry an epinephrine auto-injector with him/her at all times, if appropriate. If this is not appropriate, the epinephrine auto-injector shall be kept in the health office.

Emergency Protocols and Standing Orders

The school physician shall prepare and update, as appropriate, but at least on an annual basis, written emergency protocols and standing orders in the event of injuries and acute illnesses, including anaphylaxis. The school physician shall also review at least annually the procedures for addressing incidents of anaphylaxis and the use of the epinephrine auto-injector. Such procedures must also stipulate that the epinephrine auto-injector be used only upon the student for whom it was prescribed.

The school physician shall also issue a standing order for the administration of an epinephrine auto-injector by the school nurse for a student who has not been previously medically identified for the prevention or treatment of anaphylaxis.

In the event of an episode of anaphylaxis, the Principal or his designee shall verbally notify the student's parents/guardians as soon as possible or delegate someone to notify them. Following the episode, the school nurse-teacher shall complete a written report and file it in the student health record.

Confidentiality

Pursuant to Section 504 of the Rehabilitation Act of 1973 (Section 504), the Family Educational Rights and Privacy Act (FERPA), the Health Insurance Portability and Accountability Act of 1996

(HIPAA), and other statutes and regulations, the confidentiality of students with food allergies shall be maintained, to the extent required by law and as requested by the student's parent/guardian.

Bullying

Bullying, intimidation or harassment of students with food allergies or other life threatening allergy is not acceptable in any form and will not be tolerated at school or any school related activity. The School shall discipline students who engage in this behavior consistent with its Student Code of Conduct and Anti-Bullying Policy.