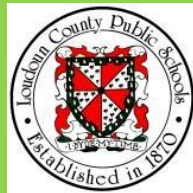


# Loudoun County Public Schools Procedural Handbook for Supporting Students with Allergies



Loudoun County Public Schools

2017-2018



To be Allergy Aware, school stakeholders model the following practices. They are:

- Proactive
- Inclusive
- Responsible
- Educated
- Practice Safety, and
- Maintain Confidentiality

**IMPORTANT NOTE FOR ALL STAKEHOLDERS:** Food is common in our public schools. Food is present in classrooms, cafeterias, school buses, after-school events, celebrations, field trips, etc. It is important that all stakeholders strive to create an ALLERGY AWARE environment where access and exposure to allergens are managed proactively. Please review the responsibilities and prevention expectations carefully to support our students with allergies and help create a culture that is ALLERGY AWARE.

## Table of Contents

Background .....	1
Allergy Handbook Committee .....	2
Purpose of the Procedural Handbook .....	3
<b>Life Threatening Allergies Defined</b> .....	3
What is an Allergic Reaction .....	3
What is Anaphylaxis? .....	4
Emotional Impact.....	5
School Awareness .....	5
<b>Responsibilities of Multi-disciplinary Team Members</b> .....	7
A. Responsibilities of the Student with Allergies .....	7
B. Responsibilities of Parents/Guardians of a Student with Allergies .....	7
C. Responsibilities of Principal and Other School Staff .....	9
D. Responsibilities of School Health Office Staff .....	10
E. Responsibilities of all Instructional Staff .....	10
F. Responsibilities of the School Counselor .....	11
<b>Systemic Practices for Students with Allergies</b> .....	12
Allergy Action Plan (AAP) and Individual Health Care Plan (IHCP) .....	12
Prevention Expectations and Procedures .....	12
A. Classroom .....	12
B. School Field Trips .....	13
C. Physical Education and Recess .....	13
D. Specials and Special Activities at School .....	14
E. School-Sponsored After School Activities .....	14
F. School Bus .....	14
G. Nutrition Services .....	15
H. Cafeteria .....	16
LCPS Cleaning Procedure .....	16
Returning to School after a Reaction .....	17
Alternative Celebration Ideas for Staff .....	18
Free or Inexpensive Rewards for Individual Students .....	18
Sample Letters .....	19
Sample Letter to All Parents in a Class of a Child with a Food Allergy .....	20
Class Celebration Letter .....	21
Notice to Substitutes/Volunteers .....	21
Resources and References.....	22

## Background

In 2009, allergy guidelines and expectations were developed in response to shared concerns regarding the management of food allergies in schools and practices related to the safety and sanitation of food products brought into schools. It was titled ***Caring for Students with Food Allergies***. This first edition of the guidelines were written collaboratively with administrators from all grade levels, parents, the Directors of Student Services, Facilities and Transportation, and the Supervisors of Student Health Services and School Counseling Services. The 2009 handbook was modeled after the Massachusetts Department of Education allergy guidelines. While the primary focus of the document was related to food allergy, the handbook also addressed to a lesser degree, childhood obesity and student wellness.

In 2013, the handbook was updated by representative stakeholders and the title was changed to ***Supporting Students with Food Allergies***. In addition, school administrators were provided an outline of the key concepts that would directly affect schools.

The 2017 ***LCPS Procedural Handbook for Supporting Students with Allergies*** was updated through the collaborative efforts of the LCPS central office staff, school administrators and parents of LCPS students. The document has been streamlined and defines the responsibilities of students, parents, administrators, school health office personnel, teachers, etc. and highlights best practices to prevent exposure and effective management of allergies in all school settings. The procedures outlined reflect current evidence based practices and research from the Center for Disease Control (CDC), the American College of Allergy, Asthma, and Immunology, Food Allergy Research and Education (FARE), and the National Institutes of Health (NIH), to name a few.

The procedural handbook is posted on the Student Health Services internet page, the LCPS intranet, and a copy is available for review in every school health office.

## Allergy Handbook Committee

*The following individuals were members of the committee, convened by the Department of Pupil Services, which met from February 2017 through August 2017 to recommend district wide expectations and safe, inclusive and Allergy Aware practices for this handbook.*

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## Purpose of the Procedural Handbook

This document is intended to provide guidance for all Loudoun County Public School (LCPS) staff when developing and implementing comprehensive procedures that promote healthy nutrition for all students, with emphasis on students with severe allergies to food, insects, latex, medication, animals and pollen. This handbook outlines practices, that when followed consistently across LCPS, *promotes a safe and inclusive “ALLERGY AWARE” environment for all students.*

The Procedural Handbook addresses:

1. Life Threatening Allergies
2. Responsibilities of Multi-disciplinary Team Members
3. Systemic Practices for Students with Allergies

## Life-Threatening Allergies Defined

### What is an allergic reaction?

People with allergies have an over-reactive immune system that targets otherwise harmless elements of our diet and environment. During an allergic reaction, the immune system recognizes a specific food protein, or other allergen (insect sting, latex, medication, pollen, etc.) as a target. This initiates a sequence of events in the cells of the immune system resulting in the release of chemical mediators such as histamine. These chemical mediators trigger inflammatory reactions in the tissues of the skin (itching, hives, rash), the respiratory system (cough, difficulty breathing, wheezing), the gastrointestinal tract (vomiting, diarrhea, abdominal pain), and the cardiovascular system (decreased blood pressure, heartbeat irregularities, shock). When the symptoms are widespread and systemic, the reaction is termed “anaphylaxis,” a potentially life-threatening event.

**Any** food can be an allergen.

**The most common food allergens are:**

- Peanuts
- Tree nuts
- Eggs
- Fish
- Shellfish
- Wheat
- Milk (Dairy products)
- Soy
- Sesame

Food Dependent Exercise Anaphylaxis (FDEA) is a rare syndrome in which individuals suffer anaphylaxis due to eating a certain food and then exercising. Anaphylaxis may also be the result of exposure to non-food allergens.

**The most common non-food allergens:**

- Insect stings
- Medications
- Latex
- Animals
- Pollen

**What Is Anaphylaxis?**

Anaphylaxis is a potentially life-threatening medical condition occurring in allergic individuals after exposure to specific allergens. Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body. Each reaction can present differently and there is no predictable pattern to the symptoms. These symptoms may include one or more of the following:

- Hives
- Itching (of any body part)
- Red, watery eyes
- Runny nose
- Flushed, pale skin
- Vomiting
- Stomach cramps
- Diarrhea
- Swelling (of any body part)
- Difficulty swallowing
- Throat tightness or closing
- Change of voice
- Coughing
- Wheezing
- Difficulty breathing, shortness of breath
- Itchy scratchy lips, tongue, mouth and/or throat
- Burning or spicy sensation in the mouth
- Sense of doom
- Dizziness
- Change in cognitive awareness
- Fainting or loss of consciousness
- Cyanotic (bluish) lips and mouth area

For those students at risk for anaphylaxis, the most important aspect of the management in the school setting should be prevention. However, in the event an anaphylactic reaction occurs, epinephrine is the treatment of choice and should be given immediately. This requires training for school personnel, as a reaction can occur when the health office staff member is not immediately available. Studies show that fatalities are frequently associated with not using epinephrine, or delaying the use of epinephrine treatment. (CDC Guidelines, 2013)

Children with severe food allergies have a higher rate of other allergic disease, including asthma and eczema. Anaphylaxis is more common in children whose food reactions have had respiratory symptoms such as difficulty breathing and throat tightness. Anaphylaxis also appears to be much more probable in children who have already experienced an anaphylactic reaction. Fatal anaphylaxis is more common in children with food allergies who are also asthmatic, even if the asthma is mild and well controlled. In many fatal reactions, the initial symptoms of anaphylaxis were mistaken for asthma. Epinephrine is beneficial for students experiencing anaphylaxis reactions and/or asthma. ***The best practice is to recognize symptoms and provide prompt treatment.***

Non-food allergens may also be fatal. In schools, latex is commonly found in products such as balloons, erasers, rubber bands, art supplies, gloves, Band-Aids, and gym/playground equipment (mats, flooring, balls, etc.). Latex allergy is a sensitized response of the immune system to latex protein following exposure to latex or rubber products. Allergic responses to latex vary with an individual's sensitivity and ranges from mild to fatal. There is no treatment for latex allergy except avoidance.

**Reduce risk of exposure by using only non-latex items:**

- Erasers, rubber bands, art supplies, science equipment.
- Gym and playground equipment (rubber mats or flooring, and balls)
- Gloves, Band-Aids, tourniquets, ace wraps, etc.
- Balloons

Anaphylaxis can occur immediately or several hours following an allergen exposure. As many as 30-40% of people who have an anaphylactic reaction will experience a recurrence in the hours following the initial reaction and require further medical treatment, including additional epinephrine injections. This secondary reaction is called ***biphasic***, meaning *two phases*. While the initial symptoms respond to epinephrine, the delayed biphasic response may not respond to epinephrine and may not be prevented by steroids. Therefore, it is important that students who are suffering from anaphylaxis, and provided epinephrine, be transported to the nearest hospital and observed for a possible biphasic reaction.

**It is impossible to predict who will suffer a biphasic reaction. Therefore, following administration of epinephrine, LCPS staff must call 911 so that the student can be transferred to the nearest emergency room for further treatment and monitoring. Parents or guardians who are present, prior to EMS departure, may choose to remove their child from EMS care and refuse transport to the emergency room. The student will not be permitted to return to class that day.**

**When in doubt, it is better to administer epinephrine and seek medical attention. Fatalities occur when epinephrine is withheld.**



## Emotional Impact

Students experience a range of emotions associated with their allergy. LCPS staff assists students who may be experiencing anxiety, social isolation, exclusion, or other concerns surrounding their allergy. Parents, students, and staff will work together to promote self-advocacy and management of allergies within the school setting. School staff members should recognize the potential emotional impact that life-threatening allergies may have on students and their parents and promote a culture of safety and inclusion.

## School Awareness

All school communities and staff must be prepared to support students with allergies and the potential for anaphylaxis. Below are some important considerations that school communities should recognize in order to ***promote a safe and inclusive “ALLERGY AWARE” environment for all students.***

1. Accidental ingestion of the offending allergen may occur at school.
2. The first anaphylactic allergic reaction to a food may occur at school. According to the CDC, studies show that 16%-18% of children with food allergies have had a reaction from accidentally eating food allergens while at school. In addition, 25% of the severe and potentially life threatening reactions (anaphylaxis) reported at schools happened in children with no previous diagnosis of food allergy.
3. A reaction may also occur as a result of cross contamination or contact with contaminated surfaces.
4. *Treatment of anaphylaxis (a life-threatening allergic reaction) is the same whether caused by food, insect sting, latex, medication, animals, pollen, or in rare instances, exercise-induced.*
5. Students with food allergies may be entitled to services under Section 504 of the *Rehabilitation Act* and the *Individuals with Disabilities Education Act*.
6. Section 504 requires that school districts provide a free, appropriate public education designed to meet the individual needs of qualified students who have a substantial limitation in a major life activity to the same extent as the needs of students without disabilities are met. Information regarding 504 eligibility may be found on the LCPS webpage.
7. The *Individuals with Disabilities Education Act* provides protections to qualified students through the provision of special education and related services. Information regarding Special Education eligibility may be found on the LCPS webpage.
8. LCPS does not discriminate against students with food allergies in programs and/or school activities.

## Responsibilities of Multi-disciplinary Team Members

### A. Responsibilities of the Student with Allergies

1. Assume as much responsibility for recognizing and avoiding allergens and increasing responsibility for your allergies as you mature (refer to parent responsibilities outline).
2. Eat only foods that you and/or your parent have identified as safe.
3. Wash hands before and after eating.
4. Know where your epinephrine is at all times.
5. Learn to recognize symptoms of your allergic reaction.
6. Promptly inform an adult as soon as accidental exposure occurs or symptoms appear.
7. Develop a relationship with the health office staff and/or another trusted adult in the school to assist in identifying issues related to the management of the allergy in school.
8. Develop a relationship with your teacher and cafeteria manager to support you in the management of your allergies at school.

### B. Responsibilities of the Parents/Guardians of a Student with Allergies

1. Review the ***Procedural Handbook for Supporting Students with Allergies*** and understand the responsibilities and expectations outlined in this document.
2. Communicate with school administration, school health office staff, teacher, and/or counseling staff in a timely manner to address your child's specific needs.
3. Provide the school with your current contact information (cell phone, e-mail etc.).
4. Provide a list of foods or allergens to avoid.
5. Consider providing a medical alert bracelet for your child.
6. Provide the school health office staff with medication orders from the licensed provider on the AAP prior to the student entering school.
7. Participate in developing an AAP and IHCP with the multi-disciplinary team.
8. Collaborate with staff to identify where additional epinephrine auto-injectors may be kept (with trainer, teacher, self-carry, etc.).
9. Provide the school and all adult sponsors with up-to-date epinephrine auto-injectors if ordered by the licensed health care provider.
10. Be willing to work with your child's classroom teacher/sponsor to identify safe food products for special events, field trips, school projects, etc.
11. Review ingredients for menu items and inform your child of safe choices.
12. Consider providing non-perishable emergency food to keep in school.
13. Volunteer or be willing to go on your child's field trips, if possible. (see field trips)
14. Notify appropriate staff and/or trainers in advance, if the student with a severe food allergy is participating in an after school or school-sponsored activity.
15. Notify Nutrition Services if your child will participate in summer feeding programs.
16. Provide the health office staff with annual updates on your child's allergy status prior to the beginning of school, or as soon as possible after diagnosis, and/or when changes occur.
17. Provide the health office staff with the licensed provider's statement if student no longer has allergies.
18. Pick up medication at the end of the year.

**It is important that children take on more responsibility for their food allergies as they grow older and are developmentally ready. Educate your child to:**

1. Recognize the symptoms of their allergic/anaphylactic reaction.
2. Know where the epinephrine auto-injector is kept, and who has access to the epinephrine.
3. Communicate clearly to an adult as soon as he/she notices any symptoms of a reaction.
4. Carry his/her own epinephrine auto-injector when appropriate, and with physician's approval.
5. Refrain from sharing food or drinks.
6. Understand the importance of hand washing before and after eating.
7. Take as much responsibility as possible for his/her own safety.
8. Report teasing, bullying behaviors, or threats to a responsible adult.
9. Read labels and be aware of the probability of cross-contamination.
10. Recognize allergen symbols on the cafeteria food line.
11. Administer own epinephrine auto-injector and be able to inform others how to keep you safe.

***Remember – the ultimate goal is that our children eventually learn to keep themselves safe.***

**IMPORTANT NOTE FOR AFTERSCHOOL ACTIVITIES:** The health office is closed after dismissal and the health office staff are not in the building. It is strongly recommended that, as appropriate, students carry their own auto-injectors for quick access to epinephrine. For students to carry an epinephrine auto-injector, the physician will need to indicate approval and sign the bottom of page one of the "Allergy Action Plan." The parent and student will need to signify agreement on page two under "Agreement for Permission to Self-Administer and/or Carry Epinephrine." If a student is unable to administer his/her own epinephrine, a trained adult staff member will administer it.

**IMPORTANT NOTE FOR AFTERSCHOOL PROVIDERS:** All non-LCPS providers, such as the LCPS County After School Activity Program (CASA), Tae Kwon Do, or private after-school instructors will have access to a copy of the *LCPS Procedural Handbook for Supporting Students with Allergies*. However, these providers may also have their own safety protocols or guidelines that they will implement independently from LCPS.

### C. Responsibilities of the Principal and Other School Staff

1. **Promote a safe and inclusive “ALLERGY AWARE” environment for all students.**
2. Support faculty, staff, and parents by implementing the responsibilities and expectations in the LCPS **Procedural Handbook for Supporting Students with Allergies**.
3. Collaborate with Student Health Services to ensure that staff who come into direct contact with the students with life-threatening allergies are trained and educated, at least annually, regarding:
  - Food, insect sting, latex, medication, animal, and pollen allergies.
  - Prevention procedures.
  - Emergency procedures.
  - How to administer an epinephrine auto-injector in an emergency (as appropriate).
4. Collaborate with Student Health Services and School Nutrition Services to ensure that School Nutrition Staff and Cafeteria Monitors and other staff who monitor the cafeteria receive annual training regarding the safety and care of students with food allergies. Notify the health office staff if a new cafeteria monitor is hired.
5. Collaborate with school health staff and classroom teachers to ensure there is an emergency communication plan for all school activities that involve a student with life-threatening allergies.
6. Inform substitutes (teacher, health office staff, cafeteria monitor, or nutrition service personnel) of students with allergy needs.
7. Consider student placement (including peer grouping with similar food allergies) options when developing class rosters.
8. Assign students with documented allergies to a classroom where the teacher is able to administer an epinephrine auto-injector, if needed.
9. Notify parents if there is an extended change in health office staff.
10. Provide the school’s PTA/PTO access to the LCPS **Procedural Handbook for Supporting Students with Allergies**, and review the prevention practices and expectations.
11. Consider creating an Allergy Awareness team that assists the school administration, health office staff, and other stakeholders to support the shared message of allergy awareness.
12. Verify that “Facilities Use” form indicates whether food will be consumed during approved activities.
13. Collaborate with custodial staff to ensure that there is a cleaning protocol in place when food is served during after school activities, or when outside organizations use the building.
14. Inform parent/guardian immediately if a student experiences an allergic reaction during school activities, and do not allow the student to go home on the bus if symptoms are present.
15. Collaborate with the School Health Office Staff to remind all stakeholders to be Allergy Aware during Fall, Winter, and Spring celebrations, including promotions, graduations, and other programs that may include food.

#### **D. Responsibilities of the School Health Office Staff**

1. **Promote a safe and inclusive “ALLERGY AWARE” environment for all students.**
2. **Call 911 when epinephrine has been administered and observe for signs of a biphasic reaction until EMS arrives.**
3. Review the AAP to ensure inclusion of the student’s name, photo (if available), allergens, symptoms of allergic reactions, risk reduction procedures, emergency procedures and required signatures.
4. Review AAP and IHCP with student.
5. Provide school nutrition managers with a list of students with food allergies and physician statement for special dietary needs.
6. Inform teachers where epinephrine auto-injector and antihistamine are located and communicate to the teacher that these must be taken on field trips.
7. Package epinephrine auto-injector and antihistamine for field trips. Have the teacher sign the epinephrine auto-injector and antihistamine in and out of the health office.
8. Include all epinephrine auto-injector trained staff members on the medically trained staff list. Distribute and post the list in all classrooms, health office, front office, library, cafeteria, and administrative offices.
9. Collaborate with school administration to remind staff and parents to be Allergy Aware during fall, winter, and spring celebrations including promotions, graduations, and other programs that may include food.

#### **E. Responsibilities of all Instructional Staff**

1. **Promote a safe and inclusive “ALLERGY AWARE” environment for all students.**
2. Review the **LCPS Procedural Handbook** at least annually.
3. Always and immediately, seek assistance if a student reports signs of a possible allergic reaction.
4. Participate in a multi-disciplinary team meeting for the student with life-threatening allergies and in-service training.
5. Implement the AAP and IHCP of any student(s) in your classroom with life-threatening allergies.
6. Plan with the health office staff to determine the best way to communicate with the health office (intercom, walkie-talkie, or other communication device).
7. Periodically review the student’s AAP and IHCP and maintain a copy in the classroom.
8. Notify parents and health office staff well in advance of planned field trips and activities involving food. Seek alternatives to food parties and projects.
9. Inform student, teachers and substitute teachers of the student’s allergies and necessary safeguards and include the IHCP, AAP, and 504 plans in the sub plans. Volunteers can be provided general information about the fact that students in the classroom have allergies, but should not be given personal identifiable information about specific students.
10. Collaborate with the school counselor to introduce allergy aware lessons, in the classroom, if needed.
11. Monitor social interactions and be aware of signs of isolation, stress, anxiety, grade fluctuations, and other issues that could be related to the medical diagnosis, medication, and/or following a reaction and inform appropriate staff of changes.
12. Encourage all students to wash their hands and clean their classroom area before and after snacks, celebrations, or when applicable, according to LCPS guidelines.
13. Encourage students to use tissues or other products that do not include shea butter (nut allergen), lotion products, or fragrances.

## **F. Responsibilities of the School Counselor**

1. ***Promote a safe and inclusive “ALLERGY AWARE” environment for all students.***
2. Review the ***LCPS Procedural Handbook*** at least annually.
3. Be aware of students in your school who have life-threatening allergies.
4. Coordinate with parent liaison to review backpack buddies or other food programs from charitable organizations to notify parents of possible allergens.
5. Monitor social interaction or isolation, stress, anxiety, grades, and other issues that could be related to the medical diagnosis, medication, and/or following a reaction.
6. Collaborate with school health office staff, or classroom teacher, to identify, develop, and provide lessons and services to classrooms, small groups, and individual students as necessary, to facilitate acceptance of differences, peer relationships, positive self-image, and confidence.

## Systemic Practices for Students with Allergies

### Allergy Action Plan (AAP) and Individual Health Care Plan (IHCP)

Prior to initial school entry for new students, or returning to school for established students who have been diagnosed with a life-threatening allergy, the parent/guardian should communicate with the school administration, school nurse and/or school resource nurse to review the AAP and develop an IHCP. LCPS expects that the parent/guardian of a student with a life-threatening allergy submit page one of the AAP completed by the student's licensed health care provider and signed by the parent, along with the prescribed medication. In order for an IHCP to be created, the AAP must be completed by the licensed health care provider and delivered to the school. The AAP must be updated annually.

### Prevention Expectations and Procedures

#### A. Classrooms & School Environment

The recommendations below highlight practices that recognize the presence of food for lesson extensions, required curriculum, school-wide/sponsored celebrations, etc. These specific instances can be planned in advance with parent collaboration and coordination. The use of food as manipulatives, rewards, etc. can be substituted with other alternatives (pg. 18) and allow our students with severe allergies access to the classroom in a manner that models our Allergy Aware community. All staff are responsible for following the expectations and procedures below.

1. **Promote a safe and inclusive “ALLERGY AWARE” environment for all students.**
2. Classrooms are defined as general classrooms, libraries, gyms, resource rooms, auditoriums, and all other areas during the day where students are provided instruction.
3. Food sharing or trading is not permitted.
4. Only non-food items will be used for classroom manipulatives, birthday recognitions, and/or rewards.
5. Teachers should communicate with parents of students with food allergies or dietary restrictions, prior to parties and events with food to discuss safety concerns and review safe food choices before finalizing plans and sending out notifications.
6. If food is consumed in the classroom, the teacher will develop a plan to minimize the risk of allergen exposure and for cleaning surfaces after consuming food.
7. Proper hand washing by students and staff should be encouraged and reinforced before and after meals. *Hand sanitizer kills germs but does not eliminate allergens*
8. Non-allergen manipulatives and supplies should be used during instruction. When the instructional standard, lesson extension, or LCPS curriculum include the use of food or food related items (recycled containers, seeds, legumes, egg drop activities, STEM lessons, etc.), staff should collaborate with parents to provide appropriate accommodations or modification to allow students with allergies an equitable learning experience. All recycled items must be cleaned according to LCPS cleaning procedures, prior to student use, or staff must use an alternative substitute.
9. Celebrations and activities, held in the cafeteria or other school locations, during the school day, must follow classroom guidelines regarding food and rewards to ensure an inclusive, allergy aware environment for all students.
10. If an event involving food has been held in the classroom, outside of school hours, surfaces should be cleaned according to the cafeteria table cleaning procedures. When possible, events and after-school activities, involving food, should not be held in rooms where a child with a food allergy is a student (See Cleaning Procedures pg. 16).

11. If an animal (class pet) is present in the classroom, special attention must be paid to the ingredients in their food since many animal feeds contain allergens.

## **B. School Field Trips**

1. The school health office staff will review safety considerations, for field trips involving students with life-threatening allergies, with staff.
2. Students should not be excluded from a field trip due to risk of allergen exposure.
3. Instructional staff will notify the health office staff at least two weeks prior to a planned field trip.
4. Parents will be notified early in the planning process of field trips so they can make the staff aware of safety concerns regarding allergies. The plan for meals should be discussed at this time. Parent provided Epinephrine auto-injectors, if part of the allergy plan, along with a copy of the student's IHCP and (AAP) must be transported and managed by the trained LCPS staff member, or the student's own parent/guardian, unless student has physician's order to self-carry. Stock epinephrine is not sent on field trips. Students whose parents have not provided medication will not be excluded from the field trip.
5. An allergen safe zone should be identified for students with allergies to eat their snacks and lunch. Best practice is that meals and snacks should not be eaten on the bus. Trip planners should try to locate a sheltered area where students can eat packed lunches in case of rain and if possible, restaurants should be vetted for menu safety.
6. Parents of a student at risk for anaphylaxis may be invited to accompany their student on school trips, in addition to the designated chaperone. If there is not enough space for the parents to accompany their student on the bus provided, parents may elect to transport their own student and should plan in advance with the teacher or school administrator.
7. LCPS staff accompanying the student on the field trip will be trained to implement the student's AAP.
8. A cell phone or other communication device must be available on the trip for emergency calls.
9. When no soap and water is available, hand wipes, which do, not contain allergens such as shea and lanolin, should be available for use by students and staff after consuming food. Parents may be asked to provide hand wipes as part of the field trip instructions.  
*Hand sanitizer kills germs but does not eliminate allergens.*

## **C. Physical Education and Recess**

1. Staff in the gym, on the playground, and at other sites used for recess should have a walkie-talkie, cell phone, or similar communication device for emergency communication.
2. If for safety reasons, medical alert identification (i.e., ID bracelet) needs to be removed during specific activities, the student should be discreetly reminded to replace this identification immediately after the activity is completed. Students also have the option of using their own stretch bands to cover the medical alert identification.



## D. Specials and Special Activities at School

1. School counselors, media specialists, reading specialists, art and music teachers, and other staff members working with students individually, in small groups, and in classroom groups will meet the same expectations as those for the classroom teacher.
2. When special events, such as field days and school celebrations, are planned, the school staff will adhere to the classroom and school-sponsored activities expectations.
3. Consideration should be used in planning and conducting any fundraisers involving food.

## E. School-Sponsored After School Activities

1. School sponsored activities are defined as activities that LCPS promotes, allows use of the school logo, provides free or reduced cost, or represents the school membership. These activities must be consistent with school policies and procedures regarding students with allergies.
2. If for safety reasons, medical alert identification (i.e., ID bracelet) needs to be removed during specific activities, the student should be discreetly reminded to replace this identification immediately after the activity is completed. Students may also have the option of using their own stretch bands to cover the medical alert identification if it does not violate VHSL or school sponsored rules.
3. The coach or adult staff member in charge should be provided with the AAP, IHCP, and 504 Plan (if applicable) by the parent of students with severe allergies.
4. For students who have an epinephrine auto-injector at school, parents should notify the teacher/sponsor about the student's allergy when the student will be staying for any school-sponsored after school activities. The health office is staffed only during school hours and the health office staff are not accessible after school hours. It is recommended that students carry their own auto-injectors for quick access to epinephrine, with physician's orders to do so. If a student is unable to administer his/her own epinephrine, a trained adult staff member will administer it.
5. If activities involving food (such as bake sales, cookie swaps, or fundraisers) are held within the school facility, food and beverages should be located and consumed in the cafeteria or a designated area that considers the needs of students with food allergies and **promote a safe and inclusive "ALLERGY AWARE" environment for all students**. Surface areas that are in contact with food should be cleaned according to LCPS standards (See Cleaning Procedures pg. 16).
6. To **promote a safe and inclusive "ALLERGY AWARE" environment for all students**, school administrators should review food items in vending machines, cafés, concessions, etc. and consider student allergies when selecting food options for sale.

## **F. School Bus**

1. Eating food is prohibited on school buses transporting students to and from school unless medically necessary, in which case, the food/drink must be provided by the parent.
2. School bus drivers shall be trained in risk reduction procedures, recognition of allergic reactions, and implementation of bus emergency plan procedures.
3. Allergy medication cannot be stored on the bus due to potential bus changes and possible temperature regulations of the medicine.
4. School bus drivers will be provided with the AAP, IHCP, and 504 Plan (if applicable) of all students with severe allergies and store these documents for immediate access while maintaining student confidentiality.
5. All school buses should have access to a cell phone or other means of communication for emergency calls.
6. When exceptions are made for eating on the bus during fieldtrips, school staff will be responsible for implementing risk reduction procedures and will provide the bus driver assistance wiping the seats, using proper cleaning procedures.

## **G. School Nutrition Services**

1. At the parent's request, a food service representative will be available to discuss menus (breakfast, lunch, snacks); a la carte items; recipes; food products and ingredients; food handling practices; cleaning and sanitation practices; and the responsibilities of the School Nutrition Services manager.
2. School Nutrition Services staff will be trained annually in risk-reduction procedures and cross-contamination prevention.
3. A current list of food ingredients and manufacturer contacts will be kept in the School Nutrition Services main office.
4. Guidance for special needs accommodations can be found on the Loudoun County Public Schools Nutrition Services website at [www.lcpshealthycafe.org](http://www.lcpshealthycafe.org)
5. School staff will not provide refrigerator/freezer space for individual student meals, unless there is a documented medical need.

## H. Cafeteria

1. Students with food allergies will be seated in the cafeteria according to IHCP, AAP, or 504 Plan.
2. Upon receiving a list of students with allergies from the health office staff, School Nutrition Managers will update the information in their electronic information system.
3. All students eating meals in the cafeteria should be encouraged to wash their hands before and after eating.
4. Celebrations and activities held in the cafeteria or other school locations during the school day must follow classroom guidelines regarding food and rewards to ensure an inclusive, allergy aware environment for all students.
5. Parents may only purchase cafeteria food or bring in outside food for their own child to enjoy.
6. After each class finishes eating, and prior to students from the next classes entering the cafeteria, all tables and benches will be thoroughly cleaned following the established table cleaning procedures.
7. School staff who monitor the cafeteria will be trained annually in risk-reduction procedures, cross-contamination risks, recognition of an allergic reaction and implementation of emergency plan procedures.
8. School staff should support buffers for those with food allergies and consider safety and inclusion when assigning seats.
9. Cafeteria monitors (Elementary only) will:
  - a. Be provided with the binder maintained by the health office staff containing the AAPs for all students with food allergies. If the IHCP includes a more comprehensive plan for the cafeteria, the cafeteria monitors will receive a copy of the IHCP in the binder.
  - b. Intervene quickly to help prevent unsafe practices among students such as trading food and/or inappropriate social interaction or exclusion of students with food allergies.
  - c. Immediately contact the health office if a student with a food allergy indicates that he/she does not feel well.
  - d. Allow students with food allergies access to the restroom to wash hands with a peer buddy (age appropriate).
  - e. Reduce cross-contamination risks by changing gloves and following appropriate cleaning procedures for table surfaces, scissors, and/or items that come in contact with allergens.

## LCPS Cleaning Procedures

- Use LCPS detergent/sanitizing solution, provided in a spray bottle.
- Spray on the table and benches, including the undersurface edges.
- Wipe dry with a clean disposable paper towel. (Do not reuse cloth towels.)
- Dispose of towel.

## **Special Considerations for the Student Returning to School after a Reaction**

Students who have experienced an allergic reaction at school may need special consideration upon their return to school. The approach taken by the school is dependent upon the severity of the reaction, the student's age, and whether classmates witnessed the reaction.

In the event that a student has a mild reaction, the following actions should be taken by school health office staff:

1. Communicate with the student and the parent
2. Review the IHCP as necessary

In the event that a student has a moderate to severe reaction, the following actions should be taken as indicated below:

1. School health office staff will review the IHCP.
2. Parent/Guardian may meet with the school nurse or resource nurse to discuss any changes that may need to be made to the current IHCP or AAP.
3. Student/parent will provide the required return to school documentation completed and signed by their health care provider.
4. Parent may contact the school counselor to address any social or emotional concerns related to the incident.
5. Parent may request assistance of the cafeteria manager to ascertain what potential food item was served/consumed, if there is reason to believe that an allergic reaction is from food provided from School Nutrition Services. Ingredient information is available from School Nutrition Services upon request.
6. Parent/ guardian will provide a new epinephrine auto-injector for the student.
7. Staff may recommend additional resources if a child has a prolonged emotional response to an anaphylactic event.

## **Alternative Celebration Ideas for Staff**

*Teachers and principals will want to review suggestions before sending a list of possible celebration options home to parents, taking into consideration any developmental stages and special needs for the health and safety of individual students in the classes, and school protocols.*

1. Donate a library book
2. Birthday (BD) child is the line leader for the day and gets to wear a special hat or crown.
3. Special BD seat - BD child gets to sit by the teacher for the day or close to a friend.
4. Additional recess time with BD child choosing activity
5. Homework pass
6. Lunch with teacher or parent
7. Treasure chest full of trinkets from which BD student may select
8. BD child donates book, game, exercise equipment, or musical instrument to classroom
9. BD child can donate materials for a class project relating to class curriculum
10. BD child can donate game/equipment for indoor or outdoor recess
11. BD Stickers for student or entire class
12. Show and Tell for BD Child -- share favorite things or baby pictures
13. Parent/grandparent comes in to read a book or play games with students or teacher reads book that the BD child lends to the class
14. Student or staff generated ideas approved by the teacher

## **Free or Inexpensive Rewards for Individual Students**

### Elementary Schools

1. Student featured on a photo recognition board
2. Student recognized during announcements
3. Student is line leader for the day
4. Student is the leader of a class game
5. Student is the teacher's helper for the day
6. Sit in the teacher chair
7. Choose a book for the teacher to read aloud to the class
8. Choose any class job for the week
9. Choose music for the class to hear
10. Dance to favorite music in the classroom
11. Earn a gift certificate to the school store, book fair, school sponsored event, etc.
12. Earn extra computer time, art time computer time, or recess
13. Eat lunch with a teacher, principal, or invited family member
14. Enjoy a special visit with the principal or other school administration
15. Earn a "no homework" pass
16. Keep a stuffed animal at desk
17. Read morning announcements
18. Earn a trip to the treasure box (non-food items such as water bottles, stickers, key chains, yo-yo's, spider rings, charms and pencil toppers)
19. Take care of the class animal
20. Teach the class a favorite game or lesson

## **Sample Letters**

This section includes sample letters that principals and/or teachers may use in communicating with parents, substitutes, and volunteers. Electronic versions of the letters are available on the LCPS Intranet under Student Health Services.

- Letter to All Parents in a Class of a Child with a Food Allergy
- Sample Party Letter
- Notice to Substitutes/Volunteers

## Sample Letter to All Parents in a Class of a Child with a Food Allergy

### *On School Letterhead*

**Date:**

Dear Parents:

Our class promotes an inclusive and “allergy aware” environment for all students. Our students need to be aware of the following allergens that could cause a severe, life threatening allergic reaction for members of our classroom (allergens listed below):

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In an effort to support the safety of all students, we ask that you respect the following:

- **Promote an inclusive and allergy aware classroom.**
- All students are encouraged to avoid bringing foods that contain the allergens listed above into the classroom. If your child brings in a food item that contains one of these items, inform the teacher so that a proactive plan can be implemented.
- All students will be encouraged to wash their hands upon arrival to school, and before and after consuming food.
- Students are not permitted to share food items, and may only consume food that is brought from their own home, or purchased from the school cafeteria.
- Parents may only purchase food items for their own child.
- Only a parent/guardian may determine if a food is safe for their child. School staff do not read food labels.
- School staff will communicate in a timely manner regarding plans for field trips, classroom celebrations, and special school activities.

The LCPS “Procedural Handbook for Supporting Students with Allergies” is available on the LCPS website ([www.lcps.org](http://www.lcps.org)) for your review. Our school strives to provide a safe learning environment for all students. Your cooperation is greatly appreciated.

Sincerely,

<Principal>

## Celebration Letter

Dear Parents,

Our class will celebrate (Fill in event) on (Date), at (Time). As we promote healthy food choices and support an inclusive and “allergy aware” environment, the following food items will be served to our students during the celebration:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Please let me know if you have any concerns or wish to help plan, organize, and/or help with our celebration.

Teachers' Name

-----

\_\_\_ Yes, I want to help. (Check all that apply)

- Plan       Organize Food       Organize Activities       Help in any other way

Return by \_\_\_\_\_

## Notice to Substitutes/Volunteers

***This note should be provided to volunteers and substitutes, including volunteers who are helping coordinate field trips, celebrations, or extended learning opportunities.***

Dear Substitute/Volunteer,

Loudoun County Public Schools has wellness guidelines, which strongly discourage food in classrooms. Many classes have student/s with health issues such as food allergies, celiac disease, and diabetes. To encourage wellness and to provide a safe environment for all students, especially those with life-threatening food allergies please do not distribute any food, including candy and gum, to students in your care.

Thank you for your cooperation in this matter.

<Principal>



## **Resources & References**

The organizations and agencies listed below are resources for additional information for parents and school personnel.

### **American Academy of Allergy, Asthma, and Immunology (AAAAI)**

[www.aaaai.org](http://www.aaaai.org)

611 Wells St.; Milwaukee, WI 53202

(414) 272-6071 (800) 822-2762

### **Asthma and Allergy Foundation of America**

[www.aafa.org](http://www.aafa.org)

8201 Corporate Drive, Suite 1000; Landover, MD 20785

### **Centers for Disease Control and Prevention**

<http://www.cdc.gov/healthyyouth/>

1600 Clifton Rd.; Atlanta, GA 30333

(800) CDC-INFO (800) 232-4636 (212) 207-1974

### **Centers for Disease Control, National Center for Health Statistics**

<http://www.cdc.gov/nchs/>

National Center for Health Statistics

3311 Toledo Rd., Hyattsville, MD 20782

(800) 232-4636

### **Dey Laboratories-Manufacturer of Epi-Pen Auto-Injectors**

<http://www.deyinc.com>

(800) 755-5560

### **Food Allergy Research & Education (FARE)**

<http://www.foodallergy.org>

7925 Jones Branch Drive, Suite 1100, McLean, VA 22102

(800) 929-4040, (703) 691-3179 Fax: (703) 691-2713

### **MedicAlert**

<http://www.medicalert.org>

2323 Colorado Ave.; Turlock, CA 95382

(800) 432-5378

### **National Institutes of Allergy and Infectious Diseases, National Institutes of Health**

<http://www.niaid.nih.gov>

6610 Rockledge Drive, MSC 6612

Bethesda, MD 20892-6612

(866) 284-4107