Food Allergy Policy

Intent
West Fargo Public Schools is committed to the safety and health of all students and employees. The purpose of this policy is to:

a. Provide a safe and healthy learning environment for students with food allergies;
b. Reduce the likelihood of severe or potentially life-threatening allergic reactions;
c. Ensure a rapid and effective response in the case of a severe or potentially life-threatening allergic reaction; and

d. Protect the rights of food allergic students to participate in all school activities.

Rationale
The level of sensitivity and the type 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 an acute allergic reaction that affects more than one system of the body. It is a life-threatening event. If someone exhibits difficulty breathing, drop in blood pressure, or symptoms in more than one body system (skin, respiratory, gastrointestinal, or cardiovascular) after possible exposure to an allergen, it should be considered anaphylaxis. Medical attention and treatment should be sought immediately.

Epinephrine (also known as adrenaline) is the treatment of choice to prevent or treat anaphylaxis. It can help reverse the symptoms and prevent progression to other symptoms. It should be given immediately. A delay in treatment with epinephrine can be fatal.

Epinephrine auto-injector (sometimes called Epi Pen or Auvi-Q) is a device that is used for the automatic injection of epinephrine into the human body.

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 skin 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 symptoms followed by a second phase of symptoms two to four hours later. If more than one system is affected, it is considered anaphylaxis.
Severe Allergy Action Plan
In all schools in West Fargo Public Schools, a Severe Allergy Action Plan (FCA-A14) shall be developed for each student identified with any food allergy with potentially serious health consequences. The school nurse/teacher will develop the plan in collaboration with the student’s health care provider, the parents/guardians of the student, the school dietitian, and the student (if appropriate). The parents/guardians will submit a Special Dietary Accommodation form (ACB-E1) signed by a physician to the school. This shall be done prior to entry into school or immediately thereafter for students previously diagnosed with an allergy; it should be done immediately after the diagnosis for students already enrolled who are newly diagnosed with an allergy.

Depending on the nature and extent of the student’s allergy, the measures listed below may be necessary in the student’s protocol plan, but are not limited to:
- Meeting with Food Service Staff to develop a procedure for student’s daily menu choices;
- Posting additional signs (e.g. in classroom entryways);
- Prohibiting the sale of particular food items in the school;
- Designating special tables in the cafeteria;
- Prohibiting particular food items from certain classrooms and/or the cafeteria;
- Completely prohibiting particular food items from the school or school grounds;
- Educating school personnel, students, and families about food allergies; and/or
- Implementing particular protocols around cleaning surfaces touched by food products, washing of hands after eating, etc.

School Protocol
In all schools in West Fargo Public Schools, the principal/school administrator, in coordination with the school nurse/teacher/dietitian shall implement a protocol, consistent with this policy and with the severe allergy plan, providing food allergic students with protections during the school day. The protocols shall be reviewed and updated at least annually, as well as after any serious allergic reaction has occurred at school or at a school-sponsored activity.

Posting of Signs
In all schools in West Fargo Public School, signs may be posted in a conspicuous place in the classroom and cafeteria, advising that there are students with allergies to peanuts/tree nuts.

Staff Training
In all schools in West Fargo Public Schools, the principal/school administrator shall identify school personnel who might be involved in managing an emergency in a 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. At all times during normal school hours at on-site school-sponsored activities, at least one person other than the school nurse must be trained and responsible for the administration of the epinephrine auto-injector, subject to Good Samaritan provisions. These personnel shall review emergency protocols on an annual basis.

If trained school personnel are not available, any willing person may administer the epinephrine auto-injector. Good Samaritan provisions apply.

Communication
In all schools in West Fargo Public Schools, the principal/school administrator shall ensure all school employees and other adults-including, but not limited to, school nurse, classroom teachers, specialty teachers, aides, student teachers, substitute teachers, food service staff, dietitian, custodial staff,
playground monitors, coaches, and after school providers - who may be involved in the care of a student diagnosed with a food allergy shall be informed of the severe allergy plan 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 eliminate the use of food allergens in the allergic student’s snacks and meals, educational tools, arts and crafts projects, or incentives.

Parents/caregivers will be informed by the school about their rights and responsibilities regarding Severe Allergy plan for food allergic students. They will be given clear guidance to help them follow the measures stipulated in these plans (e.g. avoiding peanut/tree-nut-based products in snacks or lunches).

The principal/school administrator shall work with the transportation administrator to ensure that school buses are equipped with required communication devices and that drivers are properly trained to recognize symptoms of all allergic reactions and know what to do in case of an emergency. A no eating policy should be enforced, with appropriate exceptions made to accommodate diabetic students and others with special needs.

Self-Management
In all schools in West Fargo Public Schools, each student at risk for anaphylaxis shall be allowed to carry an epinephrine auto-injector with him/her at all times, if appropriate. In addition, the student would need to complete the appropriate paperwork for the epinephrine auto-injector. If this is not appropriate, the epinephrine auto-injector shall be kept in a conspicuous place in the classroom, cafeteria, physical education facility, health room and/or other areas where it is most likely to be used, with reasonable safeguards in place to ensure its safekeeping. A medically identified student may self-administer the epinephrine auto-injector, if appropriate.

Emergency Protocols
If there is an anaphylaxis reaction, the Epi pen would be given. If appropriate the person with the reaction can self-administer the Epi Pen to themselves or an appropriately trained school staff can administer. Once the pen has been given **911 is called**. In the event of an episode of anaphylaxis, the principal/school administrator shall verbally notify the student’s parents/guardians as soon as possible or delegate someone to notify them. Following the episode, the school shall document the incident and file it in the student record.

Allergy Bullying
All threats or harassment of students with food allergies will be taken very seriously and will be dealt with in accordance with the West Fargo Public Schools bullying policy.

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 (HIPPA), the *Rules and Regulations for School Health Programs* (R16-21-SCHO), and other statutes and regulations, the confidentiality of students with food allergies shall be maintained, to the extent appropriate and as requested by the student’s parent/caregivers.

Adopted: 10/8/14

Revised: 1/23/15
Medical Statement for Students with Allergies, Chronic Illness or Disability
Who Requires Special Dietary Accommodations.
West Fargo Public Schools

Student’s Name ______________________________________ Date of Birth _______ Date ______________________________________
Parent/Guardian __________________________________________
Home Phone __________________________ Work Phone __________________________
Cell Phone __________________________ Additional Cell Phone __________________________

*West Fargo Public Schools will make food accommodations for this student only when provided with this physician’s statement specifying the reason for the accommodation.

Physician Statement for Students Requiring Food Accommodations

Under section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990, a “person with a disability” means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment or is regarded as having such an impairment. The term physical impairment includes many conditions such as, Diabetes, Celiac disease and food anaphylaxis (severe food allergy).

Does this student have a disability that restricts their diet? YES NO

If YES, describe the disability ____________________________________________________________________________________ (i.e. Celiac Disease, Allergy to Peanuts)

Describe how this disability restricts the diet __________________________________________________________________________________________________________________________

Describe the major life activity affected by this disability __________________________________________________________________________________________________________________________ (i.e. eating, breathing, learning, and caring for one’s self.)

Please check which dietary modifications this student requires.

___ Diabetes  School menu and carbohydrate counts will be provided
___ Gluten Free  School menu provided.

___ Lactose Intolerance  Student will be offered water. Parent may provide other option.
___ Calorie Restriction

___ Life Threatening/Anaphylactic Food Allergy  Please indicate the food/foods that must be omitted from this student’s diet. Please be specific.

___ Peanuts  ___ Tree Nuts (walnuts, almonds, pecans, pistachios, nut paste)  ___ Dairy (milk, ice cream, pudding, cheese)
___ Shellfish  ___ Egg (includes omitting French toast, omelets, cookies cake, muffins etc.)  ___ Soy Products
___ Other __________________________________________________________________________________________________________________________

Please indicate foods to be substituted for this student __________________________________________________________________________________________

________________________________________________________________________________________

Physician’s Signature __________________________ Date __________

Parent Signature __________________________ Date __________

File ______  Food Service ______  01/23/2015