

### **Classroom Teachers:**

**-Receive a copy of the food allergy care plan including a photo when available**

for any student with life threatening allergy in their classroom. Within the first two weeks of school, the teacher will review the student's confidential health information located in the nurse's office.

**-Notify the parent/guardian of students with severe food allergy of any special classroom events involving food** so that special arrangements or food substitutions can be made.

**-Communicate with parents** regarding event planning to ensure appropriate allergy management and/or avoidance measures.

**-Inform the school nurse of all field trips** during the planning process, so that appropriate arrangements can be made.

**-Are mindful** of field trip and other hands-on activities and make reasonable inquiries about products that identified students are allergic to

**Teachers and school personnel are not responsible for determining safe foods. Only a parent may authorize food that the student can eat.** If a parent is not able to make that determination, or the menu is not available (as on a field trip), the parent will send safe food on the trip with the student. In some situations, high school students may be allowed to make their own safe choices.

### **Students With Allergies:**

**-Do not trade food with others**

**-Do not eat anything known to contain an allergen**

**-Are involved in the management** of their allergy according to their age and development

**-Notify an adult immediately** if they eat something they think may contain the food to which they are allergic



### **Food Service/Cafeteria Employees**

**-Are instructed** by the Food Services Director about required measures to prevent cross contamination during food handling, preparation and serving of food.

**-The Food Services Director will investigate ingredient and cross contamination issues.**

**-Make menus available** for parents to review/preview.

**-Information regarding the ingredients** in school lunches will be provided, upon written request, to the parents of children with documented severe food allergy.

**-Will provide at least one "allergy free" table** at each school for students with identified food allergies. Parents will indicate if their child is to sit at this table. Classmates, whose lunches do not contain an offending food, may also sit at this table.

**-"Allergy free" table will be washed** before the first lunch period and after each of the following lunch periods under the supervision of school staff.

**-If lunches are eaten in the classroom,** special attention must be given to students with food allergies.

**-Cafeteria cash registers will display for food service staff a visual alert** for students with severe food allergies, including a student photo when available



**Volume 4**

## **Newtown Wellness Policy**

### **Tips for Dealing With Food Allergies in School**

**TOTAL WELLNESS**  
is supported by:

- ✓ Health & safety Policies
- ✓ Health Education
- ✓ Physical Education
- ✓ Nutrition Services
- ✓ Health Services
- ✓ Counseling, Psychological & Social Services
- ✓ School Nurses
- ✓ Family & community

Newtown Public Schools Wellness Committee  
2009

#### **REFERENCES**

Newtown Board of Ed. Food Allergy Policy  
7-103A & 7-103A.1 [www.newtown.k12.ct.us](http://www.newtown.k12.ct.us)

The Food Allergy Network, "The School Food Allergy Program," 1995 rev. 2000  
ISBN No. 1-882541-03-0

## FOOD ALLERGY BASICS

### What Is A Food Allergy?

The term “**food allergy**” is often misused to mean any food intolerance, aversion or phobia. True food allergy is a reaction by the body’s immune system to a particular food. This type of allergic reaction can sometimes progress to a life threatening, whole body reaction called **anaphylaxis**.



Milk, egg and wheat allergies are often outgrown. Peanut, tree nut and shellfish allergies usually are not outgrown.

### What Does A Food Allergy Reaction Look Like?

Food allergy symptoms can show up in one or more of the body’s systems. Symptoms can include: itchy skin or eyes; hives; runny or stuffy nose; itching or swelling of lips, tongue or throat; wheezing; difficulty breathing; coughing; abdominal cramps; nausea and vomiting; diarrhea; drop in blood pressure or increased heart rate. There is no way to predict how a reaction will develop. Some reactions are mild and quickly go away after medication is given. Some reactions go from mild symptoms to anaphylaxis in a few minutes. Some reactions improve after medication but return hours later.

### How are Children Identified As Food Allergic?

1% to 2% of the school age populations have food allergies. A combination of skin prick tests, RAST blood tests and “food challenge” tests are used to help doctors determine who is at risk for food allergy. Negative tests reliably predict who is not at risk. Positive tests predict who is at risk for a food allergy reaction, but predicting how serious the allergic reaction will be more difficult. Immediate **epinephrine injection** is life saving for a person suffering an anaphylactic reaction, so doctors prescribe epinephrine auto-injectors (Epi-pens) for anyone they find to be at risk for a serious reaction.



## FOOD ALLERGIES AT SCHOOL

The only way to prevent food allergy reactions is strict avoidance of the offending food. As children enter school, a team effort is needed to minimize the risk of exposure.

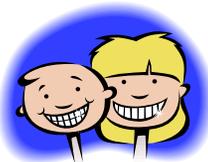
### What Can Parents Do?

#### Parents of a child with a food allergy should:

1. Notify the school and any before- or after-school program of the student’s allergies. (Be aware that the school nurse office does not remain open beyond the regular school day).
2. Work with the school team to develop a plan that accommodates student’s needs throughout the day.
3. Provide written medical documentation, instructions and properly labeled medication as directed by a physician, using Food Allergy Action Plan as a guide. Include a photo of the student with the forms.
4. Replace medications after use or upon expiration.
5. Educate the student in self-management of his/her food allergy according to their age and ability.
6. Provide up to date emergency contact information.

#### Parents of classmates of an allergic student should:

1. Cooperate with any instructions from school requesting that a classroom be kept free of a particular food (i.e. peanut/nut free classrooms). Read labels to determine ingredients.
2. Educate your child about the importance of being cooperative and respectful of the needs of food allergic children.



## HOW DOES THE SCHOOL MANAGE FOOD ALLERGIES?



### The School Nurse:

- Has a standing order from the School Medical Advisor for the administration of Epinephrine and Benadryl for anaphylactic shock or allergic reactions.
- Reviews all physician medication orders and physician emergency care protocols and clarifies any questions with the physician and/or School Medical Advisor.
- Informs teachers and appropriate school staff of the names of students
- Notifies teachers and appropriate school staff of the names of students with identified life threatening food allergies. A copy of the student’s care plan including a student photo is also provided to appropriate staff.
- Informs cafeteria staff of students in that school with food allergies and provides a photo of students with severe food allergies.
- Informs the District Transportation Coordinator of students with identified life threatening food allergies. An annual education program, including the signs and symptoms of allergic and anaphylactic reactions, is provided for bus drivers.
- Keeps a copy of medication orders and the students’ health & emergency care plans signed by the physician & parent in the school nurse office. A copy of medication orders and care plan are kept in a folder for any substitute school personnel supervising the student.
- Trains appropriate school personnel in the signs and symptoms of anaphylaxis and administration of the Epi-pen and also instructs appropriate school personnel regarding individual emergency allergy plans.

