



HAMPDEN CHARTER SCHOOL OF SCIENCE WEST

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Hampden Charter School of Science's Allergy Policy

H.C.S.S. is committed to maintaining a safe and healthy environment for our students, staff, families and visitors. Individuals with allergies are at risk for developing allergic reactions at any time when present with an allergen. Our policies were developed to create and maintain a safe environment, bring awareness to allergies and asthma, prevent potential allergic reactions and respond appropriately to an allergic or anaphylactic event.

People with allergies have over-reactive immune systems that target otherwise harmless elements of our diet and environment. During an allergic reaction to food, the immune system recognizes a specific food protein 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.

CLASSROOMS

- Teachers must be familiar with the IHCP (Individual Health Care Plan) of students in their classes and respond to emergencies as per the emergency protocol documented in the Allergy Action Plan (AAP).
 - In the event of an allergic reaction (where there is no known allergic history), the school nurse should be called and the school's Emergency Response Plan activated. The emergency medical services should be called immediately.
 - The classroom should have easy communication with the school nurse by such means as functioning intercom, walkie-talkie or cell phone.
 - Information should be kept about students' food allergies in the classroom. These foods should not be used for class projects, parties, holidays and celebrations, arts, crafts, science experiments, cooking, snacks, or other purposes.
- All students and their parents, teachers, aides, substitutes, and volunteers should be educated about the risk of food allergies.
- For rewards, non-food items should be used instead of candy.
- For birthday parties, consider a once-a-month celebration, with a non-food treat. • A parent or guardian of a student with food allergies is responsible for providing classroom snacks for his/her own child. These snacks should be kept in a separate snack box or chest.

- If a student inadvertently brings a restricted food to the classroom, he/she will not be allowed to eat that snack in the classroom.
 - Tables should be washed with soap and water in the morning if an event has been held in the classroom the night before.
- Sharing or trading food in the class should be prohibited.
- Proper hand washing technique by adults and children should be taught and required before and after the handling/consumption of food.
- Classroom animals can be problematic on many levels. If an animal is present in the classroom, special attention must be paid to the ingredients in their food as many animal feeds contain peanuts.
- In classrooms used for meals in schools with no central cafeteria:
- A "peanut-free" table should be established and maintained as an option for students with peanut allergies, as this is an extremely potent allergen and often a hidden ingredient. These tables should be designated by a universal symbol and it will be the responsibility of the principal or designee to take reasonable steps so that these areas are not contaminated.
 - Other LTA (Life Threatening Allergen) -free tables should be provided and maintained as needed.

SCHOOL FIELD TRIPS

- The school nurse should be responsible for determining the appropriateness of each field trip and consideration of safety of the student with life-threatening allergies.
- Protocols for field trips should include timely notification to the nurse.
- Whenever students travel on field trips for school, the name and phone number of the nearest hospital will be part of the chaperone's emergency plan.
 - Medications including epinephrine auto-injector and a copy of the student's AAP must accompany the student.
- A cell phone or other communication device must be available on the trip for emergency calls.
- Parents of a student at risk for anaphylaxis should be invited to accompany their child on school trips, in addition to the chaperone.
 - In the absence of accompanying parents/guardian or nurse, another individual must be trained and assigned the task of watching out for the student's welfare and for handling any emergency. The adult carrying the epinephrine should be identified and introduced to the student as well as the other chaperones. Field trips need to be chosen carefully; no student should be excluded from a field trip due to risk of allergen exposure.
- Hand wipes should be used by students and staff after consuming food.
- Eating food should be prohibited on school buses.
- School bus drivers shall be trained by appropriate personnel in risk reduction procedures, recognition of allergic reaction, and implementation of bus emergency plan procedures.

- With parental permission, school bus drivers will be provided with the Allergy Action Plan of all students with LTAs.
- The school bus must have a cell phone or other means of communication for emergency calls.
- Teachers and staff responsible for gym or recess should be trained by appropriate personnel to recognize and respond to exercise-induced anaphylaxis, as well as anaphylaxis caused by other allergens.
 - Staff in the gym, playground and other sites used for recess should have a walkie-talkie, cell phone or similar communication device for emergency communication.
- If for safety reasons medical alert identification (i.e. ID bracelet) needs to be removed during specific activities, the student should be reminded to replace this identification immediately after the activity is completed.

SCHOOL BUS

- Eating food should be prohibited on school buses.
- School bus drivers shall be trained by appropriate personnel in risk reduction procedures, recognition of allergic reaction, and implementation of bus emergency plan procedures.
- With parental permission, school bus drivers will be provided with the Allergy Action Plan of all students with LTAs. (See Appendix G.)
- The school bus must have a cell phone or other means of communication for emergency calls.

GYM AND RECESS

- Teachers and staff responsible for gym or recess should be trained by appropriate personnel to recognize and respond to exercise-induced anaphylaxis, as well as anaphylaxis caused by other allergens.
 - Staff in the gym, playground and other sites used for recess should have a walkie-talkie, cell phone or similar communication device for emergency communication.
- If for safety reasons medical alert identification (i.e. ID bracelet) needs to be removed during specific activities, the student should be reminded to replace this identification immediately after the activity is completed.
- A current epinephrine by auto-injector should be readily accessible, and an adult staff member onsite should be trained in its use, for previously diagnosed students in schools registered with the MDPH.

AFTER SCHOOL ACTIVITIES

- Post instructions for accessing EMS in all activity areas.
- After school activities sponsored by the school must be consistent with school policies and procedures regarding life-threatening allergies.

- Identify who is responsible for keeping epinephrine by auto injector during sporting events.
- If for safety reasons medical alert identification, (ID bracelet) needs to be removed during specific activities, the student should be reminded to replace this identification immediately after the activity is completed.
- With written parental permission, the coach or adult staff member in charge will be provided with the Allergy Action Plan (AAP), of students who have life-threatening allergies.
- A current epinephrine by auto-injector should be readily accessible, and an adult staff member onsite should be trained in its use, for previously diagnosed students in schools registered with the MDPH.
- The staff member (or his/her designee) should maintain a current epinephrine auto-injector in the first aid kit, to be used by designated trained school personnel for previously diagnosed students.
 - If bake sales are held on school grounds, consideration should be given to students with LTA. Food should be tightly wrapped or sealed. The display table should be washed after use.

RESPONSIBILITIES OF THE FOOD SERVICE DIRECTOR

- Be prepared to discuss: menus (breakfast, lunch and after school snack); a la carte items; vending machines; recipes; food products and ingredients; food handling practices; cleaning and sanitation practices; and responsibility of various staff (or additional contract employees at individual school).
- Establish communications and training for all school food service staff and related personnel at the student's school.
- Be prepared to make food ingredient lists used in food production and service available. • Maintain food labels from each food served to a child with allergies for at least 24 hours following service in case the student has a reaction from a food eaten in the cafeteria.
- Maintain contact information with vendors and purveyors to access food content information.
- Understand the laws protecting students with food allergies as they relate to food services

EMERGENCY RESPONSE TO EMERGENCIES

- In the event of a medical emergency, a staff member trained to recognize the signs and symptoms of anaphylaxis and administer Epinephrine or the School Nurse is to remain with the student.
- Assess the emergency at hand.
- Activate the emergency response team (building specific, system-wide).
- Refer to the student's Allergy Action Plan.
- Notify school nurse.

- Notify the emergency medical services.
- Administer the epinephrine.
- Notify the parent/guardians.
- Notify school administration.
- Notify student's primary care provider and/or allergy specialist.
- Attend to student's classmates.
- Manage crowd control.
- Meet emergency medical responders at school entrance.
- Direct emergency medical responders to site.
- Accompany student to emergency care facility.
- Assist student's re-entry into school.
- Practice drills should be conducted periodically as part of the district's emergency response plan.

RETURNING TO SCHOOL AFTER A REACTION

Students who have experienced an allergic reaction at school need special consideration upon their return to school. The approach taken by H.C.S.S. is dependent upon the severity of the reaction, the student's age and whether their classmates witnessed it. A mild reaction may need little or no intervention other than speaking with the student and parents and re-examining the IHCP.

IN THE EVENT THAT A STUDENT HAS A MODERATE TO SEVERE REACTION, THE FOLLOWING ACTIONS SHOULD BE TAKEN:

- Obtain as much accurate information as possible about the allergic reaction.
- Identify those who were involved in the medical intervention and those who witnessed the event.
- Meet with the adults to discuss what was seen and dispel any rumors.
- Provide factual information. Although the school may want to discuss this with the parents, factual information that does not identify the individual student can be provided to the school community without parental permission (e.g., a letter from the principal to parents and teachers that doesn't name names but reassures them the crisis is over, if appropriate.)
- If an allergic reaction is thought to be from a food provided by the school foodservice, request assistance of the Food Service Director to ascertain what potential food item was served/consumed. Review food labels from Food Service Director and staff.
- Agree on a plan to disseminate factual information and review knowledge about food allergies to schoolmates who witnessed or were involved in the allergic reaction, after both the parents and the student consent.
- Explanations shall be age appropriate
- Review the AAP described in the IHCP, or if a student does not have an IHCP then consider initiating one.

- Amend the student's AAP and/or the emergency response plan to address any changes that need to be made.
- Review what changes need to be made to prevent another reaction; do not assign blame.

SPECIAL CONSIDERATION FOR THE STUDENT

- The student and parent(s) shall meet with the nurse/staff who were involved in the allergic reaction and be reassured about the student's safety, what happened and what changes will be made to prevent another reaction.
- If a student demonstrates anxiety about returning to school, checking in with the student on a daily basis would be indicated until his/her anxiety is alleviated. If a child has a prolonged response to an anaphylactic event, strategies should be reviewed and clinical intervention may be recommended. Collaboration with the student's medical provider would be indicated to address any medication changes.
- It is important to keep in mind that a student will continue to need to access help if another allergic reaction should occur; therefore, make sure a student feels comfortable enough to seek help if needed. You do not want a student to withhold information out of embarrassment or because of intimidation. Other students with food allergies in the school system may be in particular need of support.

IN THE EVENT OF A FATAL ALLERGIC REACTION

In the rare but plausible event of a fatal reaction the school's crisis plan for dealing with the death of a student should be implemented. Adults with knowledge of food allergies should be on hand to answer questions that may come up about food allergies. Organizations such as Asthma and Allergy Foundation of America (AAFA) and Food Allergy and Anaphylaxis Network (FAAN) may be able to provide resources.

RESPONSIBILITIES OF THE STUDENT WITH FOOD ALLERGIES/ANAPHYLAXIS

- Take as much responsibility as possible for avoiding allergens.
 - Do not trade or share foods.
 - Wash hands before and after eating.
 - Learn to recognize symptoms of an allergic reaction.
 - Promptly inform an adult as soon as accidental exposure occurs or symptoms appear. •
- Take more responsibility for your allergies as you get older (refer to parent responsibilities outline).
- Develop a relationship with the school nurse and/or another trusted adult in the school to assist in identifying issues related to the management of the allergy in school.

RESPONSIBILITIES OF THE PARENTS/GUARDIANS OF A STUDENT WITH FOOD ALLERGIES

- Inform the school nurse of your child's allergies prior to the opening of school (or as soon as possible after a diagnosis).
- Provide the school with a way to reach you (cell phone, beeper, etc.).
- Provide a list of foods and ingredients to avoid.
- Consider providing a medical alert bracelet for your child.
- Provide the school nurse with medication orders from the licensed provider.
- Participate in developing an Individual Health Care Plan (IHCP) with the school nurse. • Provide the school nurse with at least annual updates on your child's allergy status. • Provide the school with up-to-date epinephrine auto-injectors.
- Discuss with the school nurse the possibility of keeping the epinephrine auto-injector in the classroom with instructions (this can also be taken on field trips).
 - Decide if additional epinephrine auto-injectors will be kept in the school, aside from the one in the nurse's office, and if so, where.
 - Provide the school nurse with the licensed provider's statement if student no longer has allergies.

Participate in team meetings or communicate with all staff members who will be in contact with the child (preferably before the opening of school) to:

- Discuss the implementation of IHCP.
- Establish prevention plan.
- Periodically (halfway through the year) review prevention and emergency action plans with the team.
- Help decide upon an "allergy-free" eating area in the classroom and/or cafeteria. • Leave a bag of "safe snacks" in your child's classroom so there is always something your child can choose from during an unplanned special event.
- Provide a non-perishable lunch to keep in school, in case your child forgets lunch one day.
 - Be willing to provide safe foods for special occasions, e.g. bring in a treat for the entire class so that your child can participate.
- Be willing to go on your child's field trips if possible and if requested.

Periodically teach your child to:

- Recognize the first symptoms of an allergic/anaphylactic reaction.
 - Know where the epinephrine auto-injector is kept and who has access to the epinephrine.
 - Communicate clearly as soon as s/he feels a reaction is starting. ▪ Carry his/her own epinephrine auto-injector when appropriate. ▪ Not share snacks, lunches, or drinks.
 - Understand the importance of hand-washing before and after eating. ▪ Report teasing, bullying and threats to an adult authority.
 - Take as much responsibility as possible for his/her own safety.

It is important that children take on more responsibility for their food allergies as they grow older and are developmentally ready. Consider teaching them to:

- Communicate the seriousness of the allergy.
- Communicate symptoms as they appear.
- Read labels.
- Carry own epinephrine auto-injector.
- Administer own epinephrine auto-injector and be able to train others in its use.

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

RESPONSIBILITIES OF THE SCHOOL ADMINISTRATION (or delegate)

- Include in the school's emergency response plan, a written plan outlining emergency procedures for managing life-threatening allergic reactions. Modify the plan to meet special needs of individual students. Consider risk reduction for LTAs.
- Support faculty, staff and parents in implementing all aspects of the LTA program. • Provide 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.
 - Provide special training for food service personnel.
- Provide emergency communication devices (two-way radio, intercom, walkie-talkie, cell phone) for all school activities, including transportation, that involve a student with life-threatening allergies.
 - A fulltime nurse should be available in every school with students with life-threatening allergies.
 - Inform parent/guardian if any student experiences an allergic reaction for the first time at school.
 - Make sure a contingency plan is in place in case of a substitute teacher, nurse or food service personnel.
 - Have a plan in place when there is no school nurse available.
 - Ensure that the student is placed in a classroom where the teacher is trained to administer an epi-pen, if needed.

RESPONSIBILITIES OF THE SCHOOL NURSE

- Prior to entry into school (or, for a student who is already in school, immediately after the diagnosis of a life-threatening allergic condition), meet with the student's parent/guardian and develop an Individual Health Care Plan (IHCP) for the student.
- Assure that the AAP includes the student's name, photo, allergens, and symptoms of allergic reactions, risk reduction procedures, emergency procedures, and required signatures.

- Arrange and convene a team meeting (preferably before the opening of school) to develop the plan with all staff who come in contact with the student with allergies, including principal, school physician, teachers, specialists, food service personnel, aides, physical education teacher, custodian, bus driver, local EMS, etc.
- Familiarize teachers with the IHCPs and AAPs of their students by the opening of school, or as soon as the plans are written. Other staff members who have contact with students with LTAs should be familiar with their IHCPs and Allergy Action Plans on a need-to-know basis.
- After the team meeting remind the parent to review prevention plans, symptoms and emergency procedures with their child.
- Provide information about students with life-threatening allergies and their photos (if consent given by parent) to all staff on a need-to-know basis (including bus drivers).
- Conduct in-service training and education for appropriate staff regarding a student's life-threatening allergens, symptoms, risk reduction procedures, emergency procedures, and how to administer an epinephrine auto-injector.
- Implement a periodic anaphylaxis drill similar to a fire drill as part of the periodic refresher course.
- Educate new personnel as necessary.
- Track in-service attendance of all involved parties to ensure that they have been trained.
- Introduce yourself to the student and show him/her how to get to the nurse's office.
- Post school district's emergency protocol and have available all IHCPs and AAPs in the nurse's office. Post location of epinephrine auto-injector.
- Periodically check medications for expiration dates and arrange for them to be current.
- Discuss with parents the possibility of keeping an epinephrine auto-injector in the classroom containing necessary instructions, and help to arrange if appropriate. This auto-injector can be taken on field trips.
- Arrange periodic follow-up on semi-annual basis, or as often as necessary, to review effectiveness of the IHCP.
- Make sure there is a contingency plan in place in the case of a substitute school nurse.
- Meet with parents on a regular basis to discuss issues relating to plan implementation.
- Communicate with local EMS about location of student and type of allergy. Assure the local EMS carry epinephrine and have permission to use it.
- The school nurse will post a picture of the student who has an epi-pen in cafeteria, nurse's office, and other locations in building while ensuring compliance under FERPA and HIPPA. She/He will also post signs indicating where the epi-pen is located.

RESPONSIBILITIES OF CLASSROOM TEACHER/SPECIALIST

- Receive the AAP of any student(s) in your classroom with life-threatening allergies.
- Request that the classroom has a functioning intercom, walkie-talkie or other communication device for communication with the school nurse.
- Participate in a team meeting for the student with life-threatening allergies and in-service training regarding:

- Allergens that cause life-threatening allergies (such as foods, insect stings, medications, latex).
 - Steps to take to prevent life-threatening reactions and accidental exposures to allergens.
 - How to recognize symptoms of the student's life-threatening allergic reaction. • Steps to manage an emergency.
 - How to administer an epinephrine auto-injector.
 - Keep accessible the student's AAP with photo in classroom or keep with lesson plan. •
- Be sure volunteers, student teachers, aides, specialists and substitute teachers are informed of the student's food allergies and necessary safeguards.
- Leave information in an organized, prominent and accessible format for substitute teachers.
 - Coordinate with parent on providing a lesson plan about food allergies for the class and discuss anaphylaxis in age appropriate terms, with student's permission.
 - Educate classmates to avoid endangering, isolating, stigmatizing or harassing students with food allergies. Be aware of how the student with food allergies is being treated; enforce school rules about bullying and threats.
 - Work with the school nurse to educate other parents about the presence and needs of the child with life-threatening allergies in the classroom. Enlist their help in keeping certain foods out of the classroom.
 - Inform parents of any school events where food will be served.
 - Participation with the planning for student's re-entry to school after an anaphylactic reaction.
 - Never question or hesitate to act if a student reports signs of an allergic reaction.

SNACKS/ LUNCHTIME

- In the classroom, establish procedures to ensure that the student with life-threatening food allergies eats only what s/he brings from home.
- Prohibit students from sharing or trading snacks. Encourage parents/guardians to send in a box of "safe" snacks for their child.
- Have parents/guardians provide a non-perishable safe lunch in case their child forgets lunch one day.
- For the student's safety, encourage the student to take advantage of an eating area in the classroom that is free of the food to which s/he is allergic.
- Avoid cross-contamination of foods by wiping down eating surfaces with soap and water before and after eating. Tables should also be washed with soap and water in the morning if an after-school event has been held in the classroom the day before.
- Reinforce hand-washing before and after eating.

CLASSROOM ACTIVITIES

- Avoid use of foods for classroom activities (e.g., arts and crafts, counting, science projects, parties, holidays and celebrations, cooking, or other projects).
 - Welcome parental involvement in organizing class parties and special events. Consider non-food treats.
- Use stickers, pencils or other non-food items as rewards instead of food.

FIELD TRIPS

- Collaborating with the school nurse, prior to planning a field trip to:
- Ensure epinephrine auto-injectors and instructions are taken on field trips.
- Ensure that functioning two-way radio, walkie talkie, cell phone or other communication device is taken on field trip.
- Review plans for field trips; avoid high risk places. Consider eating situations on field trips and plan for prevention of exposure to the student's life-threatening foods.
 - Know where the closest medical facilities are located, 911 procedures and whether the ambulance carries epinephrine.
 - Invite parents of a student at risk for anaphylaxis to accompany their children school trips, in addition to the chaperone. However, the student's safety or attendance must not be conditioned on the parent's presence.
 - One to two people on the field trip should be trained in recognizing symptoms of life-threatening allergic reactions, trained to use an epinephrine auto-injector, and trained in emergency procedures.
- Consider ways to wash hands before and after eating (e.g. provision of hand wipes, etc.).

RESPONSIBILITIES OF THE FOOD SERVICES MANAGER

- Attend the team meeting with appropriate members at the time of the student's registration for entry into school.
- Post the student's Allergy Action Plan with consent of parent(s).
- Review the legal protections for a student with life threatening allergies.
- Read all food labels and recheck routinely for potential food allergens.
- Train all food service staff and their substitutes to read product food labels and recognize food allergens.
- Maintain contact information for manufacturers of food products (Consumer Hotline). • Review and follow sound food handling practices to avoid cross contamination with potential food allergens.
- Strictly follow cleaning and sanitation protocol to avoid cross-contamination.
- Set up policies for the cafeteria regarding food allergic students.
- Create specific areas that will be allergen safe.
- Train monitors.
- Enforce hand washing for all students.
- Thoroughly clean all tables, chairs and floors after each meal.

- After receiving a doctor's note, make appropriate substitutions or modifications for meals served to students with food allergies.
 - Plan ahead to have safe meals for field trips.
 - Avoid the use of latex gloves by food service personnel. Use non-latex gloves instead. •
- Provide advance copies of the menu to parents/guardian and notification if menu is changed.
- Have at least two people in the eating area trained to administer epinephrine by auto-injector.
 - Have readily accessible epinephrine auto-injector.
 - Have a functioning intercom, walkie-talkie or other communication device to support emergencies.
 - Take all complaints seriously from any student with a life-threatening allergy. • Be prepared to take emergency action.

RESPONSIBILITIES OF THE SCHOOL BUS COMPANY

- Provide a representative from the bus company for Team meetings to discuss implementation of a student's IHCP.
 - Provide training for all school bus drivers on managing life-threatening allergies (provide own training or contract with school).
 - Provide functioning emergency communication device (e.g., cell phone, two-way radio, walkie-talkie or similar).
- Know local Emergency Medical Services procedures.
- Maintain policy of no food eating allowed on school buses.

RESPONSIBILITIES OF COACHES AND OTHER ONSITE PERSONS IN CHARGE OF CONDUCTING AFTERSCHOOL ACTIVITIES

- Participate in Team meetings to determine how to implement students Individual Health Care Plan.
- Conduct the activities in accordance with all school policies and procedures regarding life threatening allergies.
- With parent's consent, keep a copy of the Allergy Action Plan and photo of students with life threatening allergies.
- Make certain that emergency communication device (e.g. walkie-talkie, intercom, cell phone, etc.) is always present.
 - One to two people should be present who have been trained to administer epinephrine auto-injector.
- Maintain a current epinephrine auto-injector in the first aid kit.
- Establish emergency medical procedures with EMS.
- Clearly identify who is responsible for keeping the first aid kit.

- If for safety reasons medical alert identification needs to be removed during specific activities, the student should be reminded to replace this identification immediately after the activity is completed.