

EASTON AREA SCHOOL DISTRICT

SECTION: PUPILS

TITLE: SEVERE
ALLERGY/ANAPHYLAXIS

ADOPTED: DECEMBER 17, 2009

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| | <p style="text-align: center;">209.2. SEVERE ALLERGY/ANAPHYLAXIS</p> <p>1. Purpose Easton Area School District Board of Directors is committed to providing a safe and healthy environment for all its students and employees, and concurrently, to protect the rights of each individual (or all concerned). Severe allergy/anaphylaxis is a health condition that can lead to rapid death; therefore, special preparations are necessary to protect individuals with this condition.</p> <p>2. Authority The Board authorizes the Superintendent to prepare detailed administrative procedures to ensure the safety and well-being of students and staff. The purpose of this policy shall be two-fold: to safeguard the health and well-being of students and employees and, concurrently, to protect the rights of the individual.</p> <p>3. Definitions Anaphylaxis sometimes called “allergic shock” - is a severe reaction resulting from exposure to an allergen or allergens, which can lead to rapid death if untreated. Peanuts are the most common allergen causing anaphylaxis in school students. Other foods most frequently implicated in anaphylaxis are tree nuts (e.g. hazelnuts, walnuts, pine nuts, almonds, cashews), cow’s milk, and eggs. Fish, shellfish, wheat, and soy are potentially lethal allergens as well, and anaphylaxis is occasionally induced by fruits and other foods. Non-food triggers of anaphylaxis reactions include insect venom, medications, latex, and rarely, vigorous exercise. Anaphylaxis is a life-threatening condition regardless of the substance that triggers it.</p> <p>Food Allergy - a food allergy is any reaction to an otherwise harmless food or component that involves the body’s immune system. A reaction occurs when the body’s immune system responds abnormally to the protein or proteins in that particular food. The body reacts by flooding the system with histamines and other chemicals to fight off what is perceived as an invader in the body. Reactions to food or food ingredients that do not involve the immune system are called food intolerance or sensitivities.</p> |
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| 4. Guidelines | <p>Food Intolerance - food intolerance is a metabolic disorder and does not involve the immune system. Lactose intolerance is one (1) example of food intolerance. A person with lactose intolerance lacks an enzyme that is needed to digest milk sugar. When the person eats milk products, symptoms such as gas, bloating, and abdominal pain may occur.</p> <p>Common Food Allergens - common foods that are associated with food allergy are milk, eggs, peanuts, tree nuts, fish, shellfish, wheat, and soy.</p> <p>The greatest risk of exposure is in new situations, or when normal daily routines are interrupted by activities like birthday parties, camping, or school trips. Young students are at greatest risk of accidental exposure, but many allergists believe that more deaths occur among teenagers due to their increased independence, peer pressure, and reluctance to carry medication.</p> <p>Protecting the individual with severe allergy/anaphylaxis involves three (3) major considerations:</p> <ol style="list-style-type: none">1. Avoid the allergen trigger.2. Recognize the occurrence of an allergic reaction.3. Provide immediate appropriate treatment. <p>While the Board of School Directors cannot guarantee an allergen-free environment, the Board will make every reasonable accommodation to ensure a safe environment for individuals with life-threatening allergies.</p> <p>Severe Allergy - any reaction to an otherwise harmless food, food component, or non-food items that involves the body's immune system. A reaction occurs when the body's immune system responds abnormally to the protein or proteins in that particular food. The body reacts by flooding the system with histamines and other chemicals to fight off what is perceived as an invader in the body. Reactions to food or food ingredients that do not involve the immune system are called food intolerance or sensitivities.</p> <p>It is recommended that the following information be disseminated to students, staff, and parents/guardians annually.</p> <p><u>Students</u></p> <ol style="list-style-type: none">1. Never take food allergies lightly. Students should not joke or tease other students about allergies. |
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| 5. Delegation of Responsibility | <ol style="list-style-type: none">2. Never try to trick someone into eating food they are allergic to.3. Do not share food with food allergic friends.4. Wash hands before and after eating.5. Help allergic friends by knowing about their condition.6. Immediately tell a teacher, aide, or an administrator when someone has an allergic reaction. <p><u>Parents/Guardians</u></p> <ol style="list-style-type: none">1. Contact the school nurse each year to complete and/or update all medical records, including specific information pertaining to any and all known allergies. Provide prompt updates.2. Provide written documentation from the attending physician to the school nurse regarding the specific allergy, severity and treatment.3. Provide an up-to-date supply of the medication prescribed by the physician and immediate replacements for medication used.4. When providing snacks and/or treats for classroom parties or events, consideration should be given for students with food allergies. <p><u>School Staff</u></p> <ol style="list-style-type: none">1. The school nurse will consult with the school district physician on an as-needed basis and will review the medical records and documentation from the attending physician on the student's allergy. The student will be referred to the Child Study team to determine if the student meets the criteria as a "disabled" student. If it is determined the student has a disability, the school nurse, in consultation with the student, the student's parents/guardians, the administration and the prescribing physician, will develop an Individual Health Care Plan (IHP). This plan will meet all requirements of state and federal laws and will utilize currently recognized standards of school health care for students with a severe allergy/anaphylaxis. The IHP will include an Emergency Health Care Plan.2. Regardless of the allergy, the district will not support a complete ban of specific or nonspecific food in the school district that may contribute to the student's allergy unless approved by the Board of School Directors. |
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3. A peanut/nut-free table will be made available in all school cafeterias. If a child has severe allergic reaction to peanuts, the parent/guardian is responsible to supply a peanut-free barrier (placemat) for the said child to use in the school cafeteria.
4. All staff members (teaching and nonteaching) and bus contractors will be informed of the identity (name, appearance, photograph, etc.) of an individual with a severe allergy in the building, preferably before, but if necessary, immediately after the individual begins to attend class or begins employment. All staff members and bus contractors who have responsibility for direct supervision of the allergic student will receive a copy of the Emergency Health Care Plan. Additional copies of the Emergency Health Care Plan will be placed in key locations as designated by the school nurse.
5. Classroom teachers are responsible for keeping emergency information about the students with severe allergy/anaphylaxis where it will be highly visible and readily understood by substitute teachers, educational assistants and classroom volunteers.
6. School nurses will provide staff members in buildings attended by students with severe allergies/anaphylaxis a list of said students and will provide annual inservice training, which will cover:
 - a. School policies regarding protection of the anaphylactic individual from exposure to allergens.
 - b. How to recognize and treat anaphylactic reactions.
 - c. Use of epinephrine auto-injector.
 - d. The school's emergency response protocol.
 - e. AHA, F/A, CPR, AED training, including signs and symptoms of severe allergy and equipment training available upon request.
7. Bus contractors may provide that drivers of buses ridden by students with severe allergy/anaphylaxis receive training on how to recognize and treat anaphylactic reactions, use of epinephrine auto-injector, and the protocol to be followed for medical emergencies on the bus.

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References:

School Code – 24 P.S. Sec. 510

State Board of Education Regulations – 22 PA Code Sec. 12.41

Board Policy – 210