



Food Allergy Management & Prevention Plan (FAMPP)

Purpose:

The Waldorf School of Baltimore believes that the safety and wellbeing of children who are at risk of anaphylaxis is the responsibility of the entire community.

The school is committed to:

1. Ensuring the daily management of food allergies for individual children.
2. Preparing for food allergy emergencies.
3. Providing professional development on food allergies for staff members.
4. Educating children and family members about food allergies.
5. Creating and maintaining a healthy and safe educational environment.

Scope:

This policy applies when a child is diagnosed as being at risk for anaphylaxis and is enrolled in school. It applies to the whole school community including staff, faculty, students, and parents/guardians. This policy does not apply to a student with undiagnosed allergies – see section on management of student without prior history of food allergies.

About Food Allergies:

Source: For detailed information see *Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Educational Programs* (Center for Disease Control and Prevention. Pages 17-21)

1. Ensuring the daily management of food allergies for individual children

a. Identify children with food allergies

Parents/guardians have the responsibility to inform the school of any health condition that may result in the risk for anaphylaxis. Parents/guardians are encouraged to provide this information on school health forms but may also convey this information via other methods. Upon this receipt and annually thereafter, the school will request the parents/guardians obtain and complete an anaphylaxis Emergency Action Plan (EAP) along with corresponding school Medication Authorization Forms. Parents/guardians are encouraged to work actively and directly with the child's healthcare provider to develop a specific emergency plan to manage their individual care and emergency actions while in school.

b. Develop a plan to manage and reduce the risk of food allergy reactions in individual children

The family should provide the written anaphylaxis plan, Emergency Action Plan (EAP) on the School's designated action plan form or an approved nationally recognized plan that meets current best practices. The EAP should address both prevention of exposure and the emergency response to be taken according to the identified signs and symptoms of anaphylaxis. The EAP should be written by the child's doctor and confirmed with the parents. The child's doctor and parents should sign and date the EAP.

c. Help students manage their own food allergies

Students who can take responsibility for managing their own food allergies, including carrying and using an epinephrine auto injector must have parental and healthcare provider consent to do so indicated on their EAP. The consulting DN will assess the student's knowledge and skills beforehand to determine the student's ability to handle this responsibility. When indicated the student is approved to self-carry, their prescribed auto injector must be available at all times. Students are also required to alert the nearest adult of symptoms, and if they use the prescribed auto-injector.

2. Preparing for food allergy emergencies

All EAPs will be reviewed by the consulting Delegating Nurse (DN) and a comprehensive list of students with EAP's will be disseminated to all staff. A copy of the EAP and medication authorization forms will be provided to all staff involved with the student during the school day. A copy of the plan will also be stored with the medication provided by the family.

a. Set up communication systems that are easy to use

The school will maintain an internal communication system available at all times in case of emergency. Communication devices may include but are not limited to cell phones, walkie-talkies or intercoms.

Communications with parents and carers will use the contacts details provided by parents/carers on the student's Emergency Contact Form.

b. Make sure staff can get to epinephrine auto-injectors quickly and easily

To ensure quick access to epinephrine, auto-injectors will be kept in a designated safe and secure place that trained staff members can get to quickly during school or Aftercare program hours. The designated space will be unlocked during school and Aftercare hours. Medications, EAPs and authorization forms will be well organized and clearly labelled per student either in alphabetical order or alphabetically by grade/class.

c. Make sure that epinephrine is used when needed and someone immediately contacts emergency medical services

Delays in using epinephrine have resulted in near fatal and fatal food allergy reactions in schools and ECE programs. In the event of an anaphylactic reaction, trained school staff will simultaneously administer epinephrine per the student's EAP and call 911 without delay. Trained staff will administer a 2nd dose of epinephrine if indicated on the EAP. The student, accompanied by a staff member, will be transported via emergency vehicle to the nearest hospital emergency department for further medical treatment and observation. Staff will contact the student's parents/guardian and inform the consulting DN of the food allergy emergency. If Benadryl is indicated on EAP, the student must not remain in school.

d. Identify the role of each staff member in an emergency

To meet the healthcare needs of students at the Waldorf School of Baltimore, the model of School Health Services utilized is one that employs a consulting Delegating Nurse (DN) who makes periodic visits and is on call for phone consultation during school and Aftercare hours.

The consulting DN is **NOT** on site during the school day.

In order to be able to respond to anaphylaxis emergencies, multiple levels of staff training include:

- Multiple employees are 1st Aid/CPR trained
- All employees are trained in the recognition and response to an anaphylactic emergency
- At least one full time staff member trained as a Certified Medication Technician (CMT)

e. Prepare for food allergy reactions in children without a prior history of food allergies

The School does not have stock epinephrine auto-injectors. In the event a student with no prior history, no EAP, or medications at school exhibits signs and symptoms consistent with anaphylaxis, 911 will be called immediately. First Aid rendered to the student will include CPR if necessary. School staff will remain with the student and accompany them via emergency vehicle to the nearest hospital emergency department for further medical treatment and observation. Staff will contact the student’s parents/guardians and inform the consulting DN of the anaphylactic emergency.

f. Document the response to a food allergy emergency

School personnel involved with the anaphylactic emergency will complete the Report of Anaphylactic Reaction/Epinephrine Administration Form. School employees will follow up with the student’s parent/guardian regarding the condition of the student and complete the Post Allergic Reaction Review Form. School employees (most often one of the CMTs) will document the administration of epinephrine on the student’s Medication Administration Record (MAR).

3. Providing professional development on food allergies for staff

a. Provide general training on food allergies for all staff

First Aid/CPR: all teachers and office staff who take responsibility for children are trained in CPR and 1st Aid. On average there is a 1:5 (adult to child) ratio.

b. Provide in depth training for staff who have frequent contact with children with food allergies

All staff will receive annual training on the management and prevention of food allergies/anaphylaxis, the recognition of signs and symptoms of anaphylaxis, emergency response, and the administration of epinephrine auto-injectors.

An annual online training from a nationally recognized curriculum in line with the CDC Voluntary Guidelines such as “Food Allergies and Anaphylaxis in School: What School Staff Need to Know” (a 30-minute module from Allergyhome.org) or “Get Trained” (a power point presentation from National Association of School Nurses - NASN) approved by the consulting DN. On-line training will include a post-test and the completed certificate will be kept on file by the school.

Annual training by the consulting DN will also take place and include individual specific instructions for students as indicated on their EAP.

c. Provide specialized training for staff who are responsible for managing the health of children with food allergies on a daily basis

The School will have at least 4 staff specifically trained as a Maryland Board of Nursing (MBON) CMT who is/are supervised specifically by our consulting DN. The CMT has 20 hours of specialized training and works directly with the Delegating RN. The CMT is prepared and certified to manage the administration of daily, PRN, and emergency medications during the school year.

d. Utilize a consulting DN with specialized training in the management of food allergies

The School employs the services of Health Link LLC who provides a RN with extensive school health experience and a background in pediatric emergency care.

4. Educate children and family members about food allergies

a. Educating and empowering children to understand and manage food allergies

To promote the safety, well-being, and acceptance of students who are at risk for anaphylaxis the School will use age appropriate means to ensure all children in a class are aware of food allergies that exist within the School, particularly those that are current within their own class or peer groups. This includes but is not limited to lists of foods that are problematic to some students, preventing cross contamination of foods – theory and practice, understanding what to do in an emergency.

b. Teach all parents and families about food allergies

To promote the safety, well-being, and acceptance of students who are at risk for anaphylaxis the School works with families and the Parents Association (PA) to create a school wide awareness of food allergies.

- Annually the School will use the weekly newsletter to disseminate the FAMPP and the *Food Allergies and Your School Community*, video produced by allergyhome.org
- The School website contains this information, and
- The School administration will work with the PA to help ensure community understanding of and involvement in the effective management of food allergies.

5. Create and maintain a healthy and safe educational environment

a. Create an environment that is as safe as possible from exposure to food allergens

Families make the School aware of children with food allergies. Depending on the type and degree of the allergy a number of different strategies to ensure a safe healthy environment are implemented. For example:

- The use of seating arrangements (tables and desks) to ensure separation of food types
- Appropriate table/chair cleaning before and after eating
- Appropriate handwashing before and after eating
- No sharing or trading of food
- Avoiding the use of identified allergens in class projects or lessons, festivals, snacks etc
- Reminding all parents of food allergy policies and class rules
- Having parents of children with food allergies provide safe snack items for their child in the event of unexpected circumstances
- Instructions for substitute teachers

Field Trips

- Identify special needs of students with food allergies before field trips or events
- identify access to 911 and nearest hospital in the event of a food allergy emergency
- have rapid access to epinephrine auto-injectors in cases of food allergy emergency with staff trained to use them

- staff member with completed food allergy/anaphylaxis training will be responsible for the supervision of students with food allergies if CMT unable to attend
- encourage but not require parents/guardian of children with food allergies to accompany their child where appropriate
- package meals and snacks separately to prevent cross-contact appropriate table/chair cleaning before and after eating
- appropriate handwashing before and after eating- no sharing or trading of food
- Before and After School Activities
- have rapid access to epinephrine auto-injectors in cases of food allergy emergency with staff trained to use them
- appropriate table/chair cleaning before and after eating
- appropriate handwashing before and after eating
- no sharing or trading of food

Transportation

When the School transports students to off campus events and field trips in school vehicles:

- have rapid access to epinephrine auto-injectors in cases of food allergy emergency for diagnosed students
- rapid activation of 911 once signs and symptoms of anaphylaxis are exhibited for student who does not self-carry epinephrine auto injector
- no foods allowed to be eaten on bus except by children with special needs such as those with diabetes- transport meals and snacks separately to prevent cross-contact

b. Develop food-handling policies and procedures to prevent food allergens from unintentionally contacting another food

- School lunches are provided by the child's parents/guardians, all families are informed of any food allergies in their child's class and given guidance on acceptable and unacceptable foods to pack for their child
- Any vendors providing food (e.g. weekly pizza) will be made aware of any severe food allergies
- appropriate table/chair cleaning before and after eating appropriate handwashing before and after eating no sharing or trading of food
- keeping lunches and snacks stored in the classroom separate to prevent cross-contact of food allergens
- supervising children closely during mealtimes
- make sure all employees supervising lunches and snacks can read product labels and identify food allergens

c. Make outside groups aware of food allergy policies and rules when they use school or ECE program facilities before or after hours

Outside groups who utilize the school facilities will be informed of the school's policies on food and requested to comply with them.

d. Create a positive psychosocial climate

The School fosters an environment that promotes safety, respect, and acceptance of differences. All staff and students share the responsibility for preventing bullying and social isolation of children with food allergies