

GISW Food Allergy Policy

Purpose

The purpose of this policy is to help support food allergy management and preventive plans and practices to protect the overall health, safety and welfare of the German International School Washington D.C. (GISW) campus and its community.

Definition of a food allergy

As described in the Center of Disease Control (CDC) website on food allergies and safe schools:

<https://www.cdc.gov/healthyschools/foodallergies/index.htm>

[Note: References have been relabeled and included at the end of this document]

“A food allergy occurs when the body has a specific and reproducible immune response to certain foods.¹ The body’s immune response can be severe and life threatening, such as anaphylaxis. Although the immune system normally protects people from germs, in people with food allergies, the immune system mistakenly responds to food as if it were harmful.

Eight foods or food groups account for 90% of serious allergic reactions in the United States: milk, eggs, fish, crustacean shellfish, wheat, soy, peanuts, and tree nuts.¹

The symptoms and severity of allergic reactions to food can be different between individuals, and can also be different for one person over time. Anaphylaxis is a sudden and severe allergic reaction that may cause death.² Not all allergic reactions will develop into anaphylaxis.”

Food allergy prevention and management at the GISW

GISW is committed to working with all members of the school community (students, families and school staff) and health care providers to reduce the risk of exposure to food allergens and other factors that may produce allergic reaction in at risk students.

Food Brought By Students for their Own Consumption:

While the GISW is not an “allergen free environment”, GISW is a “nut aware” school. This means we ask students to consider peanut/nut alternatives for individual student lunches and snacks out of consideration

for students with severe, life threatening allergies. **No nut products of any kind should be brought to the preschool at any time.**

Food Brought to Share or Distribute:

Food brought to share or distribute in class or at other student gatherings cannot have peanut or nut ingredients, including peanut/nut oils or peanut/nut flour, and any other allergens (see list below) should be identified. For larger school-wide events (e.g. Christmas Market), nuts may be permitted but all allergens must be identified.

For purposes of the labeling requirements described above, the following allergens should be identified:

- Milk
- Eggs
- Fish
- Crustacean shellfish
- Wheat
- Soy
- Peanuts
- Tree nuts
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Management of Student Allergies:

In order to have a comprehensive approach to manage the risk of food allergies, the school would like to assume a coordinated approach between the student and his or her parents, the family's allergist or doctor, the school nurse, and the rest of the school staff.

This requires:

1 – Identification of students with food allergies

Parent Responsibilities:

- Provide updated medical information about the child's allergy to the school nurse prior to the start of school on the State of Maryland School Health Forms. Please note, diagnoses of food allergies should be provided by the parent and family physician, the school does not have diagnostic responsibility.

School Nurse Responsibilities:

- Review the medical information provided by the parents and request any additional information she/he may feel is pertinent to appropriately manage, educate and work to prevent any allergic reaction.
- Notify staff concerning students with severe allergies and will update, as needed, the list of concerns.

- Assure that all staff who interact with students on a regular basis understand food allergies, recognize the symptoms, and know what to do in case of an emergency.
- Train staff members to properly administer emergency medication.

2 – Plan development to manage and reduce risk of food allergic reactions

Parent Responsibilities:

- Prior to the beginning of each school year and/or when the student’s physical exam is reviewed, parents and doctors should provide the school nurse with a written plan to help manage the food allergies. These plans are often Food Allergy Emergency Care Plan or Emergency Food Allergy Action Plan, should be written by the child’s doctor and should include:
 - o The known allergen.
 - o Symptoms of the reaction and possible severity of the reaction including history of prior anaphylaxis.
 - o A treatment plan for responding to a food allergy reaction or emergency, including whether an automatic epinephrine delivery device should be used.
 - o Information about other conditions, such as asthma or exercise-induced anaphylaxis that might affect food allergy management.
 - o Authorization for the child to carry his/her own epinephrine (if applicable).
 - o Updated parent contact information.
 - o Parent and health care provider signatures.
- Parents will provide the school nurse with an automatic epinephrine delivery device in its original container with the prescription label [if the student will not self-carry his/her epinephrine]
- If the child has permission to self-carry his/her epinephrine, the parent will ensure the student has his/her epinephrine with him/her at all times including field trips, off campus school activities, and athletic events. The Self Carry/Self Administration forms must be submitted to the nurse and the student must demonstrate the use of the automatic epinephrine delivery device to the nurse.
- As discussed in section 1. As appropriate by age, parents will help educate their child in self-management of their food allergy (as above, this includes allergen avoidance, symptoms of an allergic reaction and when/how to communicate those symptoms to an adult, etc.)
- Parents will replace the automatic epinephrine delivery device after use or upon expiration.

Student responsibilities:

- Attempt whenever possible to avoid anything with unknown ingredients or known allergens.
- Should not trade food with others.
- As developmentally appropriate, be proactive in care and management of their food allergies and reactions.

- Notify an adult immediately if he/she thinks he/she may have ingested an allergen or are having symptoms.
- As indicated above, if the appropriate Self Carry forms have been completed, the student must demonstrate the use of the automatic epinephrine delivery device to the nurse.

School's responsibilities:

- Provide annual training to staff before the start of school on food allergies, anaphylaxis, how to respond when a student experiences an allergic reaction, including how to use the different types of epinephrine auto-injectors.
- The school nurse will notify staff concerning students with severe allergies and will update, as needed, the list of concerns. Prior to any field trip the school nurse will provide a review for the use of an epinephrine auto injector with the staff chaperone prior if a student with a known food allergy will be participating. Athletic coaches/trainers will follow a similar procedure at the beginning of each athletic season where a student with a known allergy will be participating.
- Student specific epinephrine auto injectors will be kept in the school nurse's office in an unlocked, easily accessible location. Each student for whom an epinephrine auto injector is prescribed must have an Allergy Action Plan accompanying it.
- Non-student specific epinephrine auto injectors along with liquid Benadryl will be kept in all of the Allergy Emergency cases.
All Allergy Emergency kits are wall mounted at the following locations:
 - o Preschool: Outside principal's office
 - o Elementary School: Next to main library entrance
 - o Main building: Cafeteria, next to nurse's office
 - o Science building: From main entrance, at the end of the right hallway next to emergency exit
- For field trips in which food is provided, the trip leader of any participant with a food allergy will:
 - o Alert the trip site ahead of time.
 - o Inform the school nurse ahead of time that a field trip is taking place and ensure that school staff attending the field trip have the adequate training. Only a trained staff member, parent or student with the appropriate self-carry forms and demonstrated proficiency should carry the automatic epinephrine delivery device.
 - o Take student food allergy emergency care plan, emergency contact information, and emergency medication with teacher/trip leader on the field trip.
 - o Return emergency medication to the school nurse immediately after school trip has concluded.
- The school's cafeteria does not use peanut oil and while the GISW cannot guarantee 100% accuracy, the cafeteria, to the best of their knowledge, does not serve any products with peanuts. The general ingredients of each menu are listed on the school website. However, the cafeteria cannot guarantee that there are no traces of other ingredients in any particular menu item. To ensure student safety, individuals with significant food allergies are recommended to bring their own food.

References:

1. Boyce JA, Assa'ad A, Burks AW, et al; NIAID-Sponsored Expert Panel. Guidelines for the diagnosis and management of food allergy in the United States: report of the NIAID-sponsored expert panel. *J Allergy Clin Immunol*. 2010;126(suppl 6):S1-S58.
2. Sampson HA, Munoz-Furlong A, Campbell RL, et al. Second symposium on the definition and management of anaphylaxis: summary report—Second National Institute of Allergy and Infectious Disease/Food Allergy and Anaphylaxis Network Symposium. *Ann Emerg Med*. 2006; 47(4):373-380.

Additional Resources:

1. CDC Voluntary Guidelines for Managing Food Allergies in School and Early Care and Education Programs. Downloaded 2/9/2018:
www.cdc.gov/HealthyYouth/foodallergies/pdf/13_243135_A_Food_Allergy_Web_508.pdf
2. Management of Students at Risk for Anaphylactic Reaction. Maryland State School Health Services Guideline. August 2009. Downloaded 5/15/2018:
3. <http://marylandpublicschools.org/about/Documents/DSFSS/SSSP/SHS/SHSGuidelines/Anaphylaxisstatguidelines082809.pdf>

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