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PROTECTING STUDENTS WITH LIFE-THREATENING FOOD ALLERGIES
(ANAPHYLACTIC STUDENTS)

A POLICY STATEMENT FROM

**THE MINISTRY OF EDUCATION, TRAINING, EMPLOYMENT, YOUTH, SPORTS
AND CULTURE**

INTENT:

The Ministry of Education, Training, Employment, Youth, Sports and Culture recognises that many children in the Cayman Islands are being diagnosed with life-threatening food allergies. As such the Ministry sets policy guidelines to address this emerging challenge.

The Ministry is committed to the safety and health of all students. In accordance with this, the purpose of this policy is to:

- Provide a safe and healthy learning environment for students with life-threatening food allergies;
- Reduce the likelihood of severe or potentially life-threatening allergic reactions in schools;
- Ensure a rapid and effective response in the case of a severe or potentially life-threatening allergic reaction; and
- Protect the rights of food allergic students to participate in all school activities.

RATIONALE:

Nearly every school has students who have this severe, sometimes life-threatening condition, some of them undiagnosed. Schools are considered high risk areas for students with food allergies, statistically with most incidents of accidental exposure occurring in schools. Although there can be no guarantee to provide an allergen-free environment, education and awareness are key to keeping students with potentially life-threatening allergies safe. While schools may not be able to totally prevent allergic reactions, they can dramatically reduce both the likelihood of such reactions occurring and the severity of consequences if they do occur. Effective prevention and treatment plans, proper procedures, well-trained staff and clear communication can save lives.

The risk of accidental exposure to food allergens can be reduced in the school setting if schools partner with students, parents and physicians to minimize risks and provide a safe educational environment for severely allergic students.

The foods most likely to cause allergic reactions are: peanuts, tree nuts, dairy, eggs, soy, wheat, fish and shellfish. However, any food can cause an allergic reaction in an affected student.

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Allergic reactions can produce mild reactions such as watery eyes or an itchy nose, moderate reactions such as hives, or the life threatening reaction called anaphylaxis wherein multiple body systems are affected.

The level of sensitivity and the types and severity of reactions vary considerably among individuals with food allergies. Therefore the school's approach to preventing and treating food allergies must be tailored to those individual's needs. At the same time, an undiagnosed student may experience an allergic reaction to food for the first time while at school and any allergic reaction can turn life-threatening. Therefore the school's approach must also be comprehensive.

APPLICATION:

This policy applies to ALL Government and Private pre-schools, kindergarten, primary, middle and high schools in the Cayman Islands regardless of whether or not they presently have children with life threatening food allergies enrolled in the school. This ensures that no child with such allergies is deprived of the opportunity to attend a school due to the absence of such a policy and also protects undiagnosed children at the school as well as visiting anaphylactic students (e.g. athletes/band).

POLICY:

IT IS THE POLICY OF THE MINISTRY OF EDUCATION that all students are entitled to safe, healthy and supportive environments in our schools. While it is impossible to create a risk free environment, school staff and parents can take important steps to minimize potentially fatal allergic reactions. There are three key factors to consider in providing a safe environment for students with life threatening food allergies:

- Information and awareness for the entire school community;
- avoidance of the allergen; and
- an action emergency plan in case of accidental exposure.

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PROCEDURES

PROTECTION OF ANAPHYLACTIC STUDENTS

AVOIDANCE STRATEGIES

Avoidance of a specific allergy is the cornerstone of management in preventing anaphylaxis.

Food Avoidance

The following are avoidance strategies to be implemented depending on the nature and extent of the student's allergy:

- (a) Establish an "allergy safe" school environment via food restrictions, no food sharing rules and hand washing routines. School environment includes entire school grounds, buses and other modes of transportation, school trips, before/after school / weekend programs, and school sanctioned events involving pupils.
- (b) Communicate to the entire school community stressing "allergen safe" schools via newsletter, and posting of "allergy safe" signs throughout the school.
- (c) Take special precautions around holidays and special celebrations, along with attempts to plan activities that are not food oriented.
- (d) Special communication to individual classrooms regarding allergens in that classroom and through the classroom to the community regarding specific allergens.
- (e) Ensure that permit holders, visitors and all school staff are aware of the protection of anaphylactic students policy.

Peanut/Tree Nut Avoidance

Peanut and tree nut allergies require more stringent management plans.

Peanuts are one of the most common food allergies and the leading cause of food induced anaphylaxis and tend to be lifelong. Reactions to peanuts are often more severe than to other foods such as milk and egg. The peanut residue is also more difficult to clean from surfaces than other allergens.

A tree nut allergy can also be severe and lifelong. Tree nuts of concern are almonds, Brazil nuts, cashews, hazelnuts, macadamia nuts, pecans, pine nuts, pistachio nuts and walnuts. Tree nuts and peanuts are often processed in the same facilities, so there is a risk that tree nuts may have some peanut protein residue on them and vice versa. Furthermore, half of those allergic to peanuts are also allergic to tree nuts. This is why both peanuts and tree nuts must be avoided.

In view of the nature of peanut/tree nut allergies and in order to control peanut/ tree nut exposure in ALL Government and Private Schools in the Cayman Islands, NO PEANUTS/TREE NUTS, PEANUT/ TREE NUT (e.g. Almond) BUTTER OR PEANUT/ TREE NUT CONTAINING FOODS ARE ALLOWED TO BE BROUGHT INTO SCHOOLS OR

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SOLD IN SCHOOL CAFETERIAS. ALL PRODUCTS LABELLED "MAY CONTAIN TRACES OF PEANUTS/ TREE NUTS...", "MANUFACTURED IN A FACILITY THAT PROCESSES PEANUTS/TREE NUTS..", "MADE ON EQUIPMENT WITH PEANUTS/ TREE NUTS" AND LIKE LABELLING ARE ALSO PROHIBITED FROM SCHOOLS AND SALE IN SCHOOL CAFETERIAS. It should be recognised that this will significantly reduce but not eliminate the risk of accidental exposure.

1. RESPONSIBILITIES OF THE PARENT/GUARDIAN OF AN ANAPHYLACTIC STUDENT

- (a) Notify the school (principal and/or school nurse) of the child's allergies as soon as possible prior to the first day of attendance, preferably in the spring preceding the school year.
- (b) Work with the school team - which may include the principal, counselor, classroom teacher, school nurse, and others to determine the appropriate plan that accommodates the child's needs throughout the school including in the classroom, in the cafeteria, in after-care programs, during school sponsored activities and on the school bus.
- (c) Provide a letter from a health care provider that states your child's diagnosis, any history of allergic reactions, especially whether your child has experienced anaphylaxis and any medically advisable accommodations.
- (d) Provide a completed Food Allergy Action Plan form (see Form 2) prior to, or immediately upon, the beginning of **EACH** school year, signed by your child's physician to the school. Include a photo of the child on the Food Allergy Action Plan form and request that it be placed on the staff room notice board for all teachers to see and also in a conspicuous place in food preparation areas/kitchens to enable lunch staff to identify student.
- (e) Request that the Food Allergy Action Plan be placed in a conspicuous place in the child's classroom so that any substitute teachers are made aware (*especially in the case of pre-K, kindergarten and elementary school children*).
- (f) Ensure that the information provided on the Food Allergy Action Plan (Form 2) is kept current.
- (g) Provide at least two sets of properly labeled, current medications as directed by the child's physician to the school.
- (h) Provide replacement medications after use or upon expiration (it is helpful to keep a note of expiration date of meds that are kept at school). Pick up medication at the end of every school year.
- (i) If your child is a bus rider, notify transportation of your child's food allergy as soon as possible prior to the first day of attendance.
- (j) Provide emergency contact information.

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- (k) Provide a list of foods/ingredients to avoid. May also wish to provide a "How to Read" printout for the particular allergen to school for distribution to parent body.
- (l) Educate the child in the self-management of their food allergy including:
 - (i) Safe and unsafe foods
 - (ii) Strategies for avoiding exposure to unsafe foods
 - (iii) Symptoms of allergic reactions
 - (iv) How and when to tell an adult they may be having an allergy-related problem
 - (v) How to read food labels (age appropriate)
 - (vi) Review weekly lunch menu together and contact Food Service Director for ingredient listings if child will be eating lunch at school
 - (vii) No trading of foods with anyone at school
 - (viii) No accepting foods from anyone unless designated by family
- (m) Should a reaction occur, review policies/procedures with the school staff, child's physician and the child (age appropriate) following the incident.
- (n) Provide safe meals for lunchtime should the family determine the cafeteria menu is not safe.
- (o) Provide safe snacks if the family determines the likelihood of accidental exposure is too great when other parents provide birthday treats, party treats, etc.
- (p) Strongly consider participating in the classroom as a volunteer and/or room parent to organize parties where food may be present. Parents may wish to offer to prepare safe birthday food for parents that wish to celebrate the child's birthday in the classroom.
- (q) If you observe a student not following these guidelines at school or on a field trip, request a school staff member to intervene.

2. RESPONSIBILITIES OF AN ANAPHYLACTIC STUDENT

- (a) Take as much responsibility as possible for avoiding allergens
- (b) Attend (age appropriate) the health care plan meetings so that self-advocacy and food allergy knowledge will continue to increase with age.
- (c) Wear a MEDIC ALERT BRACELET at all times.

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- (d) Practice good hand washing techniques prior to and after eating.
- (e) Agree to not trade food with anyone.
- (f) Agree to not eat anything with unknown ingredients or anything with a known allergen.
- (g) Agree to be proactive in the care and management of their food allergy and reactions based on their developmental level. This may include educating their classmates about their allergy or mentoring other severely allergic students about their allergy.
- (h) Notify an adult immediately if they eat something believed to contain a food allergen.
- (i) Notify an adult immediately if they believe they are experiencing an allergic reaction.
- (j) Agree to carry their epinephrine at all times once they are approved to self-carry.

3. RESPONSIBILITIES OF THE SCHOOL

- (a) Take steps to reduce the risk of exposure to anaphylactic causative agents in classrooms and common school areas (see above: Food Avoidance and Peanuts/Tree nuts Avoidance)
- (b) Provide training to school principals and all staff regarding life threatening allergies. Training should include how to recognise and how to respond to a life-threatening allergic reaction, including administration of epinephrine and contacting emergency response personnel. "All staff" includes teachers, substitute teachers, food service workers, cafeteria staff, playground monitors, custodians, counselors, bus drivers and extra-curricular staff such as coaches.
- (c) Review policies/procedures/training on a periodic basis to ensure student's needs are being met.
- (d) Review the health information submitted by parents and physicians. Distribute Food Allergy Action Plan annually (prior to start of school year) to all teachers/extra-curricular staff of severely food allergic child. Ensure that pertinent information be shared with faculty and staff that have contact with the student but otherwise kept confidential.
- (e) Keep one set of medicine labeled with child's name in an unlocked cabinet during the school day with child's Food Allergy Action Plan (copied in a bright colour for the severely allergic) and recent picture to identify all severely food allergic children. Another set of medicine should be kept near the child at all times as time is of the essence in the event of a reaction (possibly in the allergic child's classroom). Medicine may also be carried by a staff member for the young child who is severely allergic and not yet able to self-carry.

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- (f) The school should have readily available first aid kits which must contain epinephrine auto injectors.
- (g) Students should be allowed to carry their own epinephrine if age appropriate after approval from students' physician/clinic and parent. However, because of the potential severity of the allergic reaction no child should be expected to be completely responsible for the administration of epinephrine. Assistance must be provided by a teacher or other caregiver.
- (h) Inform and educate teachers as far in advance as possible that they will be teaching a severely food allergic student.
- (i) Have teachers create a substitute teacher folder with an additional copy of the allergy action plan and child's picture identifying all severely allergic children in their classroom.
- (j) Identify a core team of, but not limited to, principal, school nurse, counselor, teacher(s), food service personnel to work with the parents and the student (age appropriate) to establish a plan of education, awareness and prevention for the school community:
 - (i) Ensure food safety and awareness is encouraged.
 - (ii) Ensure allergen-free classrooms and allergen-free tables in the cafeteria to decrease potential exposure to an allergen (*which is vital for the severely food allergic student to remain safe, especially in elementary school*). A letter home to classroom parents may be necessary to ensure an allergen-free classroom is maintained. The student's name should remain confidential (unless parents choose to sign waiver). It may be easier to designate the student's classrooms as food-free.
 - (iii) Take reasonable steps to maintain a playground free of food allergens.
 - (iv) Encourage hand washing after lunch especially in the elementary school age group.
 - (v) Wash allergen free cafeteria tables using separate supplies – bucket, water, sponges, rags – than supplies used for other tables.
 - (vi) Identify staff in the cafeteria responsible for ensuring food allergy safety by monitoring the allergen free tables and watching for severe allergic reactions.
 - (vii) With parent consent, provide listing of children with severe food allergies and their pictures to the food services staff to ensure safe meals are fed to those children who choose to eat a school meal.
 - (viii) For all teachers of the food allergic student, lesson plans that involve food will be reviewed to determine appropriate alternatives.

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- (ix) Review supplies to ensure they are non-allergenic. Play-dough, finger paint, art projects, science chemicals, and cleaning solutions can all contain food allergens.
- (x) Review policies/prevention plan after a reaction has occurred.
- (xi) When appropriate, and with permission of student and parent, conduct a lesson for the child's classroom(s) about severe allergies.
- (xii) Consider integrating awareness about severe allergies into the curriculum, where appropriate, e.g. as part of character education, health or science.
- (xiii) Discuss field trips of the severely allergic child to decide appropriate strategies for managing the food allergy. Determine who is responsible for carrying allergy medications. Ensure access to a phone in case of an emergency.
- (xiv) Observe and be aware of how other students are reacting to the allergic student to prevent teasing/harassment. Enforce a no bullying policy.
- (k) Ensure that severely food allergic students are included in all school activities to the extent that reasonable accommodations can be made to provide for their safety. Students should not be excluded from school activities solely based on their food allergy, nor asked to stay home for a day when a school activity involving food is occurring.
- (l) Maintain a supply of non-allergic snacks in the office/lunchroom/canteen to replace inappropriate snacks as needed.

4. RESPONSIBILITIES OF BUS OPERATORS/BUS DRIVERS

- (a) Ensure that bus driver of food allergic child has annual training on recognizing symptoms of an allergic reaction and on administration of epinephrine.
- (b) With parent consent, the school should inform bus driver of food allergic child. Supply driver a folder on bus with picture, name and food allergy information for that student.
- (c) Ensure all buses have communication devices in case of an emergency.
- (d) Discourage children from eating on the bus and drivers from distributing food to children on bus.

5. RESPONSIBILITIES OF FOOD SERVICES STAFF

- (a) Attend annual training and learn to recognise symptoms of food allergy reactions and learn role as a responder.

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- (b) Know and follow protocol for safe food preparation, handling and service of food to avoid cross-contamination.
- (c) Learn how to read food labels for common food allergens and review menus with parents of students who have food allergies to determine what, if any, menu items need to be substituted.
- (d) Know and follow protocol for maintaining an allergen-free table in the cafeteria.
- (e) Remove peanuts/tree nuts, peanut/tree nut butter and all products containing peanuts/tree nuts from the school menu.
- (f) When asked, communicate with parents and students about specific menu ingredients.
- (g) Discourage students from trading food at lunch.

6. RESPONSIBILITIES OF PUBLIC HEALTH/SCHOOL NURSE

- (a) Participate in in-service and auto-injector training
- (b) Assist in developing emergency response plans
- (c) Refer known cases of anaphylaxis to the school principal

7. RESPONSIBILITIES OF ALL PARENTS

- (a) Respond cooperatively to requests from school to eliminate allergens from packed lunches and snacks
- (b) Participate in parent information sessions
- (c) Encourage children to respect anaphylactic child and school policies
- (d) Inform the teacher prior to distribution of food products to any children in the school

8. RESPONSIBILITIES OF ALL STUDENTS (AS DEVELOPMENTALLY APPROPRIATE)

- (a) Learn to recognize symptoms of anaphylactic reaction
- (b) Avoid sharing food, especially with anaphylactic children
- (c) Follow school rules about keeping allergens out of the school and washing hands

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- (d) Refrain from “bullying” or “teasing” a child with a food allergy
- (e) Wash hands and brush teeth before coming to school to avoid spreading allergens eaten at home

FORM 1

ADMINISTRATION OF MEDICATION FOR ANAPHYLACTIC STUDENTS

ACKNOWLEDGEMENT AND CONSENT

(STUDENTS UNDER 18 YEARS OF AGE)

It should be understood that parents are asking non-medical persons to undertake the administration of prescription medications (i.e. epinephrine auto injector) and must, therefore, assume the associated inherent risks. School staff members providing assistance in the administration of prescription medication to students are not medically trained personnel. They will endeavour to follow all reasonable instructions, as provided on the Ministry's Form 2, in order to ensure the safety and security of each student.

If you choose to request school staff to administer prescription medication to your child, you agree by signing below that you understand the possible consequences in the administration of the aforementioned medication. In consideration of administering said medication, the parent hereby releases, waives, discharges and hold harmless the

_____ School, its officers, director, and employees from any claims, demands, or suits for damages from any injury or complication which may result from the administration of the aforementioned medication.

It is your responsibility to ensure that the information in your child's file is kept up to date with the medication that your child is taking.

ACKNOWLEDGEMENT and CONSENT

WE HAVE READ AND ACKNOWLEDGE THE ABOVE, AND HEREBY CONSENT TO THE ADMINISTRATION OF PRESCRIPTION MEDICATION TO _____

(Name of Student)

BY SCHOOL STAFF:

Signature of Parent/Guardian: _____

Date: _____

Parents/Guardians may request a copy of his/her Acknowledgement and Consent Form from the School Principal.

Questions about this form should be addressed to the School Principal.

FORM 2

FOOD ALLERGY ACTION PLAN



STUDENT'S NAME: _____ **D.O.B.** _____ **TEACHERS'S NAME** _____

ALLERGY TO: _____

ASTHMATIC? YES* NO (*Higher risk for severe reaction)

STEP 1: TREATMENT

SYMPTOMS:	Give Checked Medication: (To be determined by physician authorising treatment)
If a food allergen has been ingested, but no symptoms:	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
Mouth - Itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
Skin - Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
Gut - Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
Throat† - Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
Lung† - Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
Heart† - Weak or thready pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
Other† -	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<input type="checkbox"/> If reaction is progressing (several of the above areas affected), give:	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine

†Potentially life-threatening. The severity of symptoms can quickly change

DOSAGE

Epinephrine: inject intramuscularly (*circle one*) EpiPen® EpiPen® Jr. Twinject® 0.3 mg Twinject® 0.15 mg (*see reverse side for instructions*)

Antihistamine: give _____
medication/dose/route

Other: give _____
medication/dose/route

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

STEP 2: EMERGENCY CALLS

- Call 911 (or Rescue Squad: _____). State that an allergic reaction has been treated, and additional epinephrine may be needed.
- Dr: _____ Phone Number(s): _____ (2) _____
- Parent: _____ Phone Number(s): _____ (2) _____
- Emergency contacts: Name/Relationship:
 - (a) _____ Phone Number(s): _____ (2) _____
 - (b) _____ Phone Number(s): _____ (2) _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian's Signature: _____ Date: _____





Doctor's Signature: _____ Date: _____
(Required)

Wealth and Wisdom

Show Respect, Positive **A**ttitude, **F**ollow Directions, **E**ngage In Learning

TRAINED STAFF MEMBERS

1. _____	ROOM _____
2. _____	ROOM _____
3. _____	ROOM _____

<p>EpiPen® and EpiPen® Jr. Directions</p> <ul style="list-style-type: none"> ▪ Pull off gray activation cap.  <ul style="list-style-type: none"> ▪ Hold black tip near outer thigh (always apply to thigh).  <ul style="list-style-type: none"> ▪ Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds. 	<p>Twinject® 0.3 mg and Twinject® 0.15 mg Directions</p>  <ul style="list-style-type: none"> ▪ Remove caps labeled “1” and “2.” ▪ Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove. <p><u>SECOND DOSE ADMINISTRATION:</u> If symptoms don't improve after 10 minutes, administer second dose:</p> <ul style="list-style-type: none"> ▪ Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base. ▪ Slide yellow collar off plunger. ▪ Put needle into thigh through skin, push plunger down all the way, and remove. 
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Once EpiPen® or Twinject® is used, **call 911**. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.