



## Springboro Schools' Student Health Service

### *Food Allergy Protocol/Administrative Guidelines (Dec. 2021)*

A food allergy is defined as, "An adverse health effect arising from a specific immune response that occurs reproducibly on exposure to a given food (Centers for Disease Control and Prevention Voluntary Guidelines for Managing Food Allergies in School and Early Care and Education Programs. Washington DC:US Department of Health and Human Services; 2013)." There are over 170 foods known to cause food allergies, most common being milk, eggs, fish, crustacean shellfish, wheat, soy, peanuts, and tree nuts. Signs and symptoms can occur within a few minutes up to 1-2 hours after exposure and/or ingestion.

We have many students that have been diagnosed with food allergies. Accidental ingestion or touching of even a tiny trace of this food can cause an immediate and potentially fatal reaction. Many foods or snacks can contain these ingredients, which can be passed on by contact with hands, school supplies, toys, etc. if another child brings these foods into the classroom/group setting.

Springboro Schools follow similar protocols for dietary restrictions, limitations, and sensitivities, which are not considered food allergies, as noted above. Springboro Schools is taking a multidisciplinary approach when addressing food allergies.

### **Classroom**

A safe classroom environment is critical to continuous growth and development of a student's educational experience. Provisions should be made to develop safeguards for the protection of food allergy students in the classroom, such as:

1. Teacher will be aware of the student's food allergy and Emergency Action Plan.
2. Conduct training for teacher/classroom staff about food allergies, symptoms, and what to do in an emergency.
3. Send a letter home to parents/guardians of classmates of the food allergy student (without identifying the student) explaining what food allergies are in the class and what foods should be avoided being brought into the classroom for snack time and classroom celebrations/parties; this is applicable to students in grades K-6.
4. Parents of the food allergy student will provide building approved safe snacks for their student for snack time and classroom celebrations/parties to avoid accidental exposure to the food allergen.
5. Limit the use of food/food items, when possible, for classroom projects/activities to avoid the potential exposure to the food allergen.





6. Notify parents/guardians prior to classroom celebrations/parties/projects that involve food with particular attention to notification of parents/guardians of food allergy students. An email or signed permission slip may be requested for participation.
7. Encourage parents/guardians to provide snacks and foods for classroom celebrations/parties that are pre-packaged with food labels listing ingredients and possible presence of food allergens, and not bringing in home made foods.
8. Limit the use of food items for all classroom activities/events, when possible, as a way to avoid the potential presence of major food allergies.
9. Develop a procedure that will alert substitute teachers to the presence of any student with food allergies and accompanying instructions.
10. Encourage students to wash hands before and after eating and as needed.
11. Develop standard procedures for cleaning desks, tables, and the general classroom area.

## **Cafeteria**

Making the cafeteria environment as safe as possible for food allergic students, and identifying steps that can be taken to reduce the chance of accidental exposure, such as:

1. Food Service staff will read food labels for ingredients and practice safe handling of foods.
2. Education will be provided to the cafeteria staff on food allergy management. Staff will be made aware of students with life threatening food allergies. Process and communication established by Food Service Manager, District Nurse, Building Nurse and Building Cafeteria Staff.
3. Cafeteria Staff will have standard procedure for cleaning tables, chairs, and trays after lunch periods to avoid cross contamination.
4. Make an allergen safe table an available option for all allergic students. Parents of allergic students will communicate their table/seating requests with the Clinic Nurse.
5. Discourage food sharing or trading of food, drinks, straws, and utensils.
6. Encourage hand washing of students before and after eating.

## **School Environment**

Work together to make the school environment as safe as possible by:

1. Developing cleaning procedures for the common areas (i.e. Libraries, computer labs, music and art rooms, hallways, etc.).
2. Develop guidelines for food fundraisers like bake sales, candy sales, etc. that are held on school grounds.
3. Discourage the use of food/food items as rewards for students /classrooms from outside organizations, such as, PTO/PTA, fundraising organizations, sports groups, etc.
4. Avoid the use of food products as displays or components of displays in the hallways.





5. Develop protocols for appropriate cleaning methods following events held at school, which involve food.

### ***Field Trips***

Students with food allergies should participate in all school activities and must not be excluded based on their condition.

1. Encourage long term planning of field trips in order to ensure that food allergy students receive needed services while away.
2. Establish procedures for the emergency administration of medications.
3. Communicate Emergency Action Plan and provide training on food allergies to staff, as appropriate, for the field trips and other school sponsored functions.
4. Establish procedures for emergency staff communication on field trips.

### ***Transportation***

Needs of food allergy students need to be addressed when being transported to and from school and school-sponsored activities.

1. Drivers should be made aware of students with food allergies, symptoms associated with food allergies, and how to respond.
2. Establish procedures for emergency communication during transport.
3. Establish guidelines for eating on buses/vans.

### ***Training***

Establish emergency guidelines and procedures in advance of an emergency and be prepared to follow them.

1. Provide training for school personnel on life threatening allergic conditions.
2. Provide a list of those designated by the BOE/Superintendent that are trained by the Building Nurse to administer epinephrine, and disseminate the list appropriately.
3. Ensure epinephrine is quickly and readily accessible in the event of an emergency.
4. Coordinate with local EMS on emergency response in the event of anaphylaxis.

### ***Bullying***

A food allergy student may become a victim to threats of bullying related to their condition.

1. Remind students and staff that bullying or teasing food allergy students will not be tolerated and violators will be disciplined appropriately.
2. Review confidentiality with faculty and staff to prevent open discussion about the health of specific students.
3. Discourage labeling of food allergic students in front of others. A food allergy student should not be referred to as “the peanut kid” or any other name related to the student’s condition.





## ***Intermediate/Junior High/High School Students***

Food allergic teens have unique needs because of the characteristics of a typical intermediate, junior high or high school day. There are additional factors that need to be taken into consideration at a secondary level in order to provide the best care for the food allergy teen, such as:

1. Large cafeterias with variable seating arrangements.
  - a. Reinforce to students and parents avoidance strategies, epinephrine availability, and designated assistance.
2. Moving from classroom to classroom and the risk of exposure to food allergens.
  - a. Reinforce to student and parents avoidance strategies, food allergen awareness, and frequent hand washing.
3. Off Site school sponsored activities(i.e. travel , sometimes overnight to other states and foreign countries, athletics, dances, etc.)
  - a. Encourage the student and parents to have a plan and communicate this plan with the clinic nurse, administrator and school staff.
4. Students have access to vending machines, so students need to be aware of the risk of cross contamination.

## ***Family's Role***

1. Notify the school of a student's food allergies.
2. Work with the Clinic Nurse/School to develop a plan that accommodates the student's needs throughout the school, including the classroom, cafeteria, school-sponsored activities, and transportation.
3. Provide completed documentation paperwork, Allergy Emergency Action Plan, from your licensed health care provider with instructions and medications according to the Springboro Schools' Medication Administration Policy. To include a photo of your child.
4. Provide properly labeled medications and promptly replace medications after use or upon expiration.
5. Educate the child in the self management of their food allergy including:
  - a. Safe and unsafe foods
  - b. Strategies for avoiding exposure to unsafe foods
  - c. Symptoms of allergic reactions
  - d. How and when to tell an adult they may be having an allergy-related problem
  - e. How to read food labels
6. Provide current emergency contact information and update regularly.





**Student's Role**

1. Students should not trade food with others.
2. Students should not eat anything with unknown ingredients or known to contain any allergens.
3. Students should be proactive in the care and management of their food allergies and reactions based on their developmental level.
4. Students should notify adults immediately if they eat something they believe may contain the food to which they are allergic.

**School's Role**

1. Review the health records submitted by parents and physicians.
2. Clinic Nurse, Principal, Teacher and School Food Service staff work with parents and students (age appropriate) to review the Emergency Action Plan and daily routine of the student based on student needs and medical orders.
3. Assure that the staff who work with the food allergy student(s) understand food allergies, symptoms, what to do in an emergency, and work with all staff to eliminate, as much as possible, the use of food allergens in the allergic student's meals, educational tools, arts and crafts projects, or incentives.
4. Clinic Nurse ensures medications are appropriately stored, and available. Epinephrine is kept in a secure but unlocked location that is easily accessible to designated school personnel.
5. Students permitted to self-administer/self-carry should be permitted to carry their own epinephrine, in accordance with state regulations and school district policies.
6. Designate school personnel who volunteer to administer epinephrine in an emergency.
7. Work with transportation to:
  - a. Ensure that school drivers receive training that includes symptom awareness and what to do in an emergency.
  - b. Assess the emergency communication with the drivers.
8. Discuss field trips and appropriate management of the food allergy student with parents and appropriate faculty and staff.
9. Follow federal and/or state laws and regulations regarding sharing medical information about the student.
10. Take threats or harassment against the allergy student seriously.





**SPRINGBORO SCHOOLS**

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These roles were adapted from  
**SCHOOL GUIDELINES FOR MANAGING STUDENTS WITH FOOD ALLERGIES**  
Developed by the **Food Allergy and Anaphylaxis Network** in conjunction with:

American Food Service Association  
National Association of Elementary School Principals  
National Association of School Nurses  
National School Boards Association  
The Food Allergy & Anaphylaxis Network

