

Wausau School District

Food Allergy/Intolerance Policy

It is the policy of the Wausau School District to provide a safe environment for a student with known, diagnosed food allergies that are likely to result in an anaphylactic reaction or serious food intolerance without banning the food product from food School Nutrition Services offerings. The District works with students, parents, and medical practitioners to minimize the risks of exposure and to provide a positive educational environment for food-allergic and food-intolerant students. Some foods may cause an anaphylactic reaction if a person eats, touches, or inhales the food or food by-product. Foods known to cause anaphylactic reactions include, but are not limited to, peanuts, tree nuts, fish, shellfish, eggs, milk, wheat or soy. Some students experience food intolerances that require food substitutions because of a diagnosed medical condition.

Each student's allergy or intolerance in each situation is different so a Severe Allergy Action Plan may be created for the student. Diagnosis of an allergy with a risk of anaphylactic reaction or serious food intolerance is based on the student's history with confirmation from a medical practitioner. The medical practitioner should provide the District with a written statement. (See the Special Dietary Request form) and prescribe treatment protocols for use in the school setting.

Should exposure to a known food allergen occur resulting in a severe allergic reaction, trained staff, who are authorized in writing by the Superintendent of Schools or his/her designee, will administer epinephrine, call 911, protect the student's airway, and keep the student safe until emergency personnel arrive. Medication administration will be provided in compliance with written instructions.

Family Responsibilities

1. Notify school of child's allergies or food intolerance diagnosis.
2. Work with the school nurse, teacher, principal, and others to develop a plan that accommodates the child's needs throughout the school day including classroom areas, cafeteria, after-school programming, as well as during school-sponsored activities such as field trips or over-night events.
3. Complete, in collaboration with student's medical practitioner, the Medication Consent form, the Student Food Allergy/Intolerance Parent Questionnaire, the Severe Allergy Action Plan, and the Special Dietary Request form (as needed) and return them to the school health office. Review and update yearly.
4. Provide properly labeled medications and replace medications as needed or upon expiration.
5. Provide two doses of epinephrine if the student is able to self carry, one for health office and one to be kept with student.

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6. Update school with changes in contact information, including changes in emergency contacts.
7. Understand if an emergency medication is not supplied, 911 will be immediately called in the event of suspected anaphylaxis.
8. Decide with their practitioner if the child will eat at a “safe” table.
9. Notify school staff when child participates in after school activities.
10. Provide ongoing education for the child in the self-management of his/her food allergy including:
 - a. Safe and unsafe foods
 - b. Strategies for avoiding exposure to unsafe foods, including no food trading /sharing in any school environment
 - c. Symptoms of allergic reactions
 - d. How and when to tell an adult when they may be having an allergy-related problem
 - e. How to read food labels (age appropriate)
11. Provide a box of allergen-free snacks for the child's classroom parties and other special occasions.
13. Notify the school bus company of the child's food allergy and determine an emergency plan for when the student is on the bus to and from school.

School Responsibilities

1. Review health records submitted by parents and medical practitioners.
2. Students will not be excluded from any activities because of a medical condition.
3. The school nurse and principal will establish a team to work with parents and the student (age appropriate) to coordinate the implementation of the Severe Allergy Action Plan. This team will include the teachers, School Nutrition Services' personnel, school administrative assistants, building aide, health aide, outside staff, and others as appropriate.
4. The school nurse will provide training to all designated primary contacts that interact with the food-allergic student to recognize the signs and symptoms of an allergic reaction. Aspects of training will include what to do in an emergency, as well as how to minimize risk of exposure to the allergen during meals, snacks, arts or craft projects, or other school curriculum. A list of trained staff will be made available to the Principal.
5. Medications for food allergies will be stored according to the Medication Policy and Procedure. Extra epinephrine may be kept in other locations such as the teacher's desk, School Nutrition Services area, etc., and as determined by the school nurse in consultation with the parent and practitioner. Students may carry their own epinephrine with medical practitioner approval. (See Medication Consent form.)

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6. School staff specially trained in the use of epinephrine or oral medications will administer medications, as necessary, during school activities, including field trips.
7. The school nurse or teacher, along with parents, will develop a plan regarding special field trip needs which will include having emergency medications available.
8. The school staff will inform the health office of field trips at least a week in advance to allow for planning and training or as soon as offsite event is known.
9. If the student participates in school sponsored activities and emergency medication has not been supplied by the parent, staff will call 911 for cases of suspected anaphylaxis.
10. Individual daily snacks containing nut butters or pieces of nuts are not allowed in the classroom.
11. Food meant for the entire class must not contain any form of peanuts or tree nuts.
12. Per WSD policy 5706, harassment or bullying of food allergic student will not be tolerated.
13. The students' food allergen will not be used in class projects, parties, holiday celebrations, science experiments, or any other activities.
14. Principal or his/her designee will share this policy with outside organizations invited to work with WSD students during school sponsored activities.
15. Parents and staff are encouraged to use non food items for special occasions and treats.
Food items brought for "treats" must be store bought with an intact ingredient label listing allergy information.

Teacher Responsibilities

1. The teacher will be trained in the student's allergic symptoms and plan of care and will keep a copy of the student's Severe Allergy Action Plan in a confidential location. The teacher will place a copy of the plan in the substitute teacher folder and share with specialists.
2. The teacher is responsible for notifying the parent and health office of field trips and special occasions, one week in advance or as soon as event is known.
3. The food-allergic or food-intolerant child may choose a snack from his/her snack box provided by parents per their food allergy/Intolerance plan.
4. Teachers are responsible for discussing "no food sharing/trading" during school sponsored activities.
5. Students and staff are encouraged to wash their hands prior to entering the classroom and after eating.
6. The students' food allergen will not be used in class projects, parties, holiday celebrations, science experiments, or any other activities.

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7. The teacher is responsible for checking ingredient labels on foods brought in for sharing with the entire class e.g “birthday treats” to ensure that they do not contain peanuts/nuts.
8. The teacher will share this policy with outside organizations invited to work with WSD students during school sponsored activities.
9. The teacher understands if an emergency medication is not supplied, 911 will be called in the event of suspected anaphylaxis.

School Nutrition Services Responsibilities

1. School Nutrition Services employees will take measures to prevent cross-contamination during food preparation and when serving food.
2. The completed Special Dietary Request form will be shared with School Nutrition Services staff by the Director of School Nutrition Services or his/her designee. Nutrition Service administrator.
3. Food service staff is responsible for identifying students with food allergies by checking student photos and allergy notifications in the point of sale (POS) system.
4. Students with severe allergies may sit at a designated “safe” table (with neighboring students who do not have the allergen present in their lunch) based on the Student Food Allergy/Intolerance Parent Questionnaire.
5. When sanitizing table after lunch a separate wash and sanitizing bucket AND cloth must be used to clean the “peanut safe” tables in all lunchrooms throughout the district.
6. School Nutrition Services will provide nutrition information/labels for foods served in child nutrition programs per parent/staff request.

Student Responsibilities (based on level of development)

1. Be your own advocate
2. Do not trade/share food or utensils with other students.
3. Wash hands prior to eating.
4. Do not eat or touch anything with unknown ingredients or known to contain an allergen.
5. Learn how to administer epinephrine and practice often.
6. Notify a staff member if eaten something believed to contain a food allergen.
7. Carry epinephrine (if designated to do so in the Medication Consent Form.) and notify a staff member in the event of suspected exposure or if epinephrine has been self administered.
8. Report teasing/bullying to an adult.

Cross Reference Policies

Wausau School District Board of Education Policy Handbook

5915 Appendix A- Wausau School District Health Care Policy and Procedure Manual

2-1 Medication Policy and Procedure

4-7 Special Dietary Request

Other Resources

American School Food Service Association

National Association of Elementary School Principals

National Association of Secondary School Principals

National Association of School Nurses

National School Boards Association

The Food Allergy and Anaphylaxis Network

American Academy of Pediatrics

Wisconsin Association of School Boards

American Academy of Allergy, Asthma and Immunology

Accommodating Children with Special Dietary Needs in the School Nutrition Programs:

Guidance for School Food Service Staff

Wausau School District
Student Food Allergy/Intolerance Parent Questionnaire

Student name _____ Date of birth _____
Parent/guardian _____
Home phone _____ Work _____ Cell _____
Primary health care provider _____ Phone _____
Allergist _____ Phone _____

1. Does your child have a food allergy or intolerance diagnosis from a healthcare provider? Age of child at diagnosis: _____

2. Does your child have a history of asthma? No Yes

3. History and Current Status:

What is your child allergic to?

Peanuts Tree nuts (walnuts, pecans, etc.) Eggs Milk Wheat Soy Fish Shellfish
 Other _____

Was the reaction when your child ate/drank touched breathed the allergen?

When was your child's last reaction? _____

4. Triggers and Symptoms:

What are the signs and symptoms of your child's allergic reaction? (Be specific; include things your child might say.)

How quickly do symptoms appear after exposure to the allergen? _____

What symptoms has your child experienced in the past?

Allergen: _____ Symptoms: _____

Allergen: _____ Symptoms: _____

Allergen: _____ Symptoms: _____

Common Symptoms

Skin: hives, itching, rash, flushing, swelling (face, arms, hands, legs)

Mouth: itching, swelling (lips, tongue, mouth)

Abdominal: nausea, cramps, vomiting, diarrhea

Throat: itching, tightness, difficulty swallowing, hoarseness, cough

Lungs: shortness of breath, repetitive cough, wheezing, chest tightness

Heart: chest pain, loss of consciousness

5. Medical Treatment

How have past reactions been treated? _____

Was there an emergency room visit? No Yes, explain _____

What treatment or medication has your healthcare provider recommended for use in an allergic reaction? _____

Has your healthcare provider given your child a prescription for medication? No Yes

Do you have that medication? No Yes

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Have you used the epinephrine auto-injector (Epi Pen)? No Yes

6. School Accommodations

My child needs to sit at a “safe” table for lunch? No Yes

I will supply a box of safe snacks for my child. No Yes

My child may eat treats from a package with a label that says “may contain nuts” or “has been processed in the same facility” as his allergen. No Yes

I would like to be contacted before my child has a treat from a package with a label that says “may contain nuts” or “has been processed in the same facility” as his allergen. No Yes

7. Self Care

Is your child able to monitor and prevent his/her own exposures? No Yes

Does your child:

Know what foods to avoid? No Yes

Ask about food ingredients? No Yes

Read and understand food labels? No Yes

Tell an adult immediately after an exposure? No Yes

Wear a medical alert bracelet, necklace, watch band? No Yes

Tell peers and adults about the allergy? No Yes

Firmly refuse a problem food? No Yes

Does your child know how to use emergency medication? No Yes

Has your child ever administered their own emergency medication? No Yes

8. Please add anything else you would like the school to know about your child’s health:

Parent/guardian signature _____ Date _____

RN signature _____ Date _____