

**Report of the
Food Allergy Task Force**

To

**Dr. Brian Benzel, Superintendent
Spokane Public Schools**

April 19, 2002

**Dr. Kris Lishner Miller, Co-Chair
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Introduction

This report summarizes the work of the Food Allergy Task Force appointed in the fall of 2001 by Dr. Brian Benzel, Superintendent of Spokane Public Schools, for the purpose of reviewing and making recommendations regarding procedures for addressing serious food allergies among students enrolled in the school system. The 17 member task force was composed of school system staff and educators, community health professionals, and parents of students who have serious, life-threatening food allergies. A complete list of task force members can be found in Appendix A. The task force was fortunate to have among its members, Rick Walters, father of Nathan, who died as a result of a severe allergic reaction to peanuts on a school field trip in the spring of 2001. The task force was co-chaired by Julie Muelheim, Manager, Food & Nutrition Services, Deaconess Medical Center, and Dr. Kris Lishner Miller, Associate Professor, Intercollegiate College of Nursing.

The charge laid out by Superintendent Benzel when he established the Food Allergy Task Force included the following:

- *Examine existing policy framework and operating procedures for addressing student allergies;*
- *Look closely at training strategies needed and how well the school system is equipped to deal with allergy-related issues away from the school building;*
- *Suggest changes in policy and procedures where need identified;*
- *Identify, but move around overall systems issues that are related but must be addressed by another body or process within the school system; and*
- *Provide a vehicle for organizational learning – model the learning process in the work of the task force.*

The Food Allergy Task Force met as a whole approximately every two weeks from early October 2001 through mid-April 2002. Other meetings between the co-chairs and smaller task force work groups also occurred during that time frame. Several school system staff with specialized knowledge about current policies and procedures, as well as their implementation addressed the task force or met with the co-chairs. A list of these individuals is located in the **References** list at the end of this document. Numerous documents and other information sources were consulted in the completion of task force work, including: Spokane Public School policies and procedures, guidelines and recommendations from national allergy-related parent and professional groups, guidelines and position statements from health professional organizations, OSPI guidelines, WAC documents, data from community sources, anecdotal reports from

parents, staff, and educators, and many others. A list of these can be found in the *References* list at the end of this document. In the search for information of use to the task force, the Food Allergy and Anaphylaxis Network (FAAN) was repeatedly suggested as the “best” source of information and assistance related to food allergy. The task force also found FAAN to be extremely helpful and their guidelines and recommendations very well developed and scientifically sound. FAAN resources were used often in the work of the task force.

Regular task force meetings were two hours in length and held at the Administration Building in downtown Spokane. The task force was a very hard working and productive group. Meetings were well attended and members worked together well, despite often disparate viewpoints and quite different experiences with food allergies and the school system. The excellent support of Kay Savitz with communication among members, note taking, and meeting set-up greatly facilitated the functioning of the task force and the work of the co-chairs.

Among the key lessons learned by the task force early on in their work were these:

- ◆ There is a natural tendency for people to focus on response to allergy-related emergencies, but awareness and prevention also are critically important, *especially* in avoiding the need for emergency responses.
- ◆ Each aspect of protecting students with life-threatening allergies (awareness, prevention, and preparedness) in the schools is far more complex than it appears on the surface and does not lend itself to simple solutions.
- ◆ Protecting students with life-threatening allergies is a shared responsibility of families, schools, and the community.
- ◆ The emotional impact of life-threatening allergy on individual students and their family is *profound* and deserves respectful and enlightened attention to their concerns by the school system and its staff.
- ◆ Risk to students with life-threatening allergies in the schools cannot be completely eliminated, but it *can be greatly reduced*.

The Food Allergy Task Force’s recommendations to Spokane Public Schools in response to the charge by Dr. Benzel in October 2001 are based on these and many other lessons task force members learned in their work together. We are aware that not all the recommendations can be implemented immediately and some may not be accepted for implementation at all. There are currently more financial, personnel-related, and learning outcomes accountability demands on public school budgets and school employees than ever before. However, the recommendations of the Food Allergy Task Force are

submitted with the knowledge that the lives of children are at stake. We trust that Spokane Public Schools and the community will work together to implement a system that minimizes risks to students with life-threatening allergies by maximizing awareness and prevention efforts, and considering the applicability of the lessons learned in this process to other serious health problems of the students we serve.

The Scope and Nature of Food-Related Allergy in Children and Youth

Allergies are the most frequently reported chronic condition in children, limiting activities for more than 40% of them. Life-threatening allergies include food reactions (200 deaths per year nationwide), insect stings (40 deaths per year), latex reactions, and drug reactions—all of which can and do occur in children at school. For a variety of reasons, the incidence of food, latex, and drug allergies appears to be increasing. As a result, the need to devote public school resources and attention to protecting students from excessive risk and helping them manage their life-threatening allergies while in school is now greater than in the past and will continue to grow. While the focus of the work of the task force was life-threatening food allergies, many of the issues involved with insect, latex, and drug allergies are the same for schools and should be included in planning changes in the current system for management.

The scope of food allergies in children is huge: current estimates suggest that 8% of children under six have food allergies or sensitivity that is termed “allergy” by families. However, 2-4% of children under six have *true* allergic reactions to food. Food is the leading cause of anaphylaxis in children. *Six foods cause 90% of food allergy reactions in children: milk, peanuts, soy, egg, wheat, tree nuts* (such as pecans, almonds, walnuts). Children will frequently outgrow allergy to eggs, milk, and soy. However, allergies to peanuts, tree nuts, fish and shellfish usually last throughout life. Life-threatening events and deaths due to allergies in children almost always result from a condition called anaphylaxis, which is the most severe form of allergic reaction. Anaphylaxis occurs rapidly and often, but not always, dramatically. It is a systemic reaction that affects one or many body systems, including gastrointestinal, respiratory, and cardiovascular systems, as well as the skin. Symptoms usually develop within seconds to minutes after exposure to the allergen; however, symptoms occasionally can be delayed up to two hours.

Prevention of life-threatening, catastrophic allergic reactions among Spokane Public Schools’ students while at school became one of the highest priorities of the Food Allergy Task Force in their work. Avoiding the substance causing the allergy is the best way to prevent life-threatening allergic reactions. Unfortunately, total avoidance is simply not possible because many of the offending substances are so widespread or hidden in our daily environments. Therefore, the focus must be on *reducing risk through prevention to the lowest possible level*. This is not a simple or straightforward process. For example, issues with food processing and manufacturers’ labeling methods make it almost impossible to know with certainty if a given product contains an individual

allergen. It becomes very difficult to assure students and their families that a prepackaged food or even foods prepared from manufactured ingredients that are served in school lunchrooms are completely allergen free. Similar, but even greater problems are associated with home-prepared foods served in classrooms on special occasions. The considerable effort the task force spent developing recommendations regarding ways to reduce risks to students with life-threatening allergies is a *beginning*; continued, ongoing exploration of increasingly effective and efficient prevention strategies will be needed.

Ensuring the best possible emergency response to anaphylaxis incidents when they do occur also was a high task force priority. There is universal agreement among medical and health professionals that anaphylaxis should always be considered a medical emergency. Life-saving treatment in the form of the drug *epinephrine* (adrenalin) must be administered immediately when anaphylaxis first begins. This means treatment within minutes—even before EMS services arrive in most cases. It is standard practice nationwide for students to have an EpiPen® prescribed by their physician and available immediately at all times at school for treatment of anaphylaxis. The urgency of the need for treatment with epinephrine cannot be overstated. Delay in administration or lack of treatment because the drug was not available at school, and EMS was not called immediately are primary causes of the annual deaths due to anaphylaxis in school-aged children.

To put the scope of the life-threatening allergy in Spokane Public Schools into perspective for the task force, Kathe Reed-McKay, Coordinator, Health Services provided the following data about the 2001-2002 school year:

| | # of students | %* |
|--|---------------|-----|
| “Severe food allergy” listed on 1F-15B form as of 2/13/02 | 883 | 2.9 |
| Documented with severe <u>food</u> allergy and have EAP in place | 94 | 0.3 |
| Documented with severe allergy to other allergens and have EAP in place | 59 | 0.2 |
| Total number of students with EAPs in place for anaphylaxis | 153 | 0.5 |

*(Based on 30,000 students)

Format of the Task Force Recommendations

The remainder of this document is divided into five sections. These five sections cover information and recommendations related to each of the following areas: policy, communication, training, monitoring and evaluation, and related district-level issues.

Each of the five sections contains a narrative, the numbered recommendations for the section, essential elements that delineate the scope of the recommendations, and examples that clarify or illustrate ways in which implementation might be achieved. The section narratives summarize key information upon which the recommendations for the section are based; provide clarification of technical information or terms that may be unfamiliar to some readers; and provide comments that highlight areas of special concern to the task force.

Part I. Policy

Narrative

Great effort is put forth to protect children with food allergy in the school system; however, substantial inconsistency in the types and extent of that effort was apparent among individual schools, administrative units, and district staff. One reason for the inconsistency is a lesson the task force learned early in their work: *the Identification of children with serious allergy and the planning process for reducing risk to these students is much more complex than it appears on the surface.*

Identification of Students with Food Allergy

Initial identification of students with life-threatening food allergies is a good example of the complexity of the issues surrounding the problem. Many children have food intolerances that are labeled “allergies” by their families and others. This confusion and lack of awareness of the nature of true life-threatening food allergy results in a large drain on school system resources. It also seriously inhibits timely planning for students with life-threatening allergies. The distinction between allergy and intolerance can be generally summarized as follows:

In a true food allergy, the body’s immune system recognizes a reaction-provoking substance (allergen) in the food as foreign and produces antibodies to counteract the allergen. This results in symptoms throughout the body. Common sites are the mouth (swelling of the lips), digestive tract (stomach cramps, vomiting, diarrhea), skin (hives, rashes or eczema), and the airways (wheezing or breathing problems). Food intolerance is a much more common problem than allergy. It is not a problem of the body’s immune system, but rather, with its metabolism. The body can’t adequately digest the offending food because of contamination with microorganisms, natural substances, the presence of food additives, or an enzyme deficiency in the individual—such as a deficiency in the enzyme lactase which results in lactose intolerance.

Past experience shows that large numbers of parents return the 1F-15B form with an allergy indicated. Office staff in individual schools usually receive these forms and must make a decision as to whether to request more information about any health issues checked on the form or refer the issue to the school nurse. The form includes instructions for parents to take the initiative to contact the nurse to discuss their child’s health issues. A school nurse or the school office staff usually contacts parents to obtain more information. However, about 25% of the school population has some type of health problem indicated on the 1F-15B. This represents a sizeable management problem in terms of the personnel time needed to follow up with parents who do not contact the nurse. This is especially important with reported allergies, because with appropriate

follow up, many turn out to be food intolerance rather than allergy. Ideally, a nurse would at some point review all 1F-15B forms with serious food allergy indicated; however, this is not possible due to the sheer volume. For example, in the fall of 2001 883 students were listed as having “severe food allergy” on 1F-15B forms. A nurse should also contact parents for clarification of information or plan as needed. Because of the volume of new information received in the fall, the nurse may not be able to get to work on a plan for an individual child for several weeks. Other factors complicating the already problem-prone process include:

- *Office staff in individual schools usually has the responsibility for contacting parents for additional health information about items checked on the 1F-15B form. They have no training in obtaining or interpreting health information nor written guidelines or protocols to follow in that process. The decisions about when to obtain more information, what type of information to obtain, and whether to refer the situation to a school nurse immediately involve making triage decisions and clinical judgments that should be the responsibility of an appropriately prepared health professional. Currently, the only staff with that qualification in Spokane Public Schools is the school nurse. Some aspects of this process could be appropriately completed by office staff trained and supervised in those tasks by a school nurse.*
- *Repeated stories and data showed clearly that many parents do not return the 1F-15B forms or do not fill them out completely.*
- *Many parents do not cooperate with the nurse in getting paperwork completed and working with the school and physician to create an emergency response plan.*
- *Anecdotal information indicated the occurrence of several cases of serious food allergy, about which the schools had no information, were reported by teachers when students commented to the teacher about their allergy.*
- *For students with allergies who transfer into Spokane Public Schools from other districts and even change schools within the district, health information may not transfer with them or be delayed for long periods of time.*
- *Data provided about the number of students with EpiPens® in the schools revealed that several students had EpiPens® but no emergency response plans were in place and no information on 1F-15B form indicated potential serious allergy.*
- *Anecdotal information shows that some parents change the physician’s orders on care plans/emergency forms causing concern among school staff about the actual nature and severity of allergy.*

The current process for identification of life-threatening allergies has many points at which a child with life-threatening food allergy could be overlooked entirely or for a long enough period of time for serious risk exposure with catastrophic results. This process was identified as one of several that requires a more systematic approach, consistently applied throughout the school system.

Planning for Students with Life-Threatening Food Allergy

The task force also identified inconsistencies in the way risk reduction and emergency response planning has been carried out for students with known life-threatening food allergies in the past. Parents of affected students have been very vocal with the task force about the lack of school system use of Section 504 designation and process for their children. Unfortunately, some parents also describe experiences of school system staff and educators not taking their child's condition seriously or suggesting that management of the problem is the family's responsibility. The task force sees the lack of awareness of the potential seriousness of food and other types of allergy as a major factor inhibiting effective planning for protection of affected students. The lack of awareness about the potentially lethal nature of allergy and competing demands of other responsibilities for some staff also underscores the need for a more systematic and consistent approach to planning and staff training.

In the past, planning for reducing risk for students with life-threatening allergies was usually initiated by a school nurse and carried out by the nurse, often, but not always, in cooperation with the family, classroom teacher, and the child's physician. The plan developed was usually a "Care Plan" and referred to as such by the school nurses and most school staff who had experience with them. The type of Care Plan format used was up to the individual discretion of the school nurse who developed the plan. Considerable variation in the content, length, scope, and format of these plans was identified when examples were reviewed by some of the task force members. From a pragmatic viewpoint, this approach to planning may have been most efficient in terms of time and effort for school staff. It also assured input of health professionals knowledgeable about life-threatening food allergy. A cooperative, team approach was not often achieved, however, and school staff could easily develop the attitude that reducing risk to children with life-threatening food allergy was "someone else's" responsibility. Beginning upon her assumption of the Health Services Coordinator position, Kathe Reed-Mckay has invested tremendous time and effort to develop appropriate emergency response forms and trial use of such a form (the Food Allergy Action Plan) is currently underway.

Increased emphasis on use of Section 504 designation for children with health problems and system-wide training on Section 504 implemented during the 2001-2002 school year offers the opportunity to address life-threatening allergies in a much more appropriate and comprehensive manner. Based on what the task force has learned about Section 504 designation and applicability, it is clear that Section 504 assessment should always be undertaken once a child with life-threatening food allergy has been identified. The emphasis of Section 504 legislation on cooperative, team-based planning should be utilized as much as possible to make sure that all three key aspects of risk reduction for life-threatening food allergy are included for each affected child: awareness, prevention, and response.

More comprehensive planning for risk reduction requires not only more involvement of family and other school staff who work with individual students, but also much more consistency in the format, content, scope, and dissemination of the plan for individual

children. Some of the issues the group was especially concerned about were the following:

1. Essential information must be received by those individuals in the school system and school-sponsored activities who need it;
2. Student confidentiality (HIPPA and FERPA assurance) must be maintained by not *over disseminating* information;
3. A Section 504 plan for an individual student could have several parts including: emergency action plan (EAP), mitigation and accommodation aspects; and,
4. An Individualized Health Plan (IHP) with aspects that might involve allergy related or non-related information about the individual student and should be viewed as something that is used primarily by the school nurse for a variety of purposes.

The task force is recommending an overall plan that may include up to three parts. The importance of consistency and uniformity in the approach to planning, as well as the written documentation recording the content of the overall plan for a child cannot be overemphasized. Many people may rely on the written plans for direction in a variety of stressful situations. Clarity and precision of communication is very important and will be more effective where there is consistency in what staff can expect and come to recognize when working with the plans. This issue is further addressed in the section of this report dealing with *Communication (Part II)*.

Special note: Passage of Washington State House Bill 2834 regarding children with life-threatening conditions will have a potentially significant impact on the planning process for these students in Spokane Public Schools. This law mandates that each student with a life-threatening condition have a plan in place before entering school. The task force recommendations were developed prior to that legislation. The planning process outlined in the recommendations that follow appears to be consistent with the intent of the legislation. The legislation adds an element of pressure in terms of completing the plan sooner than has occurred in the past in Spokane Public Schools in some cases, and also increases the ability of school staff to obtain the cooperation of parents in the planning process so that their child may enter school. The task force strongly supports the need for urgency in completing plans and assistance in any form for helping school staff gain the cooperation of resistant parents. (A copy of HB2834 is located in Appendix E)

Emergency Response to Life-Threatening Allergies

Ways to assure quick and appropriate emergency response to the student experiencing anaphylaxis was a topic of considerable discussion for the task force. Most issues and problems surrounding emergency response revolved around the following:

- An alarming number of anecdotal reports of staff, volunteers, and families hesitating to call or not calling 911 / EMS services at all were reviewed by the committee involving situations where life-threatening allergic response was suspected or actually determined to be occurring.

- Many questions were raised and inconsistencies identified as to who can be assigned the responsibility for responding to life-threatening allergies. Most often these questions revolved around parents or other volunteers who served as the “first aider” on field trips, school health room volunteers, bus drivers, and similar individuals who might be delegated responsibility for supervision of students in some circumstances.
- Access to emergency response plans and emergency medication is not always immediate and varies from school to school.
- Bus drivers don’t always receive information about how to respond to emergencies (emergency response plans) for individual children with life-threatening allergies.

It became apparent to the task force that despite training on use of 911 / EMS for emergencies, considerable reinforcement and restatement of the importance of this step is needed throughout the Spokane Public Schools. Rich Kness, Spokane County EMS representative on the task force communicated extremely well to members of the group their desire for use of EMS whenever the slightest question of need arises, rather than hesitating until the situation becomes very serious.

Accessibility of emergency response plans and EpiPens® generated discussion about the problems associated with substitute teachers, temporary staff, and volunteers’ special needs in terms of learning about students with life-threatening allergies (and other such conditions) quickly upon their arrival in a new classroom or setting. The advantages and problems of a consistent location for the life-saving information and medication in each school and other settings were discussed at length. Because of differences in building facilities and student population served, it was determined that it is not realistic to recommend all emergency plans and medications be kept in the same physical location in all schools or settings. The task force members felt strongly, however, that the EAP must be read by substitutes before they work with students in the classroom.

Many possible emergency response scenarios were discussed at length by the task force in the process of considering potential content areas for an EAP form and process that would be usable and accessible when actually needed in crisis situations. Ultimately, the task force determined that no form or system will be 100% failure-proof. Work on forms and process will need to continue on an ongoing basis. One of the most important lessons for most task force members, as a result of these discussions, was that awareness and prevention should receive much more emphasis and effort throughout the system so that the need for emergency response is reduced to the lowest possible level.

Settings and Activities Outside the Usual Classroom Routine

Information gathered and families’ experiences reported through task force members drew a clear picture that emergencies and system failure regarding life-threatening allergies most often occur in settings and situations that are outside the usual classroom settings or routines. Examples of these “non-routine” situations include after school programs, class field trips, parties and other social events in the classroom or

elsewhere in the school, sports practice and other after-school activities, overnight and camping trips sponsored by schools, involvement of home-schooled children in school activities, alternative school programs, early childhood and infant care programs, 21st Century Schools' programs, and many others.

Some of the factors that contribute to the increased risk inherent in these situations include specialized food service, increased use of volunteers and others not familiar with the students, differences in the availability of emergency response plans and medications, and differences in the availability of EMS services. Again, evidence was abundant that individual schools and staff were making great effort to assure risk reduction to individual students; however, these efforts were not comprehensive, systematic, nor consistent.

The task force is recommending a consistent, district-wide process with written checks and balances to assure that every effort is made to identify potential health risks and assure availability of the protective information and supplies needed, along with appropriately trained staff, for any and all Spokane Public Schools' sponsored field trip, extra-curricular activity, after-school program, or similar events. We also recommend that identification and consideration of involvement in potential non-routine situations become part of the planning process for individual students to increase the likelihood that appropriate information is disseminated to the people and settings where it will be needed.

Open campus policies at the high school level, as well as contract, partial day, and some alternative programs create situations where children and youth spend part of the "normal" school day off school property. During that time they are not under the supervision of school system staff. Students, families, and the community should be made aware that the school system cannot be responsible for protecting students from risk during those times. Students enrolled in such programs are usually older than elementary age and the assumption is made by families and school staff that they can safely assume self-responsibility for protecting themselves from risk and managing emergency situations that might arise when risk is not avoided. When school staff are aware of life-threatening allergies in these groups of students, the planning process outlined in this section should still be undertaken, even if planning is limited to developing an EAP.

Longer term overnight trips, such as week long camps, pose special and even more complex issues that were felt to be outside the scope of the task force's time and resources to address. Some of the special issues include lack of parent access to their children for health-related decision making, the *in loco parentis* role of school staff in these situations, lack of 911 / EMS access in some of the geographical areas in which trips occur, and lack of essential, complete health information on students going on these trips. Legal issues regarding the potential application of recognized national standards for organized camping when school sponsored activities are called "camps" were of concern to several task force members. An essential element of recommendations in this

section encourages separate review of these activities in terms of general health risk prevention as well as life-threatening allergy issues.

Management of Food Products Containing Common Allergens

Considerable strengthening and revision of food service approaches to reducing allergy-related risks to students was achieved during the summer and early fall of 2001 by Doug Wordell. This work included development of a food allergy brochure for parents, creation of a form with built-in safe guards for ordering food for field trips, and identification and tracking systems for recipes and foods containing known allergens. The availability of a top-level administrator to devote unit resources and personnel to this process was clearly beneficial. As a result, task force recommendations regarding management of food products deal with identification and labeling for students and staff at point of service (lunch room, field trips, etc.). These areas will require ongoing monitoring and improvement.

Early in the task force's work, the potential scope of the impact of use of food products in classrooms and other educational or social activities became apparent. One ongoing discussion involved science kits currently in use that include peanut products as well as other common allergens (latex). Materials used in arts and crafts projects, home-prepared foods for parties, etc. were also identified as special problem areas where risk reduction efforts are needed.

Food prepared outside the school system and served to students became a focal point for important discussion surrounding the issue of responsibility. Strong opinions that home-prepared foods should be banned from classrooms were countered by equally strong feelings that families would strongly resist such a policy. There are numerous instances of unlabeled allergen content or contamination of prepackaged food items. The burden on teachers and other staff of being responsible for approving a prepackaged food as "ok" for a classroom or other activity seems unreasonable to the task force. As a result, no recommendation was made that efforts be made to eliminate peanuts or home prepared food from schools. Rather, a shared responsibility approach is recommended, based on the knowledge that no approach is 100% effective in removing risk of exposure to allergens. All parties involved have *a shared responsibility to reduce risk as much as possible* and clear, written, formal description of those responsibilities is essential. For example, teachers should warn parents in advance when food will be brought into the classroom, and parents should provide teachers with a stock of "safe treats" for their food allergic children when other food brought into the classroom cannot be guaranteed free from allergens.

Policy Recommendations

1. Develop a consistent process for identifying all students at risk for life-threatening emergencies.

ESSENTIAL ELEMENTS:

- ❑ Standardize forms and procedures for collecting allergy related information.
- ❑ Train staff responsible for initial review of the 1F-15B form to prepare them to properly obtain additional condition-related information using a standard set of questions developed by the school nurses.
- ❑ Refer additional information collected to the school nurse for evaluation and alert principal that a child with a potentially life-threatening allergy for whom a care team is needed has been identified.
- ❑ Initiation of the process to establish a care team for initial assessment and planning purposes should be immediate.
- ❑ Define the roles of key care team members to include at a minimum parent/guardian, child, principal or qualified designee, school nurse, teacher(s).

2. Develop a consistent process for creating appropriate response plans for those students identified as having a potentially life-threatening allergy.

ESSENTIAL ELEMENTS:

- ❑ Clear and consistent guidelines for staff and parents regarding who can initiate a care team and the process involved.
- ❑ Considerations of a student's developmental level and capacity for self-responsibility should be addressed as part of plan development.

Example: *Allergy related information for a student enrolled in Head Start is transferred to the nurse serving the elementary school the child will be attending prior to the start of school.*

Example Scenario based on traditional elementary school setting:

Parent identifies severe allergy to peanuts on the 1F-15B form of a child entering kindergarten, but does not provide additional information. The office manager contacts the parent to obtain added data. Using a set of standard questions, the Office manager determines that the allergy is anaphylactic and the child has an Epi-Pen® prescribed. In addition, the child has asthma and uses an inhaler occasionally. The office manager alerts the school nurse and the principal immediately. The principal initiates a care team meeting with the parent, child, nurse, teacher, Express site director or designee, and food service manager.

3. Individual student plans should be as comprehensive as necessary to fully address all aspects of risk.

ESSENTIAL ELEMENTS:

- An individual student's plan should contain up to three parts as necessary or indicated:

- ◆ **Part One: EMERGENCY ACTION PLAN**

- Must be easily recognizable on sight (unique color).
- ***The same standardized form must be used throughout the district.***
- Simple, concise data on specific emergency response plan and emergency contact.
- Must emphasize on the plan the necessity of 911 / EMS contact.
- Must be developed in cooperation with the physician.
- Must be consistent with HIPPA (Health Insurance Portability and Accountability Act of 1996) guidelines to protect the confidentiality of health-related individual student information while allowing for effective dissemination of the plan.
- Must be disseminated to all who work directly with the student.

(Note: Considerable effort by the task force and the health services coordinator was put into identification of the best format for an EMERGENCY ACTION PLAN. No single best form was found. Ongoing efforts in form development will be needed.)

- ◆ **Part Two: Plan for Mitigation /Accommodation Based on Section 504 of the Rehabilitation Act of 1973**

- The need for the development of accommodations or a Section 504 Plan should always be considered in any child with life-threatening allergies.
- Development of this plan must involve the entire care team.

- ◆ **Part Three: Individual Health Care Plan (IHP)**

- Used for any accompanying health problems and / or accommodations that must be developed, supervised or implemented by a school nurse.
- The same standardized format **must** be used by all nurses throughout the district.

- The planning process should include specific direction regarding dissemination of relevant plan information to locations, staff, and services (transportation, Express, etc.) that may be involved in implementation of the relevant aspects. Assurance of dissemination to substitute teachers is essential.
 - Example:*** A checklist of potential areas / individuals for dissemination is included in the plan development form(s) or format.

4. Develop a consistent district-wide system for implementing appropriate response to individual life-threatening allergy emergencies.

ESSENTIAL ELEMENTS:

- A copy of the EMERGENCY ACTION PLAN (EAP) should always be available in the student's classroom.
- Location and distribution of the EMERGENCY ACTION PLAN and needed medication should be conducive to rapid access and use by all necessary personnel, including those unfamiliar with the setting.
 - Example:*** Access to individual EpiPens® by Express staff after school when offices are locked.
- Clear delineation of type and qualifications of staff or other individuals responsible for carrying out emergency plan.
 - Example:*** The role of non-district employees and volunteers in classroom and alternative settings should be clarified in writing.
- 911 / EMS contact should always be a part of emergency response to life-threatening food allergy; and, should be the primary response of staff without training specific to the EAP for an individual student.

5. Develop a consistent system for adapting plans and responsibilities for use in all settings outside of the classroom. (Field trips, alternate classrooms, athletics, after-school programs, bus, Express)

ESSENTIAL ELEMENTS:

- Development and use of a district-wide standardized TRIP PLANNING TOOL that assures relevant health-related student needs are identified. Needs / information that should be addressed on the form include: names of students

requiring health-related accommodations, special dietary needs, emergency medications and EMERGENCY ACTION PLANS needed, names of staff responsible and prepared to carry out emergency action plan, names of staff member(s) who is / are certified in first aid, means of communication in case of emergency, 911 / EMS availability in area.

(Note: Numerous school-specific forms were reviewed by the task force and the health services coordinator. The best characteristics of all of these forms should be incorporated into one form used consistently throughout the district to improve communication and for risk reduction)

- ❑ Availability of EMERGENCY ACTION PLANS, 911 / EMS contact information, and necessary rescue medications must be the highest priority in planning for all activities in settings outside the classroom.
- ❑ An appropriately prepared and trained individual must be present to implement the EMERGENCY ACTION PLAN at all times.
- ❑ Because Spokane Public Schools assumes a greater degree of responsibility for student health in general on overnight activities than in the regular school program, issues related to long term / overnight school sponsored activities should be looked at separately and comprehensively.

6. Develop and implement systems for the management of food products that contain commonly identified allergens.

ESSENTIAL ELEMENTS:

- ❑ Foods prepared and served by the district for student consumption that contain tree nuts and peanuts will be clearly identified at the point of service.
***Example:** In the school food service line, a symbol is clearly visible to both food server and student identifying the potential allergen. All foods used in sack lunches or for consumption off-site will be labeled with the same identifiable symbol used in the lunchroom.*
- ❑ Specifically prepared allergen-free meals or items will be clearly labeled.
***Example:** A special egg-free sack lunch prepared for a field trip could be labeled by symbol, by the student's name or by color of lunch bag.*
- ❑ District-wide policies will be developed for school staff regarding the use of foods in the classroom for social and educational activities.
- ❑ Use of foods containing common allergens in learning activities should be limited or controlled as much as possible.
***Example:** Science kits*

- Parents and teachers should share the role of gatekeeper in protecting students from harmful foods.
 - Teachers must provide parents of students with life-threatening allergies with information on when and how food will be used in social and education activities.
 - Parents must work with teachers to develop and provide alternatives for their child in situations where potential risk cannot be avoided.
 - The shared gatekeeper role should be stated explicitly in the list of responsibilities developed by Spokane Public Schools (see Part II).

Part II. Communication

Narrative

Parent members of the task force were critical to the work of the group in helping other members understand the importance of improving communication between families of children with life-threatening allergies and the Spokane Public Schools. Parents related individual incidents and experience over time with schools where they felt they were not heard or taken seriously when they tried to convey to various staff the potentially lethal nature of their child's condition. Discussion of these experiences made very real to the rest of the task force how frightening it is to see your child minutes or seconds from death, and the ongoing anxiety that can result from these experiences. Parent descriptions of such situations and those of sending their child to a school where their fears and concerns have been minimized were especially helpful in understanding some parents' lack of trust of the school system's commitment to protecting their child.

The results of a telephone survey of parents of children living within Spokane Public Schools zip code areas, and having life-threatening food allergies was reported by task force member, Dr. Michael Kraemer. His findings reflected the fears expressed to the task force by parents and revealed that many parents keep their children home at times because of concerns about exposure to allergens at school.

Parents' perception that the school system is sometimes insensitive or uncommitted to protecting their children was especially evident when the current form for authorization for administration of medications at school was discussed. Several parents brought the form up as an example of a communication to parents that their child's condition is not serious and that the system is not fully committed to protecting their child from life-threatening crisis. The medication form which parents are asked to sign for the EpiPen® that is to be available for emergency use for the child contains the following statement:

.....I understand and agree that because of schedule and other responsibilities, a dosage or dosages may be delayed or missed....

The coordinator of health services explained that the statement would not apply in the case of emergency medication administration; however, parents urged revision of the form to exclude the statement. In addition some of the parents indicated they had refused to sign the form until that statement was crossed out. Efforts were begun mid-fall to have the statement deleted from the form, but that change was still under consideration in administrative channels at the time of this report.

Communication and Responsibilities

These parent experiences of having their concerns minimized and other problems identified with confusion or misinformation resulted in task force recommendations regarding better and clearer communication among schools, parents, and the community. These issues further underscore the need for a team approach with each team member's role and responsibilities clearly defined. The Food Anaphylaxis and Allergy Network's (FAAN) document entitled *School Guidelines for Dealing with Students with Food Allergies* (Appendix B) was used several times to consider potential roles and processes that might be helpful in planning and communication within the school system. The material is both an educational and a working document that should be reviewed with all team members in their plan development work. It should also be distributed to school staff, parents, and the public as an educational tool. The task force supports establishment of an appropriate group to work on adapting the FAAN document to the special needs and situations of Spokane Public Schools so it can become a central part of communicating essential ideas about responsibility and life-threatening allergies.

Communication and Emergency Action Plans (EAPs)

A Food Allergy Action Plan, also adapted from a FAAN form, was developed and introduced for trial use in the fall of 2001. Prior to this, the nurse's "Care Plan" was used to convey emergency information and distributed according to individual nurse discretion. The old Care Plan, new Food Allergy Action Plan, and increased use of Section 504 plans have resulted in confusion and communication problems about the various "plans." This occurred even among task force members initially. As a result, we are recommending use of a single plan with up to three parts so that communication about what constitutes a student plan can be clarified and become more consistent. Whether or not the *titles* of the three aspects of an overall plan included in the recommendations are adopted, clear and concise delineation of the content, purpose, and title of the various plans or pieces of a single plan is essential for effective communication and protection of students.

Most crucial of all information that must be conveyed clearly, consistently, and immediately is that regarding actions to take in an emergency situation involving food or other allergy. The purpose of the Emergency Action Plan (EAP) as conceived by the task force is to accomplish exactly that purpose. Precision, clarity, recognizability, availability, understandability, and accuracy are all essential characteristics of a form that must communicate life-saving information in an emergency. In addition, the form must be distributed appropriately to the persons most likely to need it. An essential aspect of effective communication is having the right information in a usable form in the hands of those who must use it when it is needed. Requiring consistent use of the form developed, and that form only, for essential emergency action information will increase the effectiveness of communication and reduce risk to students with life-threatening allergies.

Communicating with the Community about Reducing Risk to Students with Life-Threatening Allergies and Similar Conditions.

Dr. Michael Kraemer, Spokane Allergy and Asthma Clinic was a member of the task force. His large pediatric allergy practice provides him with constant experience with school-aged children in the Spokane Public Schools. He addressed the physician's role in effective risk reduction for individual students and the importance of their input for the school system's planning. Dr. Kraemer's experience and those identified in the materials examined by the task force brought to the surface the following communication issues for physicians and other health care providers and the schools:

- Inconsistency in the information requested and forms used within Spokane Public Schools, as well as other districts.
- Lack of physician and parent awareness of policies and procedures in place within the schools for protecting students.
- Lack of knowledge about food service management and procedures for lunchrooms and field trips.
- Non-specialist physicians caring for children with life-threatening food allergies have less contact with the schools; therefore, even less information about school system policies and information needs.
- For the school system, it can be a time consuming and frustrating process to obtain the information and prescriptions needed for planning in a timely manner and in a form that is understandable and usable within the school system.
- Even those physicians very experienced at working with the school district will be unfamiliar with a shared responsibility/team planning approach.

Task force recommendations speak to the need for an organized effort to inform physicians and others in the community of major school system policies, procedures, and the need for collaboration. The recommendations also address the value in establishing some form of ongoing, regular, formalized communication between the medical and health care community and the Spokane Public School system, especially in light of the increasing number of students with allergies and other chronic health problems.

Better communication to all Spokane Public Schools staff about the need to respect the severity and complexity of life-threatening allergies and the intensity of the feelings experienced by families involved is an essential part of the recommendations of the task force. However, this also needs to be a goal for increased communication with the community at large. Conveying to the public the importance of shared responsibility, as well as a better understanding of life-threatening allergies, will increase participation in risk reduction and support for families and children experiencing these health problems. The public should be considered a part of the "team" process in risk reduction. The task force suggests use of existing means for communication with the public about this issue. A list of some of the many mechanisms currently available for public and community communication is located in Appendix C.

Communication Recommendations

1. Communicate clearly to each party (students, parent, teacher, principal, nurse, other staff) their responsibilities in protecting the safety of students with life-threatening allergies.

ESSENTIAL ELEMENTS:

- ❑ A clear written statement of each party's responsibilities adapted from the FAAN model (available in Appendix B). Review and development of this material should start as soon as possible with input from key stakeholders.
- ❑ The written statement developed should emphasize the shared responsibility of family and school as gatekeepers for individual student safety.
- ❑ The written statement of responsibility should be available in all schools and given to all parents who identify their child as having a severe food allergy on the 1F-15B registration form as early as possible in the registration process.
- ❑ The written statement of responsibility should be used as the framework for ongoing communication between Spokane Public Schools and families.
- ❑ The statement of responsibilities should be reviewed and used in the development of individualized plans for students with severe allergies.
- ❑ A plan for dissemination of the statement of responsibilities to parents, Spokane Public Schools staff and administrators, and local health care providers should be developed and implemented.

2. Revise current process for communication about individual student's EMERGENCY ACTION PLAN to assure delivery of essential information to appropriate individuals in a timely manner.

ESSENTIAL ELEMENTS:

- ❑ Careful consideration of HIPPA implications regarding distribution of the EMERGENCY ACTION PLAN and related plans should be undertaken.

- ❑ A tiered system for dissemination based on “need to know” data with the EMERGENCY ACTION PLAN distributed to all district staff, programs, or settings where the student will have planned or significant contact.
- ❑ The EMERGENCY ACTION PLAN form or format must be designed to communicate essential information as clearly and quickly as possible.
- ❑ Improve / replace current mechanism for communicating with substitutes and other transient staff the accommodation and EMERGENCY ACTION PLANS that exist for students under their supervision.
- ❑ Mechanism for communicating with substitutes and other transient staff must be district wide.
- ❑ A plan for dissemination and communication of the EMERGENCY ACTION PLAN should be completed as part of the initial plan development process and revised regularly to reflect the daily activities of the student.
***Example:** Use of a checklist as one safe-guard for appropriate distribution of EMERGENCY ACTION PLAN.*

3. Develop mechanisms for informing community physicians and other health care providers about the process used in Spokane Public Schools to reduce the risk to students with life-threatening allergies and similar conditions.

ESSENTIAL ELEMENTS:

- ❑ Ongoing communication with physicians and the health care community defining what Spokane Public Schools needs from physicians and health care providers to reduce the risk to students with life-threatening food allergies.

4. Increased school, community, and public awareness of the seriousness and complexity of food allergies must become an integral part of reducing risk.

ESSENTIAL ELEMENTS:

- ❑ Existing mechanisms for communication in the community should be maximized.
***Examples:** see Appendix C.*

- Currently available public service announcements on KSPS television station and press releases to commercial media should be used for public awareness whenever possible.

Part III. Training

Narrative

Staff training is a difficult process in Spokane Public Schools because of the time and resources required, logistical issues, number of staff, and staff turnover. The task force wanted recommendations regarding staff training needs in the area of life-threatening allergies to be reasonable and realistic. Some of the task force members previously had been involved in developing the school system's tiered approach to crisis response training and provided information for a workable framework for life-threatening allergy training.

Tiered staff training is recommended with the most **basic** (Level A) and universal level of training focused on achieving 911 / EMS contact in emergencies and awareness of the serious nature of food allergy. This level of training should be provided to all school system staff and requires reinforcement on a regular basis. This training will be especially important in supporting families and reducing risk to students through a more informed school system community. The **most comprehensive and detailed training** (Level C) would be reserved for a much smaller number of staff that work directly with identified students with life-threatening allergies on a daily or frequent basis.

The timing of training was discussed at length. Basic (level A) training upon employment is considered optimal by the task force for new employees. For current employees, the task force suggests training might be most efficiently accomplished (and reinforced) through integration with existing training and school-specific inservices.

Standardization of content for each level of training and organized, systematic preparation for individuals who will do the training was recognized as a critical part of an effective training plan. Because of the misinformation and myths about allergy, standardization and input from expert health professionals in the community should be sought. Increasing the pool of trainers and standardizing content for basic levels would allow the school nurses to focus more on planning and implementing plan-specific training for staff needing more comprehensive (Level C) training.

Training Recommendations

1. Develop a consistent, district-wide, tiered training plan for prevention and treatment of life-threatening allergies.

ESSENTIAL ELEMENTS:

- Differentiation of knowledge and skills needed to implement EMERGENCY ACTION PLANS vs. differently focused and managed training for overall awareness, preparedness and prevention.
- Priority of 911 / EMS notification *as the first step* by all who do not have training in the EAP for an individual student **must be emphasized on an ongoing basis** and through multiple mechanisms.
- Tiered levels of training for Spokane Public Schools employees to include:
 - ◆ **Level A**
 - Basic "911 / EMS" related emergency response training.
 - Recognition of potential life-threatening nature of food and other allergies and the need for immediate emergency response.
 - Regular emphasis and reminders throughout the system.
 - ◆ **Level B** (for staff with probable contact with allergic students)
 - Symptom assessment / EpiPen® administration / subsequent management of allergic reaction.
 - ◆ **Level C:** (for staff working with an allergic student on a regular basis)
 - Training on each EMERGENCY ACTION PLAN and accommodation and / or Section 504 plan that is in place for an individual student.
- To increase the awareness of the life-threatening nature of food allergies and increase respect for students with allergies, life-threatening allergies should be included as examples in existing Section 504 training programs.
- New classroom and substitute teachers should receive appropriate training as part of an initial orientation process with Spokane Public Schools.

***Examples:** All new substitutes are required to have level A&B training as defined above prior to classroom service. All new teachers complete A&B as defined above (as a means to transition to more complete system-wide preparedness).*

2. The process for staff training must be realistic, efficient and adaptable.

ESSENTIAL ELEMENTS:

- Increased use of information technology for individualized instruction should be a high priority.
Example: computerized instruction on the nature of life-threatening allergies and emergency response developed and available via school intranet for staff inservice training.
- Efforts should be made to integrate with existing training whenever possible / appropriate
Examples: bloodborne pathogen, crisis plan, Section 504 training.
- Standardized, consistent preparation of trainers should begin as soon as possible.
- A "Train the Trainers" process is needed to prepare a limited number of individuals (other than nurses) to provide Level B training (see #1 above)
Example: school nurses and community health providers develop a curriculum for trainer training and carry out a limited number of sessions per year.
- A documentation system to track completion of training by staff and the training content should be developed.

Part IV. Monitoring and Evaluation

Narrative

Implementation of the recommendations of the task force will require redirection or extension of significant resources and effort. Without some mechanisms to gauge the strengths, limitations, and overall effects of the changes resulting from implementation, the school system and families it serves will have no way of assessing the effects of changes, or even if changes occur. Monitoring and evaluation is needed that focuses on both immediate outcomes from the work of the task force, as well as long term changes in the school system management of children with life-threatening allergies. The task force monitoring and evaluation recommendations are proposed with the intent of creating a process that is focused, realistic, and limited to key priorities, so that an efficient and accurate process results. The task force also recommends including key stakeholders in the monitoring / evaluation process when feasible as a means of increasing communication with the public and helping families participate in an expanded role as a team member.

It appears to the task force that much of the data required for monitoring will need to come through the health services unit within Spokane Public Schools. Kathe Reed-McKay has already begun to provide some initial data to the task force. More data will be required on an ongoing basis. In addition, many of the changes recommended probably will fall within the responsibilities of the health services unit. The potential increased workload within that unit should be considered among other issues to be addressed at the school system level.

Monitoring and Evaluation **Recommendations**

- 1. Develop and carry out a plan for monitoring and ongoing assessment of the effectiveness of system and policy or procedural changes resulting from the recommendations outlined by this task force.**

- 2. Include both initial implementation of task force recommendations and ongoing, regular monitoring / evaluation of key outcomes, new systems, and procedures resulting from the task force report.**

ESSENTIAL ELEMENTS:

- (Initial implementation) Report to task force members and the public those Spokane Public Schools actions taken in response to task force recommendations.

 - (Ongoing) Annual summarization of data collected regarding identification of students at risk, plans for individual response, staff training, individual student plan dissemination, and involvement of parents in plan development.
-
- 3. Identify key measures among potential outcomes and recommendations to ensure a monitoring / evaluation plan that is efficient and effective.**
 - The plan should focus on collection and compilation of useful and readily accessible data about the systems designed to identify, prevent, and respond to potential life-threatening allergy (and other health-related) risks.

 - 4. Assign ongoing monitoring responsibilities to appropriate staff within the administrative structure of Spokane Public Schools.**

ESSENTIAL ELEMENTS:

- Much of the responsibility for monitoring and evaluation will fall within the health services area, which has limited administrative and other staff; therefore, additional support and resources should be provided to carry out that responsibility.

5. Include stakeholders from among parents, students, and community health care providers, as well as from within the Spokane Public Schools administrative / staff structure, in the monitoring and evaluation process whenever possible.

Part V. Related School System-Level Issues

Narrative

One charge to the task force by Superintendent Benzel was to identify overall system issues related to life-threatening allergies that would need to be addressed by a group other than the task force. Among those issues frequently discussed by the task force is the dramatic increase in the numbers and complexity of health conditions affecting Spokane Public Schools students. The increasing health-related needs of students seriously taxes existing personnel and financial resources, which have **not** increased. At the same time, public and regulatory expectations for meeting student health needs also have increased. All of these issues come to bear most directly on the health services unit and staff. Given budgetary restrictions and comments to the task force about extremely limited availability of new or increased financial resources for the health services unit, the obvious and ideal approach of adding staff to the unit is probably not possible. However, the task force recommendations in this section are based on a recognized need to increase the capacity of the school nurses to focus their professional judgment and clinical skills on problem-solving and essential clinical and management decision-making.

In addition to increased use of information technology as a tool for increased efficiency and communication, realignment of current nurse roles within the school system, and establishment of a health advisory group should be considered. The health advisory group would be a resource for the school system and the health unit; however, it would also provide an important vehicle for communication and collaboration with the Spokane health care community.

Related School System-Level Issues **Recommendations**

1. As one tool to strengthen health services and health-related communication, increase the use of information technology.

ESSENTIAL ELEMENTS:

- A key goal should be to maximize financial and human resources in health services to meet the increasing needs and demands in school-age populations.

Examples:

*Electronic development and transmission of health care plans
Computerized documentation of medication administration
Increase efficiency of training done by health services staff*

- Information technology should be increasingly used to communicate about health issues with all parties involved.

Examples:

*Parental and medical community access to forms and policies via website
Individual health plan development and dissemination
Data collection and analysis for monitoring and evaluation
Rapid communication of information, forms, and checklists within schools and district
Alerting staff to changes in individual student health status
Individualization and increased efficiency of staff training
Standardization of food content and packaging information
Food service and lunchroom identification of students at risk*

2. Establish a health advisory group to provide public and expert health professional support and resources for Spokane Public Schools health services.

ESSENTIAL ELEMENTS:

- Balanced representation from several health professions in addition to medicine and nursing.

- ❑ Balanced representation from public, students, and parents experienced in managing a variety of health conditions common within the district.
- ❑ Clearly defined mission, responsibilities, and accountability for the group.

Examples of mission:

- Increase collaboration and coordination with medical and health community
- Provide access to cutting edge resources on new and emerging health issues and conditions impacting district students (e.g. diabetes, latex allergy, medication management, legislative and regulatory changes, HIPPA)
- Provide a direct means for parents to raise questions / concerns that are not addressed in current district structure or policies and to provide feedback and information about student and family health-related needs.
- Provide support and resources for Spokane Public Schools health staff in carrying out health services system and policy development, staff training, program evaluation/monitoring, collaboration with community health care systems, and channeling parent needs or concerns regarding health services or health-related issues.

References

The following individuals either presented to the group or were consulted by the co-chairs:

- *Rich Kness*, Spokane Fire Department: 911 Emergency response system: operations overview and data on utilization by schools
- *Phyllis Jedynak*, Laidlaw Operations Supervisor: Transportation issues
- *Lorri Smith*, District Transportation Liaison: Transportation issues
- *Dave Petty*, Director, Student Services: 504 - District perspectives
- *Rick Walters*, Task Force member: 504 - Overview and parent perspective
- *Staci Vesneske*, Director, Certificated Employees: Substitute training procedures
- *Marybeth Smith*, District Volunteer Coordinator: Volunteer training and communication issues
- *Kathe Reed McKay*, Coordinator, Health Services: Current district policy and procedure overview and current statistics on prevalence of life-threatening allergies
- *Dr. Michael Kraemer*, Spokane Allergy & Asthma Clinic: Survey of parents of children with life-threatening allergies in Spokane County
- *Anne Munoz-Furlong and Terence Furlong*, Food Allergy and Anaphylaxis Network: National trends and issues in food allergy management (meeting with K. Miller in Washington, DC)

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School District 81 Forms & Materials Reviewed:

- Special Transportation Information [3-part form, n.d.]
- School Group Travel Policy [issued November 3, 2000]
- *Health Room Volunteer Notebook* [dated October 1995]
- *BRAVO for Spokane Public Schools* Volunteer Newsletters
- Guidelines for Volunteers in the Health Room (from Marybeth Smith, n.d.)
- *Substitute Handbook* [2001-2002]
- Registration Form 1F-15 Part B: Health Record [n.d.]
- *Nutrition Services: Food Allergies in School* [Brochure, n.d.]
- Diet Prescription for Meals at School [3-part form dated Revised: 0/11/01]
- Food Allergy Action Plan [form from Food Allergy & Anaphylaxis Network, n.d.]
- Special Order Sack Lunches [3-part form dated Revised: 5/01]
- Elementary School Monthly Menu Calendar [October, 2001 sample]
- Medication Request Form [n.d.]
- *Staff Guidelines for Handling Student Allergies* [dated 09/24/01]
- Student Health Information Queries / Sample of Class Roster

Appendix A

**SPOKANE PUBLIC SCHOOLS
FOOD ALLERGY TASK FORCE
MEMBER ROSTER**

| | |
|--|--|
| Dr. Kris Lishner Miller, Co-Chair Nursing Professor Intercollegiate College of Nursing | Julie Muelheim, Co-Chair Manager, Food & Nutrition Services Deaconess Medical Center |
| Cathy Comfort Principal Balboa Elementary School | Megan Cozza Parent |
| Dr. Bill Ettinger Parent and Professor, Biology Department Gonzaga University | Rich Kness Medical Services Officer Spokane Fire Department |
| Dr. Michael Kraemer Physician | Susie Kuznetz Parent |
| John McCoy Assistant Principal Rogers High School | Jim Perry Teacher Hutton Elementary School |
| Sandi Philpot Office Manager Roosevelt Elementary School | Paul Stone Principal Mullan Road Elementary School |
| David Swink Director, Environmental Health Spokane Regional Health District | Rick Walters Parent |
| Lisa White Coordinator, Express Program Spokane Public Schools | Kathe Reed-McKay Coordinator, Health Services Spokane Public Schools |
| Doug Wordell Director, Nutrition Services Spokane Public Schools | Kay Savitz Task Force Support Spokane Public Schools |

Appendix B

SCHOOL GUIDELINES FOR MANAGING STUDENTS WITH FOOD ALLERGIES

The Food Allergy & Anaphylaxis Network

Food allergies can be life-threatening. The risk of accidental exposure to foods can be reduced in the school setting if schools work with students, parents, and physicians to minimize risks and provide a safe educational environment for food-allergic students.

Family's Responsibility

- Notify the school of the child's allergies.
- Work with the school team to develop a 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, as well as a [Food Allergy Action Plan](#).
- Provide written medical documentation, instructions, and medications as directed by a physician, using the Food Allergy Action Plan as a guide. Include a photo of the child on written form.
- Replace medications after use or upon expiration.
- Educate the child in the self-management of their food allergy including:
 - safe and unsafe foods
 - strategies for avoiding exposure to unsafe foods
 - symptoms of allergic reactions
 - how and when to tell an adult they may be having an allergy-related problem
 - how to read food labels (age appropriate)
- Review policies/procedures with the school staff, the child's physician, and the child (if age appropriate) after a reaction has occurred.

School's Responsibility

- Be knowledgeable about and follow applicable federal laws including ADA, IDEA, Section 504, and FERPA and any state laws or district policies that apply.
- Review the health records submitted by parents and physicians.

- Include food-allergic students in school activities. Students should not be excluded from school activities solely based on their food allergy.
- Identify a core team of, but not limited to, school nurse, teacher, principal, school food service and nutrition manager/director, and counselor (if available) to work with parents and the student (age appropriate) to establish a prevention plan. Changes to the prevention plan to promote food allergy management should be made with core team participation.
- Assure that all staff who interact with the student on a regular basis understands food allergy, can recognize symptoms, knows what to do in an emergency, and works with other school staff to eliminate the use of food allergens in the allergic student's meals, educational tools, arts and crafts projects, or incentives.
- Practice the Food Allergy Action Plans before an allergic reaction occurs to assure the efficiency/effectiveness of the plans.
- Coordinate with the school nurse to be sure medications are appropriately stored, and be sure that an emergency kit is available that contains a physician's standing order for epinephrine. Keep the medications easily accessible in a secure location central to designated school personnel.
- Designate school personnel who are properly trained to administer medications in accordance with the State Nursing and Good Samaritan Laws governing the administration of emergency medications.
- Be prepared to handle a reaction and ensure that there is a staff member available who is properly trained to administer medications during the school day regardless of time or location.
- Review policies/prevention plan with the core team members, parents/guardians, student (age appropriate), and physician after a reaction has occurred.
- Work with the district transportation administrator to assure that school bus driver training includes symptom awareness and what to do if a reaction occurs.
- Recommend that all buses have communication devices in case of an emergency.
- Enforce a "no eating" policy on school buses with exceptions made only to accommodate special needs under federal or similar laws, or school district policy. Discuss appropriate management of food allergy with family.
- Discuss field trips with the family of the food-allergic child to decide appropriate strategies for managing the food allergy.
- Follow federal/state/district laws and regulations regarding sharing medical information about the student.
- Take threats or harassment against an allergic child seriously.

Student's Responsibility

- Should not trade food with others.
- Should not eat anything with unknown ingredients or known to contain any allergen.
- Should be proactive in the care and management of their food allergies and reactions based on their developmental level.
- Should notify an adult immediately if they eat something they believe may contain the food to which they are allergic.

More detailed suggestions for implementing these objectives and creating a specific plan for each individual student in order to address his or her particular needs are available in The Food Allergy & Anaphylaxis Network's (FAAN) School Food Allergy Program. The School Food Allergy Program has been endorsed and/or supported by the Anaphylaxis Committee of the American Academy of Allergy Asthma and Immunology, the National Association of School Nurses, and the Executive Committee of the Section on Allergy and Immunology of the American Academy of Pediatrics. FAAN can be reached at: 800/929-4040.

The following organizations participated in the development of this document:

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

Appendix C

Routes for Spokane Public Schools' Dissemination of Information About Life-Threatening Allergies

MEDIA

- Spokesman-Review
- TV sound bytes
- National
 - Specialty organizations
 - National Association of School Nurses (NASN) and
 - Food service organizations
- School Talk (supplement to the Spokesman-Review)
- Spokane Public Schools' Website
- Key messages
 - Respect
 - Prevention
 - Monitoring
 - Emergency Response
- KSPS public service announcements

SCHOOL BOARD MEETINGS

ADDITIONS TO ONGOING PROGRAMS

- Principal Meetings – Beginning of year
- Present to separate groups – elementary, middle school, high school
- Task Force representatives as presenters

VIDEO DEVELOPED FOR PARENTS and PUBLIC

- Open houses at schools

NEWSLETTERS

- National School Board Association
- Home School Association Newsletter
- Catholic Diocese
- Individual School Newsletters - Resource list for school office managers
- Spokane Education Association (SEA) newsletter

BRYANT SCHOOL

- Home School Network – next year

LOCAL PHYSICIANS

- Private
- HMOs
- Clinics
- County Medical Society

COLLEGES OF EDUCATION

- Teacher training

Appendix D

Summary of Recommendations

Policy Recommendations

- 1. Develop a consistent process for identifying all students at risk for life-threatening emergencies.**
- 2. Develop a consistent process for creating appropriate response plans for those students identified as having a potentially life-threatening allergy.**
- 3. Individual student plans should be as comprehensive as necessary to fully address all aspects of risk.**
- 4. Develop a consistent district-wide system for implementing appropriate response to individual life-threatening allergy emergencies.**
- 5. Develop a consistent system for adapting plans and responsibilities for use in all settings outside of the classroom. (Field trips, alternate classrooms, athletics, after-school programs, bus, Express)**
- 6. Develop and implement systems for the management of food products that contain commonly identified allergens.**

Communication Recommendations

- 1. Communicate clearly to each party (students, parent, teacher, principal, nurse, other staff) their responsibilities in protecting the safety of students with life-threatening allergies.**
- 2. Revise current process for communication about individual student's EMERGENCY ACTION PLAN to assure delivery of essential information to appropriate individuals in a timely manner.**
- 3. Develop mechanisms for informing community physicians and other health care providers about the process used in Spokane Public Schools to reduce the risk to students with life-threatening allergies and similar conditions.**
- 4. Increased school, community, and public awareness of the seriousness and complexity of food allergies must become an integral part of reducing risk.**

Training Recommendations

- 1. Develop a consistent, district-wide, tiered training plan for prevention and treatment of life-threatening allergies.**
- 2. The process for staff training must be realistic, efficient and adaptable.**

Monitoring and Evaluation Recommendations

- 1. Develop and carry out a plan for monitoring and ongoing assessment of the effectiveness of system and policy or procedural changes resulting from the recommendations outlined by this task force.**
- 2. Include both initial implementation of task force recommendations and ongoing, regular monitoring / evaluation of key outcomes, new systems, and procedures resulting from the task force report.**
- 3. Identify key measures among potential outcomes and recommendations to ensure a monitoring / evaluation plan that is efficient and effective.**
- 4. Assign ongoing monitoring responsibilities to appropriate staff within the administrative structure of Spokane Public Schools.**
- 5. Include stakeholders from among parents, students, and community health care providers, as well as from within the Spokane Public Schools administrative / staff structure, in the monitoring and evaluation process whenever possible.**

Related School System-Level Issues

Recommendations

- 1. As one tool to strengthen health services and health-related communication, increase the use of information technology.**
- 2. Establish a health advisory group to provide public and expert health professional support and resources for Spokane Public Schools health services.**

Appendix E

http://www.leg.wa.gov/pub/billinfo/2001-02/House/2825-2849/2834-s_sl_0327200

CERTIFICATION OF ENROLLMENT
 SUBSTITUTE HOUSE BILL 2834
 Chapter 101, Laws of 2002
 57th Legislature
 2002 Regular Session
 PUBLIC SCHOOLS--CHILDREN WITH LIFE-THREATENING CONDITIONS

EFFECTIVE DATE: 6/13/02
 Passed by the House February 14, 2002
 Yeas 98 Nays 0

FRANK CHOPP
 Speaker of the House of Representatives

Passed by the Senate March 7, 2002
 Yeas 49 Nays 0 CERTIFICATE

I, Cynthia Zehnder, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is SUBSTITUTE HOUSE BILL 2834 as passed by the House of Representatives and the Senate on the dates hereon set forth.

CYNTHIA ZEHNDER
 Chief Clerk

BRAD OWEN
 President of the Senate

Approved March 22, 2002

FILED

March 22, 2002 - 12:49 p.m.

GARY LOCKE
 Governor of the State of Washington
 Secretary of State
 State of Washington

SUBSTITUTE HOUSE BILL 2834

Passed Legislature - 2002 Regular Session

State of Washington 57th Legislature 2002 Regular Session

By House Committee on Health Care (originally sponsored by
 Representatives Schual-Berke, Campbell, Cody, Darneille, Conway,
 Edwards, Chase, Hunt and Pflug)

Read first time 02/08/2002. Referred to Committee on .
 AN ACT Relating to requiring a medication or treatment order as a
 condition for children with life-threatening conditions to attend
 public school; and adding a new section to chapter 28A.210 RCW.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

{+ NEW SECTION. +} Sec. 1. A new section is added to chapter 28A.210 RCW to read as follows:

(1) The attendance of every child at every public school in the state shall be conditioned upon the presentation before or on each child's first day of attendance at a particular school of a medication or treatment order addressing any life-threatening health condition that the child has that may require medical services to be performed at the school. Once such an order has been presented, the child shall be allowed to attend school.

(2) The chief administrator of every public school shall prohibit the further presence at the school for any and all purposes of each child for whom a medication or treatment order has not been provided in accordance with this section if the child has a life-threatening health condition that may require medical services to be performed at the school and shall continue to prohibit the child's presence until such order has been provided. The exclusion of a child from a school shall be accomplished in accordance with rules of the state board of education. Before excluding a child, each school shall provide written notice to the parents or legal guardians of each child or to the adults in loco parentis to each child, who is not in compliance with the requirements of this section. The notice shall include, but not be limited to, the following: (a) The requirements established by this section; (b) the fact that the child will be prohibited from further attendance at the school unless this section is complied with; and (c) such procedural due process rights as are established pursuant to this section.

(3) The state board of education shall adopt rules under chapter 34.05 RCW that establish the procedural and substantive due process requirements governing the exclusion of children from public schools under this section. The rules shall include any requirements under applicable federal laws.

(4) As used in this section, "life-threatening condition" means a health condition that will put the child in danger of death during the school day if a medication or treatment order and a nursing plan are not in place.

(5) As used in this section, "medication or treatment order" means the authority a registered nurse obtains under RCW 18.79.260(2).

Passed the House February 14, 2002.

Passed the Senate March 7, 2002.

Approved by the Governor March 22, 2002.

Filed in Office of Secretary of State March 22, 2002.