Guidelines for the Care of Students With Food Allergies At-Risk for Anaphylaxis

To Implement Texas Education Code Chapter 38 Section 38.0151

Guidelines for Use by Local Boards of Trustees of School Districts and Governing Bodies of Open-Enrollment Charter Schools

Acknowledgements

TEXAS
Department of
State Health Service

The Commissioner of the Texas Department of State Health Services (DSHS) in consultation with the SB 27-Ad-Hoc Committee developed the following guidelines for use by local Boards of Trustees of school districts and governing bodies of open-enrollment charter schools. These guidelines and sample documents are meant to serve merely as a reference (and illustrative) guide and are intended to assist a district in developing and administering a policy for the care of students with diagnosed food allergies at risk for anaphylaxis.

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Guidelines for the Care of Students With Food Allergies At-Risk for Anaphylaxis

To Implement Senate Bill 27 (82nd Legislative Session)

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Introduction

Introduction

A ***food allergy*** is an abnormal response to a food, triggered by the body's immune system (NIAID, 2010). Symptoms of a food induced allergic reaction may range from mild to severe and may become life-threatening. Reactions vary with each person and each exposure to a food allergen and the severity of an allergic reaction is not predictable. The Centers for Disease Control and Prevention recently reported an 18 percent increase in food allergies among school-aged children from 1997 to 2007. Current estimates state that between 1 in 13 (Gupta, 2011)) and 1 in 25 children are now affected with 40 percent reporting a history of severe reaction (CDC, 2012). There is no cure for food allergies. Strict avoidance of food allergens and early recognition and management of allergic reactions are important measures to prevent serious health consequences (U. S. Food and Drug Administration, 2008). Children spend up to 50 percent of their waking hours in school, and foods containing allergens are commonly found in schools. Thus, the likelihood of allergic reactions occuring in schools is high (Sheetz, 2004). Studies show that 16-18 percent of children with food allergies have had allergic reactions to accidental ingestion of food allergens while in school. Moveover, food-induced anaphylaxis data reveals that 25 percent of anaphylactic reactions in schools occur among students without a previous food allergy diagnosis (Sicherer, 2010 & Nowak-Wegrzyn, 2001).

Current research shows that between 1 in 13 and 1 in 25 children are now affected with food allergies.

Food-induced anaphylaxis data reveals that 25 percent of anaphylactic reactions in schools occur among students without a previous food allergy diagnosis.

With the increasing prevalence of food allergies in the past two decades, care of students with life-threatening allergies has become a major issue for school personnel (Sheetz, 2004). School personnel should be ready to effectively manage students with known food allergies and should also be prepared to recognize symptoms of an allergic reaction in both diagnosed and undiagnosed students in order to respond to the student's emergency needs.

Caring for children with diagnosed food allergies at-risk for anaphylaxis in the school setting requires a collaborative partnership with the students, parents, healthcare providers and school staff. School superintendents may wish to designate or assign a school staff member, knowledgeable about food allergies, to serve as the district's point of contact. This person would oversee the development, implementation, and monitoring of a school district's food allergy management plan and coordinate the activities of the food allergy management team on each campus. Several key elements should be considered by the school district in the development of the district's food allergy management plan in order to promote the physical safety of children with diagnosed food allergies at-risk for anaphylaxis and support their emotional needs.

The key elements identified as being fundamental in the development of a comprehensive food allergy management plan for schools include the following:

1. Identification of Students with Food Allergies At-risk for Anaphylaxis;
2. Development, Communication, Implementation and Monitoring of Food Allergy Action Plans, Emergency Care Plans, Individualized Health Care Plans, and/or 504 Plans;
3. Reducing Risk of Exposure Within the School Setting;
4. Training for School Staff on Recognition of Anaphylaxis and Appropriate Emergency Response, and
5. Post Anaphylaxis Reaction-Review of Policy and Procedures.

Caring for children at-risk for anaphylaxis in school requires a collaborative partnership with the students, parents, health-care providers and school staff.

Background

Background

In response to the increase in students with diagnosed food allergies at-risk for anaphylaxis, Senate Bill 27 (2011, 82nd Legislative Session) amends Chapter 38 of the Texas Education Code by adding Section 38.0151. This section requires the Board of Trustees of each school district and the governing body or appropriate officers of open-enrollment charter schools to adopt and administer a policy for the care of students with diagnosed food allergy at risk for anaphylaxis. The policy must be based on guidelines developed by the state Commissioner of Health in consultation with the Ad Hoc Committee.

Texas Education Code Section 38.0151 requires the Board of Trustees of each school district and the governing body of open-enrollment charter schools to adopt and administer a school policy for the care of students with diagnosed food allergy at risk for anaphylaxis.

In addition, a school district or open-enrollment charter school that implemented policy for the care of students with a diagnosed food allergy at risk for anaphylaxis before the development of the DSHS guidelines shall review and revise their policy as necessary to ensure it is consistent with the DSHS guidelines.

This document is intended to serve as a reference and illustrative guide for local school boards or charter school leadership to utilize in creating and implementing school district policies and administrative regulations. Any portion of this document may be reproduced for educational purposes or policy development.

Legislation

Legislation

The following Federal and State legislation and administrative codes should be considered in the development of school policy and administrative regulations related to children with diagnosed food allergies at-risk for anaphylaxis. **It should be noted that a life-threatening food allergy is recognized as a disability by the United States Department of Education and Department of Agriculture.**

- Federal Legislation
  - Section 504 of the Rehabilitation Act of 1973
    www.ada.gov/cguide.htm
  - The Americans with Disabilities Act Amendments of 2008
    www.ada.gov/pubs/ada.htm
  - Individuals with Disabilities Education Act
    www2.ed.gov/policy/speced/guid/idea/idea2004.html
  - United States Department of Agriculture Public Law 111-296
    "Healthy, Hunger-free Kids Act of 2010"
    http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_public_laws&docid=f:publ296.111
  - FERPA Family Educational Rights and Privacy Act of 1974
    (20 U.S.C. Section 1232)
    www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html
  - The Health Insurance Portability and Accountability Act of 1996 (HIPAA)
    Privacy and Security Rules
    www.hhs.gov/ocr/privacy
- State Legislation
  - Texas Education Code
    - Chapter 22, Section 22.052
    - Chapter 25, Section 25.0022
    - Chapter 38, Section 38.015 states that a "student with asthma or anaphylaxis is entitled to possess and self-administer prescription asthma or anaphylaxis medicine while on school property or at a school-related event or activity if:
      1) the prescription medicine has been prescribed for that student as indicated by the prescription label on the medicine;
      2) the student has demonstrated to the student's physician or other licensed health care provider and the school nurse, if available, the skill level necessary to self-administer the prescription medication, including the use of any device required to administer the medication;
      3) the self-administration is done in compliance with the prescription or written instructions from the student's physician or other licensed health care provider; and

4) a parent of the student provides to the school:
   (A) a written authorization, signed by the parent, for the student to self-administer the prescription medicine while on school property or at a school-related event or activity; and
   (B) a written statement from the student's physician or other licensed health care provider, signed by the physician or provider that states:
      i. that the student has asthma or anaphylaxis and is capable of self-administering the prescription medicine;
      ii. the name of the medicine;
      iii. the prescribed dosage for the medicine;
      iv. the time at which or circumstances under which the medicine may be administered;
      v. the period to which the medicine is prescribed.

- Chapter 38, Section 38.0151
- Chapter 38, Section 38.017
- Chapter 38, Section 38.018
- Chapter 38, Section 38.051

www.statutes.legis.state.tx.us

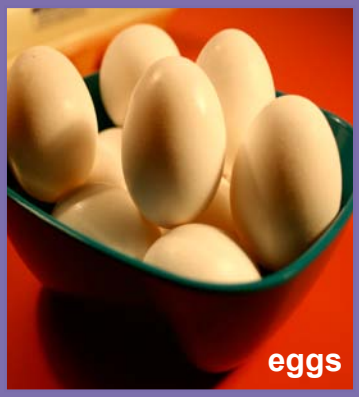
- Texas Family Code, Chapter 32, Section 32.001-32.003
- Texas Administrative Code Title 4, Part 1, Chapter 26, Subchapter A (Texas Public School Nutition Policy) http://Childnutritionpolicy

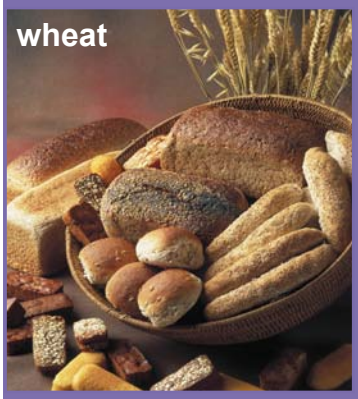
Although the policies listed below are not required, school boards or charter school leadership may want to review the following local policies, if applicable, and update the policy to include provisions for children with food allergies at-risk for anaphylaxis:

- Consent to Medical Treatment Policy
- Medication Administration Policy
- Self-Administration of Asthma or Anaphylaxis Medication Policy
- Food Allergy Information Policy
- Bullying Policy
- Emergency Response Policy

For additional information on caring for children with health issues in the school setting, go to the Texas Education Agencies website.
www.tea.state.tx.us/special_needs.html
TEA's webpage on health conditions

Definition of Food Allergy and Anaphylaxis





Definition of Food Allergy and Anaphylaxis

A ***food allergy*** is a potentially serious immune-mediated response that develops after ingesting or coming into contact with specific foods or food additives. A life-threatening allergic reaction to food usually takes place within a few minutes to several hours after exposure to the allergen. Eight foods account for over 90 percent of allergic reactions in affected individuals: milk, eggs, peanuts, tree nuts, fish, shellfish, soy and wheat (Sampson, 2004 & Sicherer S., 2002). Although most allergic reactions are attributed to these eight foods, any food has the potential of causing a reaction. In addition, school settings may contain non-food items such as arts and crafts materials, that contain trace amounts of food allergens. Many products used in the school setting may contain food proteins. Cross contamination can occur when an allergen is transferred from one item (utensils, pots, pans, countertops, surfaces, etc.) to another. When preparing, handling and serving food, it is critical to make sure that food preparation and serving utensils are not exposed to allergens for the safety of children with food allergies. Allergic reactions can occur with trace exposure to food allergens. There is no cure for food allergy. Strict avoidance of allergens and early recognition and management of allergic reactions are important to the safety of children with food allergies at risk for anaphylaxis.

Eight foods account for over 90 percent of allergic reactions in children: milk, eggs, peanuts, tree nuts, fish, shellfish, soy and wheat.

Anaphylaxis is defined as “a serious allergic reaction that is rapid in onset and may cause death” (Simons, 2008). Anaphylaxis includes a wide range of symptoms that can occur in many combinations and is highly unpredictable. It is estimated that four out of every 50 children have a food allergy (Gupta, R, 2011) and children with food allergies are more likely to experience other allergies. Children with the diagnosis of asthma may be more likely to experience an anaphylactic reaction to foods and be at higher risk of death. In case studies of fatalities from food allergy among pre-school and school-aged children in the United States, nine of 32 fatalites occurred in school and were associated primarily with significant delays in administering epinephrine, the only life saving treatment for anaphylaxis (Sicherer S. & Mahr, T. 2010). Epinephrine is available through a physician’s prescription in a auto-injectable device. The severity of one reaction does not predict the severity of subsequent reactions and any exposure to an allergen should be treated based on the child’s Food Allergy Action Plan (FAAP)/Emergency Action Plan (EAP) and Individualized Healthcare Plan (IHP).

Food allergy can have a wide-ranging, negative effect on children and their families, affecting not only life at home but also school, work, vacation, and entertainment. Virtually no life activity remains unaffected by the presence of a potentially fatal allergy (Greenhawt, M., 2011). Currently, management of food allergies consists of educating children, parents and care providers, including school personnel, about strict avoidance of the food allergen, recognizing the signs and symptoms of an allergic reaction, and initiating emergency treatment in case of an unintended ingestion or exposure. In order to address the complexities of food allergy management in schools, it is important that students, parents/caregivers, and school personnel work cooperatively to create a safe and supportive learning environment (National School Boards Association, 2011).

Signs and Symptoms of an Allergic Reaction

In the case of life-threatening food allergy reactions, more than one system of the body is involved. The mouth, throat, nose, eyes, ears, lung, stomach, skin, heart, and brain can all be affected. The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock, which is potentially fatal.

Alert

Body System	Sign or Symptom
Mouth	Tingling, itching, swelling of the tongue, lips or mouth; blue/grey color of the lips
Throat	Tightening of throat; tickling feeling in back of throat; hoarseness or change in voice
Nose/Eyes/Ears	Runny, itchy nose; redness and/or swelling of eyes; throbbing in ears
Lung	Shortness of breath; repetitive shallow cough; wheezing
Stomach	Nausea; vomiting; diarrhea; abdominal cramps
Skin	Itchy rash; hives; swelling of face or extremities; facial flushing
Heart	Thin weak pulse; rapid pulse; palpitations; fainting; blueness of lips, face or nail beds; paleness

Treatment of Anaphylaxis

Epinephrine is the first-line treatment in cases of anaphylaxis. Other medications have a delayed onset of action. Epinephrine is generally prescribed as an auto-injector device that is relatively simple to use.

Anaphylaxis can occur immediately or up to two hours following exposure to an allergen. In approximately one third of anaphylactic reactions, the initial symptoms are followed by a delayed wave of symptoms two to four hours later. This combination of an early phase of symptoms followed by a late phase of symptoms is defined as a biphasic reaction. While initial symptoms respond to epinephrine, the delayed biphasic response may not respond to epinephrine and may not be prevented by steroids.

Prompt administration of epinephrine is key to surviviing a life-threatening reaction.

Therefore, it is imperative that following the administration of epineprhine, the student be transported by emergency medical services (EMS) to the nearest hospital emergency department even if the symptoms appear to have resolved.

Because the risk of death or serious disability from anaphylaxis itself usually outweighs other concerns, existing studies clearly favor the benefit of epinephrine administration in most situations. There are no medical conditions which absolutely prohibit the use of epinephrine when anaphylaxis occurs (Boyce, 2010).

Food Allergy Management in the School Setting

Food Allergy Management in the School Setting

School districts and open-enrollment charter schools are required to develop and implement policies to address children with diagnosed food allergies at-risk for anaphylaxis. The school district's policy and administrative regulations should be comprehensive yet flexible in addressing different food allergens, varying ages and maturity levels of students, as well as the physical properties and organizational structures of schools and communities. While the policies may differ in the detail, they should all address common evidence-based stategies in the management of food allergies and anaphylaxis within the school setting. The following components should be addressed in policy and administrative regulations needed to support students with food allergies at risk for anaphylaxis.

1. Identification of Students with Food Allergies At-Risk for Anaphylaxis
2. Development, Implementation, Communication and Monitoring of Emergency Care Plans, 504 plans, and/or Individualized Health Care Plans for Students with Food Allergies At-risk for Anaphylaxis.
3. Reducing the Risk of Exposure Within the School Setting
4. Training for School Staff on Anaphylaxis and Emergency Response to Anaphylactic Reactions
5. Post Anaphylaxis Reaction-Review of Policies and Procedures

In order to coordinate the management of food allergies within the school district, the superintendent may consider designating a school district (central office) employee, that is knowledgable about food allergies, to serve as the point of contact for parents, healthcare providers, campus food allergy management team, if established by the campus, and other school staff. The superintendent's designee can help facilitate the development, implementation, and monitoring of comprehensive and coordinated administrative regulations by convening a multi-disciplinary team in addressing the components listed previously in this section. The designee should receive ongoing training in the management of food allergies in the school setting, including the provision of administration of epinephrine. The superintendent's designee may also want to consider working with the local School Health Advisory Council (SHAC) in gaining parent and community input into the development of administrative regulations and assistance in locating and coordinating resources necessary to implement the food allergy management strategies.

In order to implement, coordinate, and monitor food allergy management on a campus, a food allergy management team may be created.

In order to implement, coordinate, and monitor food allergy management on a campus, a food allergy management team (see Appendix G for sample staff roles) may be created. Members of the food allergy management team may include, but is not limited to, the following: a school nurse (when available), the principal, food service staff, custodial staff, a counselor, classroom teacher(s), and bus driver(s). The food allergy management team can work with parents in supporting students with food allergies on the campus as well as assist campus staff in implementing administrative regulations and student specific strategies.

Identification of Students With Food Allergy At-Risk for Anaphylaxis

Identification of Students With Food Allergy At-Risk for Anaphylaxism

Due to an increase in prevalence of food allergies and the potential for a food allergic reaction to become more life-threatening, information needs to be shared with the school in order to promote safety for children with food allergies that are at-risk for anaphylaxis. It is important for parents to provide accurate and current health information when requested, in order to assist schools in obtaining information necessary to:

1. identify the child's food allergens;
2. specify the nature of the child's allergic reaction;
3. reduce risk of exposure to food allergens;
4. provide emergency treatment to the student during the school day and at school-sponsored activities in the event there is an unintended exposure to a food allergen; and
5. facilitate communication between the school and the student's healthcare provider.

Texas Education Code Chapter 25, Section 25.0022 states that upon enrollment of a child in a public school, a school district shall request, by providing a form or otherwise, that a parent or other person with legal control of the child under court order:

1. disclose whether the child has a food allergy or a severe food allergy that, in the judgement of the parent or other person with legal control, should be disclosed to the district to enable the district to take necessary precautions regarding the child's safety, and
2. specify the food to which the child is allergic and the nature of the allergic reaction.

The United States Department of Agriculture regulations require substitutions or modifications in school meals for children whose disabilities restrict their diets.

In addition, the United States Department of Agriculture regulations (Texas Department of Agriculture, 2011) require substitutions or modifications in school meals for children whose disabilities restrict their diets. When in the licensed physician's assessment, food allergies may result in severe, life-threatening (anaphylactic) reactions, the child's condition would meet the definition of "disability," and the substitutions prescribed by the licensed physician must be made. The school nutrition program must receive a signed statement by a licensed physician that identifies:

- the child's disability;
- an explanation of why the disability restricts the child's diet;
- the major life activity affected by the disability; and
- the food or foods to be omitted from the child's diet and the food or choice of foods that must be substituted.

It is important to note that because of the risk of anaphylaxis, school staff should also be trained to recognize the signs and symptoms of an allergic reaction and be able to provide emergency treatment and properly activate the EMS for all children showing

signs and symptoms of an anaphylactic reaction. School boards, especially those with school campuses located in remote areas with limited access to EMS, may want to consider the feasability of having stock epinephrine to use in the event a person with a diagnosed food allergy has a life-threating allergic reaction but does not have access to epinephine or a person with an undiagnosed allergy has a life-threatening allergic reaction. The DSHS Texas Guide to School Health Programs (Texas Department of State Health Services, 2011) outlines this in further detail by suggesting that schools can prepare for serious allergic reactions by working in obtaining standing medical orders for the use of emergency epinephrine and working with local EMS to determine the availability of epinephrine on EMS vehicles. For more information go to Chapter 9 at the following: **www.dshs.state.tx.us/schoolhealth/pgtoc.shtm**.

Schools can prepare for serious allergic reactions by obtaining standing medical orders for the use of emergency epinephrine and working with local EMS to determine the availability of epinephrine on EMS vehicles.

School districts should develop, implement and monitor standardized procedures that will be utilized in obtaining information from parents as well as the child's healthcare provider upon registration and as soon as possible after a child is diagnosed with a food allergy that places them at risk for anaphylaxis. In order to facilitate better communication across the district, schools may also wish to adopt standardized forms to utilize in obtaining this information on an annual basis. (See Appendix A for sample forms).

The identification process is essential in providing information to the school so that further follow-up with parents, healthcare providers, and the campus food allergy management team, if established and can secure the FAAP/EAP, and where appropriate, begin planning for the child's care by the development of a 504 Plan or IHP.

Development, Implementation, Communication and Monitoring of Emergency Care Plans and/or Individualized Health Care Plans

Development, Implementation, Communication and Monitoring of Emergency Care Plans and/or Individualized Health Care Plans

Unlike a food allergy, a food intolerance does not involve the immune system and is not life threatening.

There are several types of adverse reactions that can occur with food. Adverse reactions can range from "food intolerance" to a food allergy that puts a child at risk for anaphylaxis (Sicherer 2011). Unlike a food allergy, a food intolerance does not involve the immune system and is not life threatening. A food allergy diagnosis requires a careful medical history, laboratory studies, and other diagnostic tests ordered by a licensed healthcare provider. Once the healthcare provider has made the medical diagnosis of food allergy, a FAAP/EAP will be developed by the healthcare provider in collaboration with the parents or legal guardians. The FAAP/EAP provides information about the child's food allergy, outlines the care that the child will need in managing the food allergy, and outlines actions to be taken in case of an allergic reaction. (See Appendix B for sample FAAP/EAP forms).

In order to facilitate clear communication between parents, healthcare providers, school administrators and the campus food allergy management team, if established, in the event the child has an allergic reaction at school, the FAAP/EAP may outline the following:

- The name, date of birth, and grade level of the child.
- A picture of the child so that they can be easily identified.
- A list of the foods to which the child is allergic.
- Indication of whether or not the child has asthma (higher risk for severe reaction if the child has asthma).
- Description of past allergic reactions, including triggers and warning signs as well as information about the child's emotional response to the condition and their need for support.
- Clear instructions on what symptoms require the use of epinephrine immediately.
- Clear instructions (including diagrams) on how epinephrine should be administered.
- The name of medications to be utilized in an emergency including the brand name, generic name and the dosage to be administered, and when to give an additional dose of emergency medications. Instructions regarding monitoring the child and communicating to EMS the medications that were given, what time the medications were given and how to position the child when they have had a severe reaction.
- A place for a signature and date by the parent and the physician/healthcare provider, school nurse or other designated school representative or school administrator.
- A place to list contact information for parents/guardians, healthcare providers and other emergency contact information including phone numbers.

In schools with a school nurse, the FAAP/EAP may be utilized to develop an IHP which outlines day to day nursing care for managing the student's food allergy. The National Association of School Nurses has a position statement on IHPs that outline what they are and how they are to be utilized in the school setting (See Appendix C and E). The school nurse may facilitate the process of implementing the FAAP/EAP in coordination with the campus food allergy management team, if established, and the parents.

To ensure a safe learning environment for the student with life-threatening food allergies, the parents and the student (when age appropriate) should plan to meet with the campus food allergy management team, if established, to review the FAAP/EAP. In addition, the school may confirm that all consent forms are signed for the administration of medications, including self-administration and assist in the development of the IHP (if there is a school nurse assigned to the campus). This meeting should occur prior to the child attending school, after returning to school after an absence related to the diagnosis, and anytime there are changes to the student's FAAP/EAP. This meeting is an opportunity to clarify the measures that will occur on the campus to promote safety, minimize exposure, recognize signs and symptoms, and provide emergency treatment as outlined in the EAP.

In some instances, the school may also develop a 504 Plan to address the health and learning needs of a student. Students at-risk for anaphylaxis may be considered to have a disability and require services and program modifications so that the student with food allergies at-risk for anaphylaxis can safely participate in the learning environment.

Reducing the Risk of Exposure Through *Environmental Controls*

Reducing the Risk of Exposure Through *Environmental Controls*

Current management of food allergies relies on strict avoidance of the food allergen, early recognition of symptoms, and prompt treatment when an allergic reaction occurs due to unintended exposure to the food. For children, dietary management in schools can be difficult, because food sharing, school projects using foods, parties, lack of onsite medical personnel, and other issues arise. (Young, 2009). Protecting students from exposure to allergens to which they are sensitive is the most important way to prevent life-threatening anaphylaxis.

Protecting students from exposure to allergens is the most important way to prevent life-threatening anaphylaxis.

In order to promote safety, policies and administrative regulations should outline district-wide, campus-wide, classroom-wide and individual strategies that are to be utilized for managing children with food allergies at-risk for anaphylaxis. Consideration should be given in promoting safety in the following areas, including, but not limited to: the cafeteria, all classrooms, hallways, common areas in the school, on the bus, and during all school-sponsored activities, including field trips, athletic events, on-campus, off-campus, and before and after school activities.

Consideration should be given in promoting safety in the following areas: the cafeteria, all classrooms, hallways, common areas in the school, on the bus, and during all school-sponsored activities, including field trips, athletic events, on-campus, off-campus, and before and after school activities.

The superintendent's designee, serving as the point of contact, working in collaboration with the campus food allergy management team, if established, and parents may help in developing individual campus strategies to support students with food allergies at-risk for anaphylaxis. Implementing appropriate environmental controls can help minimize risk of exposure to a food allergen. (See Appendix F for Sample Roles and Responsibilities related to Students, Families and Schools)

Environmental controls include consideration of the following:

1. Identifying high-risk areas in the school and implementing strategies to limit exposure to food allergens and implementing general risk reduction strategies throughout the school and at school-sponsored activities. Children at risk for anaphylaxis should not be excluded from the classroom activities based on their food allergies.
2. Limiting, reducing, and/or eliminating food from classroom(s) and other learning environments used by children with food allergies at risk for anaphylaxis.
3. Notifying and educating school staff and parents of the need to limit foods as needed on the campus, in the classroom, or at school sponsored activities.
4. Developing procedures for the management of parent-provided classroom snacks as allowed by Texas statute, with consideration given to students with food allergies at-risk of anaphylaxis.

5. Implementing appropriate cleaning protocols in the school, with special attention to identified high-risk areas.
6. Providing training to the school food service department to reduce the risk of cross-contamination during food preparation and food service, as well as minimizing foods served in the cafeteria that may contain food allergens.
7. Providing training on food allergy awareness to teachers, staff, and parents.
8. Posting of visual reminders promoting food allergy awareness.
9. Educating children about not trading or sharing food, snacks, drinks, or utensils.
10. Implementing hand washing protocols before and after meals. (Hand washing should be done with soap and water, as hand sanitizers are not sufficient for removing allergens.)
11. Assign staff trained in the administration of epinephrine as monitors in the food service area, as appropriate.
12. Provide ready access to epinephrine in an accessible, secure but unlocked area.
13. Consider risk reduction strategies for the school bus, during extracurricular activities, on field trips, during before-and after school activities, and at sporting events.
14. Reinforce rules and expectations about bullying, including bullying of students with food allergies.

(See Appendix H for Considerations)

Training for School Staff on Food Allergies, Anaphylaxis and Emergency Response

Training for School Staff on Food Allergies, Anaphylaxis and Emergency Response

Education is key in identifying and supporting students with life-threatening food allergies in the school setting. A tiered approach to training can prepare all staff in identifying and providing emergency care to students with a life-threatening anaphylatic reaction. A school may wish to establish a training schedule that ensures that all school staff are prepared to recognize and manage a life threatening anaphylactic reaction. The tiered approach includes an "awareness training" for all staff and more "comprehensive training" for the campus food allergy management team, if established by the campus, and school staff members that will be responsible for the care of individual students. Free on-line training and other training resources can be found in the guideline appendices.

Awareness training is intended to give an overview of food allergies and anaphylaxis including the signs and symptoms of an allergic reaction, as well as treatment of anaphylaxis. The training should include information about the most common food allergens, the hazards related to the use of food for instructional purposes, and the importance of environmental controls in protecting the health of students at risk for food allergy related anaphylaxis. The training should also provide information about how to respond when a child exhibits the signs and symptoms of an allergic reaction to food, provide information on implementing the FAAP/EAP, including the skills needed in administration of epinephrine, and notifying the local EMS utilizing the school's emergency response policy and procedures. This generalized training gives an overview for all staff and basic instruction on how to identify and take emergency action in the event of an allergic reaction.

Awareness training for all staff is intended to give an overview of food allergies and anaphylaxis and basic instruction on how to identify and take emergency action in the event of an allergic reaction.

Training for School Staff on Food Allergies, Anaphylaxis and Emergency Response (continued)

More conprehensive training may be conducted with the campus food allergy management team (if established), interested parents, and other school staff responsible for the care of individual students. This training is more detailed and may include, but is not limited to, more indepth information on (See Appendix J for sample agendas):

- Identifying students at-risk for anaphylaxis and planning for students that do not have epinephrine at school.
- Signs and symptoms of anaphylaxis.
- Implementing FAAPs/EAPs, including training in the administration and storage of epinephrine.
- Development and implementation of IHPs/504 Plans.
- Communication procedures for initiating emergency protocols, including substitute staff.
- Environmental control measures, to reduce the risk of exposure to a food allergen, including safe food handling, handwashing, and cleaning procedures.
- Working with local EMS.
- Post anaphylaxis debriefing and monitoring of the food allergy mangement plans on the campus.

Post Anaphylaxis Reaction Review of Policy and Procedures

Post Anaphylaxis Reaction Review of Policy and Procedures

In order to stay current with the management of food allergies in the school setting, policies and administrative regulations should be reviewed and updated at least annually. Review may include looking at the following information:

- Current science on management of food allergies in the school setting.
- A review of the school district's annual incident report summaries.
- A review of current policies and administrative procedures.
- Recommendations brought forth by the campus food allergy management team, if established, or the local SHAC.

Review of the policy and procedures can help ensure that the most current information is utilized in providing care for food allergic students and align with current statute, rules and evidence-based practice.

Review of district policy and procedures; current statutes, rules and evidence-based practice can help ensure that the most current information is utilized in providing care for food allergic students.

For students who have experienced an allergic reaction at school, additional review will help in promoting safety upon the child's return to school. The approach taken by the school is dependent upon the severity of the reaction, the student's age and whether it was witnessed by their classmates. In the event the child had a moderate to severe reaction, and to prepare for the child's return to school, the superintendent's designee and/or the campus food allergy management team, if established, may wish to collaborate with the student's parents in collecting and reviewing information and implementing the following activities in order to prepare for the child's return to the classroom:

- Identify, if possible, the source of allergen exposure and take steps to prevent future reactions.
- Review accurate and updated information on the allergic reaction including any new medication(s) which would require new consent forms to be signed by the parents.
- Identifying and interviewing those who were involved in the emergency care of the student and those that witnessed the event.
- Meeting with school staff to dispel any rumors and review administrative regulations.
- Providing factual information to parents of other classroom students that complies with FERPA law and does not identify the individual student.
- If the allergic reaction is thought to be from food provided by the school food service, work with the school food service department to ascertain what potential food item was served/consumed, how to reduce risk in the cafeteria by reviewing food labels, minimizing cross-contamination and other strategies.
- Review of the FAAP/EAP, IHP, and/or the 504 Plan and amend to address any changes that were made by the student's healthcare provider.
- If an epinephrine auto-injector was utilized during the reaction, ensure that the parent/guardian replaces it with a new one.

In the rare but plausible event of a fatal reaction, the school's crisis plan for dealing with the death of a student should be implemented. Mental health professionals as well as healthcare providers with knowledge about food allergies should be on hand to answer questions that may come up.

Conclusion and Appendices

Conclusion

Raising a child with life-threatening food allergies is challenging and requires vigilance. Parents must ensure strict food avoidance, understand food labeling and be on constant alert in a world that is not food allergy friendly (Vermont Department of Education, 2008).

Parents must ensure strict food avoidance, understand food labeling and be on constant alert in a world that is not food allergy friendly.

Given the increasing prevalence of food allergies in children and as children transition into the school setting, schools can play a major role in helping parents by implementing policies and administrative regulations that promote the physical and emotional health of children with diagnosed food allergies at-risk for anaphylaxis. There are many resources available to help schools develop policies and regulations that help promote safety for all children. (See Appendix L for additional resources)

The following appendices are intended to serve merely as samples and are not required to be implemented by school boards or school districts. In addition, school boards should consider local policies, practices and available resources in developing the policy and administrative regulations related to children with food allergies at-risk for anaphylaxis. School districts should consult with their local attorney in developing district policies and administrative regulations.

Appendices

Appendix A: Sample Student Identification Forms and Letters
Appendix B: Sample Food Allergy Action Plan/Emergency Action Plan Forms
Appendix C: Sample Food Allergy Planning Algorithm
Appendix D: Sample 504 Plan
Appendix E: Sample Individualized Healthcare Plan Template
Appendix F: Sample Family, School, and Student Roles and Responsibilities
Appendix G: Sample Staff Roles and Responsibilities
Appendix H: Considerations for Developing Administrative Regulations
Appendix I: National School Boards Association Allergy Checklist
Appendix J: Sample Training Agendas/Epinephrine Administration Checklist
Appendix K: Definitions
Appendix L: Resources for Policy Development and Training and References

Appendix A: Sample Student Identification Forms and Letters

Health Services **Allergic Reactions**

To Parent/Guardian of: _____,

Upon receipt of the health information card for your child, it was noted that your child either had food allergies or wasp/bee sting allergies. Because allergies of this type can be serious, please provide a description of the reaction your child experiences in the space provided below.

Additionally, you need to be aware that if your child purchases a school lunch, the cafeteria cannot substitute or change menu items without written doctor's orders on file at the school. This requirement has been established by the State of Texas.

If your child has severe allergic reactions, I urge you to discuss with your doctor the possible need of keeping an Epi-pen (medication to be used only in the event of a life-threatening allergic response) at school. The nurse's office does stock a single dose of epinephrine, which can be administered in the event of an emergency. If you wish the school nurse to have the authority to administer this medication, please sign and return the enclosed form. Thank you for your assistance.

Sincerely,

_____
School Nurse

My child, _____, has the following symptoms during a reaction:

_____
_____
_____

_____ _____
Parent Signature Date

This document is to be maintained in the Student's Cumulative Folder

REQUEST FOR FOOD ALLERGY INFORMATION

Dear Parent:
This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the District in order to enable the District to take necessary precautions for your child's safety.

"Severe food allergy" means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as how your child reacts when exposed to the food that is listed.

☐ No information to report.

Food	Nature of Allergic Reaction to Food	Life-Threatening?

TO REQUEST A SPECIAL DIET, MODIFICATION OF A MEAL PLAN OR PROVIDE OTHER INFORMATION FROM YOUR DOCTOR ABOUT YOUR CHILD'S FOOD ALLERGY, YOU MUST CONTACT THE SCHOOL NURSE OR SCHOOL ADMINSTRATOR WHERE YOUR CHILD ATTENDS SCHOOL.

The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy.

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

Parent/Guardian Name: _____

Work Phone: _____ Mobile Phone: _____ Home Phone: _____

Parent/Guardian Signature: _____ Date: _____

Date form received by Campus: _____

Health and Medical Services February 2012

METZGER MIDDLE SCHOOL
AGE, GRADE, HEALTH AND RESIDENCE

ETHNIC CODE: (Circle One)
Indian Asian Hispanic Black White

FEDERALLY CONNECTED:
Y OR N

NAME: _____ GRADE: _____
Last First Middle

ADDRESS: _____
Number Street City Zip Code

DATE OF BIRTH: _____ AGE: _____ SOCIAL SECURITY NUMBER: _____
Month/Day/Year

Father/Guardian Name: _____ Date of Birth: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Occupation of Parent/Guardian: _____

Mother/Guardian Name: _____ Date of Birth: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Occupation of Parent/Guardian: _____

IF PARENT/GUARDIAN CANNOT BE REACHED, PLEASE INDICATE ALTERNATE ADULT(S) WHOM THE SCHOOL SHOULD CALL:

_____
Alternate Adult Relationship Phone Number

_____
Alternate Adult Relationship Phone Number

Other Instructions:
_____

Education Code 21.031 (g) and (h)
A person who knowingly falsifies information of a form required for enrollment of a student in a school district is liable for the greater of the maximum tuition fee or the amount the district has budgeted for each student as maintenance and operation expenses if the student is not eligible for enrollment in the district but is enrolled on the basis of this false information.

PHYSICIAN: _____ PHONE NUMBER: _____
DENTIST: _____ PHONE NUMBER: _____

Check those illnesses that this student has had and/or those health condition(s) of which the school should be aware.
Give dates, if possible, when the illness (es) occurred.

_____ Asthma
_____ Chicken Pox
_____ Diabetes
_____ Epilepsy or Seizures
_____ Heart Condition
_____ Heart Condition
_____ Hepatitis
_____ Mumps
_____ Rheumatic Fever

Does this student have a vision problem?
Yes _____ No _____

If Yes, state the vision Problem: _____
Does the student wear glasses? _____
Dose the student wear contacts? _____
Is there a hearing loss? Yes _____ No _____

Does this student have allergic reactions to any drug, food, or insect bites? Yes _____ No _____
If yes:
Name of Drug: _____
Name of Food: _____
Name of Insect: _____

What is a typical reaction and treatment? _____

Does the student take medication on a regular basis? Yes _____ No _____
If yes, name the medication: _____
Additional health problems or instructions not previously covered: _____
_____

JISD does not assume financial responsibility but does wish to provide the best emergency service.

New Braunfels Independent School District
430 W. Mill, New Braunfels, Texas 78130
Date_____
Student Name_____Teacher/ID_____

Dear Parent,

Upon reviewing the nurse information card that you completed, I noticed that your child has an allergy to _____.

Please provide the following:

1. Describe the child's allergic reactions in the past; including when and how they occur:
_____
_____
_____

2. How are these reactions treated? _____
_____
_____

3. Is this child on daily or as needed medications for this allergy? _____
_____
_____

4. Please provide further details to the address below, including a physician's statement if necessary.

Thank you,
_____Nurse
_____School
_____Phone
_____Address
_____

AllergicRxnLtrN14 rev. 5/05

Una nota de tu enfermera

Fecha_____Maestro/a_____

Estimados Padres de_____:

En la tarjeta de información de su hijo/a listó alguna alergia. Favor de informarme cual más detalladamente para poder ayudar a su hijo/a mejor:

1. Listó una alergia _____.
Estoy en lo correcto? SI NO, sí no, por favor nombre la alerrgia:

2. Ha visto un doctor su hijo/a por está alergia? Sí No
_____

Nombre de Doctor Numero de telefono

Podemos hablarle al doctor para obtener más información?
_____Sí_____Firma de padre
_____No_____Firma de padre

3.Describa las reaciones alergicas que su hijo/a a tenido en el pasado, incluyendo cuando y como ocurren.

4. Cómo a prevenido las reaciones?

5. Necesita su hijo/a medicamentos diariamente para las alergias? SI NO, sí marco “SI” escriba las medicinas.

6. Favor de darme más detalles, incluyendo una nota de su doctor sí la tiene.
Gracias,

_____
Enfermera Escuela Telefono

AllergyLtrN14S rev.10/2008

Teamwork for Excellence

PLANO
Independent School District

Dear Parent,

Our records indicate that your child _____ has a potentially severe allergy that may require treatment at school. Attached to this letter are the forms, listed below, that will give us the necessary information and authorization to treat your child in an emergency.

1. Allergy Action Plan – Should be on file for every student with a severe allergy. Must be updated and signed by the doctor every school year.
2. Medication Authorization Forms (2) – One should be used for each medication sent to school.

Your child's supplies should include: Epi-pen with prescription label on it and antihistamine (such as Benadryl), if your child's plan calls for it. Please be alert to the expiration dates on these medications.

If we do not have these forms and supplies on hand and your child has a serious reaction, we may need to call 911 to assure your child's safety. Unfortunately, the cost is billed to the parent.

It is important for your child's safety that we have the proper authorizations and supplies on hand in order to respond in an emergency. We appreciate your help in our effort to provide the best care for your child.

Thank you,

School Nurse
Attachments

Teamwork for Excellence

PLANO
Independent School District

Estimado Padre de Familia,

Nuestros registros indican que su hijo _____ tiene una alergia con riesgo vital que puede requerir tratamiento mientras esté en la escuela. Adjuntamos a esta carta los formularios, enumerados a continuación, que nos darán la información y autorización necesarias para tratar a su hijo en un caso de urgencia.

1. Plan de Acción para Alergias - Deberá obrar en el expediente para cada alumno que tenga una alergia severa. Deberá ser actualizado y firmado por el doctor cada año escolar.
2. Formularios de Autorización para Medicamentos (2) - Se deberá usar uno para cada medicamento que se envíe a la escuela.

Los materiales de su hijo deberán incluir: Epi-pen con la etiqueta de receta y un anti-histamínico (como Benadryl), si se requiere bajo el plan de su hijo. Favor de tener en cuenta las fechas de caducidad de estos medicamentos.

Si no contamos con estos formularios y materiales, y su hijo sufre una reacción grave, es posible que necesitemos llamar al 911 para garantizar la seguridad de su hijo. Lamentablemente, se cobra a los padres el costo.

Para la seguridad de su hijo, es importante que dispongamos de las autorizaciones y materiales adecuadas para poder responder a un caso de emergencia. Agradecemos su ayuda con nuestros esfuerzos para proveer a su hijo la mejor atención.

Gracias,

Enfermera escolar
Adjuntos

Food Allergy Action Plan

Emergency Care Plan

Place Student's Picture Here

Name: _____ **D.O.B.:** ___/___/___

Allergy to: _____

Weight: _____ lbs. **Asthma:** ☐ Yes (higher risk for a severe reaction) ☐ No

Extremely reactive to the following foods: _____

THEREFORE:

☐ If checked, give epinephrine immediately for ANY symptoms if the allergen was *likely* eaten.

☐ If checked, give epinephrine immediately if the allergen was *definitely* eaten, even if no symptoms are noted.

Any SEVERE SYMPTOMS after suspected or known ingestion:

One or more of the following:

LUNG:	Short of breath, wheeze, repetitive cough
HEART:	Pale, blue, faint, weak pulse, dizzy, confused
THROAT:	Tight, hoarse, trouble breathing/swallowing
MOUTH:	Obstructive swelling (tongue and/or lips)
SKIN:	Many hives over body

Or **combination** of symptoms from different body areas:

SKIN:	Hives, itchy rashes, swelling (e.g., eyes, lips)
GUT:	Vomiting, diarrhea, crampy pain

1. **INJECT EPINEPHRINE IMMEDIATELY**
2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications:*
   -Antihistamine
   -Inhaler (bronchodilator) if asthma

*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.

MILD SYMPTOMS ONLY:

MOUTH:	Itchy mouth
SKIN:	A few hives around mouth/face, mild itch
GUT:	Mild nausea/discomfort

1. **GIVE ANTIHISTAMINE**
2. Stay with student; alert healthcare professionals and parent
3. If symptoms progress (see above), USE EPINEPHRINE
4. Begin monitoring (see box below)

Medications/Doses

Epinephrine (brand and dose): _____

Antihistamine (brand and dose): _____

Other (e.g., inhaler-bronchodilator if asthmatic): _____

Monitoring

Stay with student; alert healthcare professionals and parent. Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See back/attached for auto-injection technique.

_____ _____ _____ _____

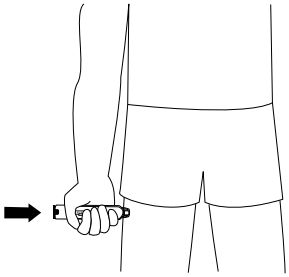
Parent/Guardian Signature **Date** **Physician/Healthcare Provider Signature** **Date**

TURN FORM OVER **Form provided courtesy of the Food Allergy & Anaphylaxis Network (www.foodallergy.org) 9/2011**

EPIPEN Auto-Injector and EPIPEN Jr Auto-Injector Directions

- First, remove the EPIPEN Auto-Injector from the plastic carrying case
- Pull off the blue safety release cap

- Hold orange tip near outer thigh (always apply to thigh)

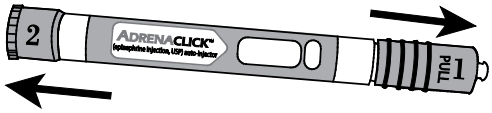


- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds

EPIPEN 2-PAK® | EPIPEN Jr 2-PAK®
(Epinephrine) Auto-Injectors 0.3/0.15mg

DEY™ and the Dey logo, EpiPen™, EpiPen 2-Pak™, and EpiPen Jr 2-Pak™ are registered trademarks of Dey Pharma, L.P.

Adrenaclick™ 0.3 mg and Adrenaclick™ 0.15 mg Directions



Remove GREY caps labeled "1" and "2."

Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Food Allergy Action Plan.

A kit must accompany the student if he/she is off school grounds (i.e., field trip).

Contacts

Call 911 (Rescue squad: (___) _____-_____) Doctor: _____ Phone: (___) _____-_____

Parent/Guardian: _____ Phone: (___) _____-_____

Other Emergency Contacts

Name/Relationship: _____ Phone: (___) _____-_____

Name/Relationship: _____ Phone: (___) _____-_____

Form provided courtesy of the **Food Allergy & Anaphylaxis Network** (www.foodallergy.org) 9/2011
For a copy of this form in Spanish, please go to: www.foodallergy.org

American Academy of Allergy Asthma & Immunology
www.aaaai.org

Anaphylaxis Emergency Action Plan

Patient Name: _____ **Age:** _____

Allergies: _____

Asthma ☐ **Yes** ***(high risk for severe reaction)*** ☐ **No**

Additional health problems besides anaphylaxis: _____

_____

Concurrent medications: _____

_____

	Symptoms of Anaphylaxis
MOUTH	**itching, swelling of lips and/or tongue**
THROAT*	**itching, tightness/closure, hoarseness**
SKIN	**itching, hives, redness, swelling**
GUT	**vomiting, diarrhea, cramps**
LUNG*	**shortness of breath, cough, wheeze**
HEART*	**weak pulse, dizziness, passing out**

Only a few symptoms may be present. Severity of symptoms can change quickly.
****Some symptoms can be life-threatening. ACT FAST!***

Emergency Action Steps - DO NOT HESITATE TO GIVE EPINEPHRINE!

1. Inject epinephrine in thigh using (check one): ☐ **EpiPen Jr (0.15 mg)** ☐ **EpiPen (0.3 mg)**

Other medication/dose/route: _____

IMPORTANT: ASTHMA INHALERS AND/OR ANTIHISTAMINES CAN'T BE DEPENDED ON IN ANAPHYLAXIS.

2. Call 911 or rescue squad (before calling contact)

3. Emergency contact #1: home_____ **work**_____ **cell**_____

Emergency contact #2: home_____ **work**_____ **cell**_____

Emergency contact #3: home_____ **work**_____ **cell**_____

Comments: _____

_____

_____

_____
Doctor's Signature/Date/Phone Number

_____
Parent's Signature (for individuals under age 18 yrs)/Date

For the form, go to **www.aaaai.org**

PHOTO

AUTHORIZATION OF EMERGENCY TREATMENT

_____ is allergic to: _____

1. If you suspect that a food allergen has been ingested (or insect sting), immediately determine the symptoms and treat the reaction as follows:

Symptoms:		**Give Medication checked "X"***		
Mouth	Itching, tingling, or swelling of lips, tongue, mouth	☐ Antihistamine	☐ EpiPen	
Skin	Hives, swelling on face or extremities, itchy rash	☐ Antihistamine	☐ EpiPen	
Gut	Nausea, abdominal cramps, vomiting, diarrhea	☐ Antihistamine	☐ EpiPen	
Throat	Tightening of throat, hoarseness, hacking cough	☐ Antihistamine	☐ EpiPen	
Lung	Shortness of breath, repetitive coughing, wheezing,	☐ Antihistamine	☐ EpiPen	
Heart	Thready pulse, passing out, fainting, pale, blueness	☐ Antihistamine	☐ EpiPen	
General:	Panic, sudden fatigue, chills, fear of impending doom	☐ Antihistamine	☐ EpiPen	
If a food allergen has been ingested, but *no symptoms*:		☒ Antihistamine	☐ EpiPen	☐ Other
If a reaction is progressing (several of the above areas affected):		☒ **Antihistamine**	☒ **EpiPen**	

Medication Doses:
Antihistamine (liquid diphenhydramine, Benadryl™ or cetirizine, Zyrtec™):
Give _____ Teaspoon(s), _____cc (_____mg) by mouth.
Epinephrine:
EpiPen™ [Epi-Pen_____ (_____mg)] injected once into upper outer thigh
Epinephrine injection may need to be repeated if the child's symptoms persist or get worse.

Call 911 (or Ambulance service and phone number:_____)
State that the child had a severe allergic reaction, and additional epinephrine doses may be needed

Additional contact information:
Nearest Hospital _____ Phone _____Address
Allergist Name _____ Phone _____
Pediatrician Name _____ Phone _____
Parent's Name (other contacts) and Contact Numbers
Name _____
Phone (1) _____ Phone (2) _____
Name _____
Phone (1) _____ Phone (2) _____
Other allergies, medication allergies, medical conditions:_____ Approximate Weight:_____ lbs

DO NOT HESITATE TO ADMINISTER MEDICATION OR TAKE THE CHILD TO A MEDICAL FACILITY EVEN IF PARENTS CANNOT BE REACHED!

*Additional boxes may be checked depending upon specific patient history

_____ _____
Physician's Signature Date Parent's Signature Date

Provided by the Food Allergy Initiative, a national non-profit organization dedicated to finding a cure to life-threatening food allergies. For more information, please visit www.FoodAllergyInitiative.org or email Info@FoodAllergyInitiative.org

For the form, please go to: www.faiusa.org/document.doc?id=4

Austin Independent School District

dell children's medical center of central texas
A member of the Seton Family of Hospitals

Allergy/Anaphylaxis Physicians Orders

Student's Name:_____ DOB:_____ School_____ Teacher_____

Symptoms	Give Checked Medications** (To be determined by physician authorizing treatment)	
☐ If food allergen has been injested, but ***no symptoms***	☐ Epinephrine	☐ Antihistimine
☐ Mouth itching, tingling, or swelling of lips, tongue, mouth	☐ Epinephrine	☐ Antihistimine
☐ Skin hives, itchy rash, swelling of face or extremities	☐ Epinephrine	☐ Antihistimine
☐ Gut nausea, abdominal cramps, vomiting, diarrhea	☐ Epinephrine	☐ Antihistimine
☐ **Throat** tightening of throat, hoarseness, hacking cough	☐ Epinephrine	☐ Antihistimine
☐ **Lung** shortness of breath, repetitive coughing, wheezing	☐ Epinephrine	☐ Antihistimine
☐ **Heart** weak or thready pulse, low blood pressure, fainting, pale, blueness	☐ Epinephrine	☐ Antihistimine
☐ **Other**	☐ Epinephrine	☐ Antihistimine
☐ If reaction is progressing (several of the above areas affected), give:	☐ Epinephrine	☐ Antihistimine

ALLERGY TO:_____

Asthmatic Yes* ☐ No ☐
*Higher risk for severe reaction.

Austin Independent School District

dell children's medical center of central texas
A member of the Seton Family of Hospitals

STEP 1: TREATMENT

DOSAGE
Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject® 0.3 mg Twinject® 0.15 mg

Antihistamine: give_____
Medication,/dose,/route

Other: give_____
Medication,/dose,/route

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

STEP 2: EMERGENCY CALLS

1. Call 911. State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. _____ Phone Number:_____

3. Parent_____ Phone Number:_____

4. Emergency Contacts:
   Name/Relationship Phone Number(s)

a._____ 1)_____ 2)_____

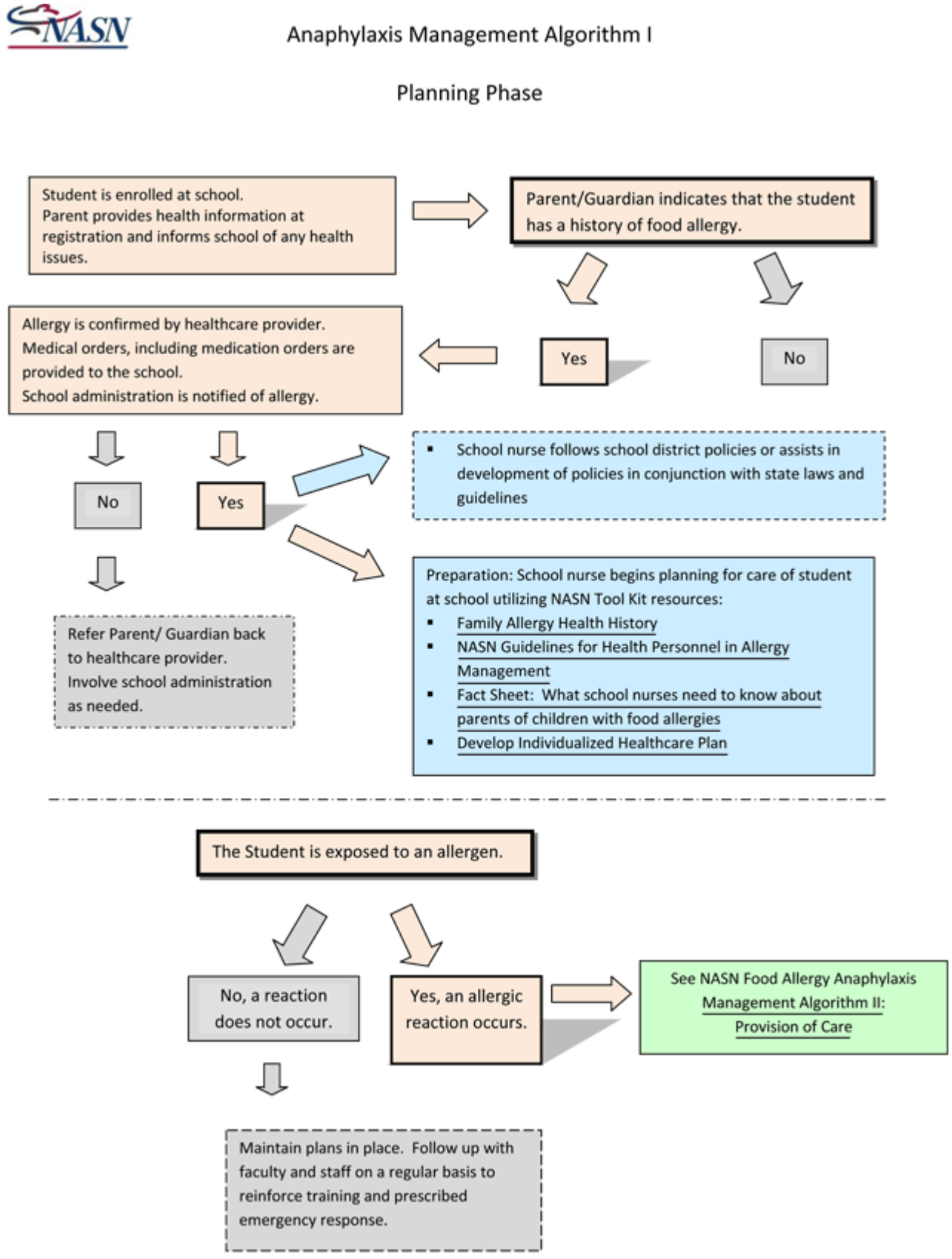
b._____ 1)_____ 2)_____

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

Parent/Guardian's Signature_____ Date_____

Doctor's Signature (Required)_____ Date_____

Appendix C: Sample Planning Algorithm*



NASN 2011

*School nurses should go to the National Associaton of School Nurses Web site to obtain the Management Algorithm II: Provision of Care and other food allergy management resources. www.nasn.org

Appendix D: Sample 504 Template

504 PLAN

DATE: _____ ADMINISTRATOR OR DESIGNEE: _____

SCHOOL: _____ ATTENDING (name/title): _____

STUDENT: _____

PARENT(S)/GUARDIAN: _____

PRIMARY LANGUAGE: _____

GRADE: _____ BIRTHDATE: _____ M_____ F_____

WE AGREE THAT THIS STUDENT QUALIFIES UNDER SECTION 504 AND WILL IMPLEMENT THE FOLLOWING PLAN

PRINCIPAL/DESIGNEE SIGNATURE: _____

1. Describe the nature of the concern (impairment or disability):

2. Describe the basis for the determination of the disability (who diagnosed):

3. Describe how the disability affects a major life activity (what do you observe at the school site or in the classroom):

4. Describe how the disability affects access to learning:

5. Describe the appropriate accommodations that are necessary:

Appendix E: Sample Individualized Healthcare Plan Template

Sample Food Allergy Healthcare Plan

This is a basic Individualized Healthcare Plan. For a more comprhensive IHP that includes Nursing Intervention Classifications (NIC) and Nursing Outcome Indicators (NOC) please go to the National Association of School Nurses website:
www.nasn.org/ToolsResources/FoodAllergyandAnaphylaxis

Name: _____ DOB:_____ Current Date:_____

Student ID: _____ Diagnosis:_____

Assessment Data	Nursing Diagnosis	Goals	Interventions	Outcome
Potential for anaphylactic shock secondary to severe food allergy. Asthma: YES/NO (circle one)	Risk for innefective breathing related to bronchospasm and inflammation of the airways secondary to allergic reaction.	Student will have FAAP/EAP and IHP in place to include student, parental and staff roles in preventing and mananging an anaphylactic reaction.	Secure medical documentation of food allergy, FAAP/EAP and information about food substitutions. • Educate school staff on early signs of potential anaphylaxis and appropriate steps to take in emergency care. • School wide training on recognition of signs of allergic reation. • Student specific training for classroom, administrative, cafeteria, custodial and transprotation personnel. • Train designated staff in the use of the epi auto-injector, first aid care, EMS contact. • Designated personnel receive copy of FAAP/EAP and IHP.	Medical documentation receieved (FAAP/EAP) * Yearly staff awareness training conducted and documented. * Student specific training delivered and documented in student file. * Staff demonstrate proper use of epi auto-injector. In event of allergic reaction, staff responds according to FAAP/EAP. * Staff responds to student report of allergen exposure and supports student with self-care or by administering epi auto-injector. * Post crisis review conducted in the event of an allergen exposure.

Appendix E: Sample Individualized Healthcare Plan Template (continued)

Assessment Data	Nursing Diagnosis	Goals	Interventions	Outcome
		Student will demonstrate awareness of the significance of allergic reactions, symptoms and treatment.	• Review with student food allergen and potential that allergen may be "hidden" ingrediant. • Review with student procedures to follow if they perceive a situation that may exposue them to a food allergen. • Review with student treatment methods including how/when to report allergic symptoms to school personnel. • Ensure that students who have permission to carry epi auto-injector have adequate knowledge to perform self-care. Educate as nessary to ensure student and school community safety.	* Student will read food labels before ingestion. * Student will not accept food offered by others. * Student can demonstrate assertiveness when encountering situations that have potential to result in exposure to food allergen. * Student will identify allergic reactions, notify school personnel and treate immediately.
		Establish a food safe en-vironment for students with food allergies.	Educate staff regarding allergen and institute environmental controls. • Have students/ personnel wash hands or use hand wipes before and after food handling or consumption. Emphasize that hand sanitizer is NOT effective in removing food allergens from hands or surfaces.	* Student is NOT exposed to food allergen and has no allergic reactions.

Assessment Data	Nursing Diagnosis	Goals	Interventions	Outcome
		Establish a food safe environment for students with food allergies.	Educate staff regarding allergen and institute environmental controls. • Review food allergy and exposure prevention strategies with food service staff. • Secure medical documentation for food subsitutions. • Secure “emergency meal” from parent in event food allergen can not be avoided. • Review cleaning procedures with custodial staff. Establish a food safe environment for student with food allergies. • Notify classroom parents and staff of need to restrict presence of food allergen in student’s classroom activiites. • Avoid use of food for instruction/reward purposes. • Adhere to bus policy about food consumption on the bus. • Minimum 2 week advance notice on field trips and other off campus activities. • Facilitate student particitpation in full range of school activities.	* Student is NOT exposed to food allergen and has no allergic reactions.

Appendix E: Sample Individualized Healthcare Plan Template (continued)

Assessment Data	Nursing Diagnosis	Goals	Interventions	Outcome
	Potential for dimished self-esteem secondary to food allergy diagnosis.	Protect/ Enhance student's self-image.	• Zero tolerance for bullying related to food allergy. • Educate student on assertiveness techniques. • Empower student to educate classmates.	* Student does not experience bullying or discrmination related to food allergy. * Student demonstrates positive self-esteem related to food allergy via verbal and non-verbal communication.

Appendix F: Sample Family, School, and Student Roles and Responsibilities

In promoting a safe school environment for children with food allergies at-risk for anaphylaxis, students, parents, and school personnel should work as a team in identifying students at-risk for anaphylaxis, reducing the risk of exposure to food allergens and to react quickly should an exposure or allergic reaction occur.

*The following roles and responsibilities are based on a document developed by the following organizations and reflect Texas law and Ad Hoc Committee input:

American Food Service Association
National Association of Elementary School Principals (NESP)
National Association of School Nurses (NASN)
National School Boards Association (NSBA); and
The Food Allergy & Anaphylaxis Network

Family's Responsibility

- Notify the school of the child's allergies in accordance with TEC, Section25. 0022. (See Appendix A for sample notification documents)
- Work with the campus Food Allergy Management Team, if established, to review the FAAP/EAP (provided by the physician or healthcare provider) and discuss accommodations the child will need throughout the school day, including the classroom, the cafeteria, in after-school programs sponsored by the school, during school-sponsored activities, and on the school bus.
- Provide written medical documentation, instructions, and medications as directed by a physician, using the FAAP/EAP as a guide. Include a photo of the child on the written form.
- Provide properly labeled medications and replace medications after use or upon expiration.
- Educate the child in the self-management of their food allergy including:
  - Safe and unsafe food
  - Strategies for avoiding exposure to unsafe food
  - 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)
  - If age appropriate, the importance of carrying and administering their personal asthma and anaphylaxis medications as prescribed
- Review policies/procedures with the school staff, the child's physician, and the child (if age appropriate) after a reaction has occurred.
- Provide emergency contact information and update when needed.

School's Responsibility

- Be knowledgable about and follow applicable federal laws including: ADA, IDEA, Section 504, and FERPA and any state laws or district policies that apply.
- Review the notification and health records submitted by parents and the physician.
- Include food-allergic students in school activities. Students should not be excluded from school activities solely based on their food allergy.
- Identify a Food Allergy Managment Team consisting of, but not limited to, school nurse (if available), teacher, principal, school food service and nutrition manager/director, janitor, and counselor (if available) to work with parents and the student (age appropriate) to establish a risk reduction plan.Changes to the risk reduction plan should be made in collaboration with the Food Allergy Management Team, if established, by campus participation.
- Assure that all staff who interact with the student on a regular basis understands food allergy; can recognize symptoms of an allergic reaction; 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 as incentives.
- Practice EAPs before an allergic reaction occurs to assure the efficiency/effectivness of the plans.
- Coordinate with the school nurse (when available) or assign school staff in making sure the child's medications are properly stored in an accessible but unlocked cabinet in case of an emergency.

According to the Texas Education Code, a student with asthma or anaphylaxis is entitled to possess and self-administer prescription asthma or anaphylaxis medicine on school property or at a school-related avent of activity if:

1. the prescription medicine has been prescribed for that student;
2. the student has demonstrated to the student's physician or other licensed health care provider and the school nurse, if available, the skill level necessary to self-administer the prescription medication, including the use of any device required to administer the medication;
3. the self-administration is done in compliance with the prescription or written instructions from the student's physican or licensed health care provider, and
4. a parent of the student provides to the school:
    a. a written authorization, signed by the parent, for the student to self-administer the prescription medicine while on school property or at a school-related event or activity; and
    b. a written statement from the student's physician or other health care provider, signed by the physician or provider, that states:
        i. that the student has asthma or anaphylaxis and is capable of self-administering the precription medicine;
        ii. the name and purpose of the medicine;
        iii. the prescribed dosage of the medicine;
        iv. the times at which or circumstances under which the medicine may be administered, and
        v. the period for which the medicine is prescribed.

- Assign school staff, who are properly trained to administer medications in accordance with the state laws governing administration of medications in the school setting.
- 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/administrative procedures with the Food Allergy Management Team, if established, parents/guardians, student (age appropriate), and the students physician after a reaction has occurred.
- Work with the district transportation administrator to assure that the school bus driver training includes symptom awareness and what to do in an emergency should a food allergy reaction occur.
- Recommend that all buses have communication devices for use in case of emergency.
- Enforce a “no eating” policy on school buses with exceptions made only to accommodate special needs under federal or state law, or school district policy.
- Discuss field trips with the family to decide appropriate strategies for managing the food allergy while the student is on a field trip.
- Take threats or harrassment against any child, including those with food allergy, 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 immedidately if they eat something they believe may contain a food to which they are allergic.

Appendix G: Sample Staff Roles and Responsibilities

Responsibilities of School Administration Designee

- Designee should serve as the point of contact for parents, healthcare providers, campus food allergy management team, if established by the campus, and other school staff.
- Designee should facilitate the development, implementation, and monitoring of comprehensive and coordinated administrative procedures by convening a multi-disciplinary team to develop the district food allergy management plan.
- Include in the school's emergency response plan a written plan outlining emergency procedures for managing life-threatening allergic reactions. Modify the plan to meet special needs of individual students. Consider obtaining standing orders for stock epinephrine for emergency treatment of anaphylaxis.
- Support faculty, staff and parents in implementing the food allergy management plan.
- Coordinate the training and education for faculty and staff regarding:
- Food allergies and anaphylaxis
- Risk reduction procedures
- Emergency procedures
- How to administer epinephrine auto-injector in the event of an emergency
- Coordinate training for food service personnel with child nutrition program.
- Provide emergency communication devices (two-way radio, intercom, walkie-talkie, cell phone) for all school activities including transportation that involve children with life-threatening conditions.
- Inform parent/guardian if student experiences an allergic reaction for the first time at school.
- Make sure a contingency plan is in place in case of a substitute teacher, transportation staff member, nurse, or food service personnel.
- Have a plan in place when there is not a school nurse available.
- Ensure that a student is placed in a class where the teacher is trained to administer epinephrine auto-injector, if needed.
- Have a plan in place if a child with a food allergy has an anaphylactic reaction and does not have epinephrine at school.

Responsibilities of the School Nurse, if Available

- Prior to entry into school (or for a student who is already in school, immediately after the diagnosis of a life-threatening allergic condition), meet with the student's parents/guardian and develop an IHP. **
- Assure that the FAAP/EAP includes the student's name, photo, allergens, and symptoms of an allergic reaction, risk reduction procedures, emergency procedures and required signatures.
- Arrange and convene a campus food allergy management team (if established) meeting (preferably before the opening of school) to develop the plan with all staff who come in contact with the student with food allergies, including, but not limited to: the principal, teachers, food service personnel, aides, physical education teacher, custodian, bus driver, local EMS.**

Responsibilities of the School Nurse, if Available

- Familiarize teachers with the FAAP/EAP of their students. Other staff members who have contact with the students should be familiar with their FAAP/EAPs and be able to intervene if needed.
- After the campus food allergy management team (if established) meeting, remind parents to review the FAAP/EAP, symptoms and emergency procedures with their child.
- Provide information about students with life-threatening food allergies and their photos (if consent given by parent) to all staff on a need-to-know basis, including bus drivers.
- Conduct training and education to appropriate staff regarding a student's life threatening allergens, symptoms, risk reduction procedures, emergency procedures, and how to administer the epinephrine auto-injector.** Consider obtaining standing orders for stock epinephrine for use in emergencies.
- Implement a periodic anaphylaxis drill as part of a periodic refresher course.
- Educate new personnel and substitute personnel as necessary.
- Track in-service attendance of all involved parties to assure they have been trained.
- Introduce yourself to the student and show him/her how to get to the nurse's office.
- Post district's emergency protocol and have available all FAAP/EAPs and IHPs in the nurse's office. Post location of auto-injectors. Auto-injectors should be placed in an accessible, secure and unlocked location.
- Periodically or at least annually, check medications for expiration dates and notify parents to obtain new medications.
- Discuss with parents the possibility of keeping an epinephrine auto-injector in the classroom. This auto-injector can be used on field trips.
- Discuss with parents the possibility of student carrying his/her auto-injector during the school day.
- Arrange periodic follow-up on a regular basis, to review the FAAP/EAP and IHP.
- Make sure there is a contingency plan in place in the case there is a substitute school nurse.
- Meet with parents on a regular basis to discuss issues related to plan implementation.
- Ensure that a student suspected of having an allergic reaction is accompanied by a trained adult.
- Communicate with local EMS about the location of the student and type of allergy. Assure that local EMS has epinephrine and have authorization to use it.
- Provide health education to the food allergic student as needed.

** Please note, due to the Texas Nurse Practice Act, some of the activities below must be carried out by a Registered Nurse, as these activities are beyond the scope of practice of a Licensed Vocational Nurse (LVN).

www.bon.texas.gov/practice/position.html#15.27
LVN Scope of Practice
www.bon.texas.gov/practice/position.html#15.28
RN Scope of Practice

Responsibilities of the Classroom Teacher/Specialist

- Review the FAAP/EAP of any student(s) in your classroom with life-threatening food allergies.
- Develop communication plan with the campus office and/or school nurse.
- Participate in the campus food allergy management team (if established) meetings and in-service trainings.
- Keep accessible the student's FAAP/EAP with photo in classroom.
- Be sure volunteers, student teachers, aides, specialists and substitute teachers are informed of the child's food allergy and take necessary safeguards.
- Leave information in an organized, prominent and accessible format for substitute teachers and other appropriate staff.
- Coordinate with parent and school nurse, if available, to provide a lesson plan for food allergies for the class and discuss anaphylaxis in age appropriate terms, with student's and parent's permission.
- Educate classmates to avoid endangering, isolating, stigmatizing or harassing students with food allergies. Be aware of how the student with food allergies is being treated; enforce school rules on bullying and threats.
- Work with the school nurse to educate other parents about the presence and needs of students with life-threatening food allergies in the classroom.
- Inform parents and school nurse, if available, of any school events where food will be served.
- Consider eliminating or limiting food in classrooms and other learning environments.
- Participate with the planning for student's re-entry into school after having an anaphylactic reaction.
- Avoid isolating or stigmatizing a student with food allergies and adhere to the school district's policy on bullying.
- Consider modifying the curriculum to ensure classroom learning is not impacted.
- Ensure that a student suspected of having an allergic reaction is accompanied by an adult. Do not put a student on the bus if there are any signs or symptoms of an allergic reaction.

Snack time/Lunchtime

  - Establish procedures to ensure that the student with life-threatening food allergies eats only what she/he brings from home and/or is known to be safe.
  - Encourage hand washing before and after snacks and lunch. Be aware that alcohol-based hand sanitizers are NOT effective in removing allergens from hands. Proper hand washing with soap and water or the use of hand wipes is necessary to remove the allergens.
  - Prohibit students from sharing or trading snacks.
  - Encourage parents/guardians to send a box of "safe" snacks for their child.
  - Have parents/guardians provide a non-perishable safe lunch in case their child forgets lunch one day.
  - Avoid cross-contamination of food by wiping down eating surfaces before and after eating. Wash tables if there is an after-school activity held in the classroom the day before.
  - Consider eliminating or limiting foods in the classroom which may cause a life-threatening reaction to a student in the class.

Classroom Activities

- Avoid use of foods for classroom activities (e.g., arts and crafts, counting, science projects, parties, holidays and celebrations, cooking, or other projects).
- Welcome parental involvement in organizing class parties and special events. Consider non-food treats.
- Use non-food items such as stickers, pencils, etc. as rewards instead of foods.

Field Trips

Collaborate with the school nurse, or classroom teacher if school nurse is not available prior to planning a field trip to:

- Ensure FAAP/EAPs and epinephrine auto-injectors are taken on all field trips and outings.
- Ensure a functioning two way radio, walkie-talkie, cell phone or other communication device is taken on field trips.
- Collaborate with parents of students with food allergies when planning field trips.
- Review plans for field trips; avoid high risk places. Consider eating situations on field trips and plan for reduction of exposure to a student's life-threatening food allergy.
- Know the closest medical facilities, 911 procedures and whether the ambulance carries epinephrine.
- Invite parents of students at risk for anaphylaxis to accompany their child on school trips, and/or to act as chaperone. However, the student's safety or attendance must not be a conditioned on the parent's presence.
- One to two people on the field trip should be trained in recognizing signs and symptoms of life-threatening allergic reactions, trained in use of epinephrine auto-injector and trained in emergency procedures.
- Consider ways to wash hands and encourage hand washing before and after eating (e.g. provision for hand wipes, etc.)

Responsibilities of the Food Service Manager

- Attend the campus food allergy management team (if established) meetings.
- Post the FAAP/EAP (with a photo of the child) in prominent areas of the food service line, with parental permission.
- Review the legal protections for students with life-threatening allergies and ensure that students with severe food allergies that participate in the federally-funded school meal programs are given safe food items as outlined by the physician's signed statement.
- Read all food labels and recheck routinely for potential food allergens.
- Train all food service staff and their substitutes to read product food labels and recognize food allergens.
- Maintain contact information for manufacturers of food products (Consumer Hotline).
- Review and follow sound food handling practices to avoid cross-contamination with potential food allergens.
- Strictly follow cleaning and sanitation protocol to avoid cross-contamination.

- Set-up procedures for the cafeteria regarding food allergic students aligning them to the district food allergy management plan and campus food allergy management plan for students.
- Create specific areas that are allergen safe, such as dedicated tables/seating areas.
- Train cafeteria monitors on signs and symptoms of anaphylaxis and emergency treatment, including administration of epinephrine.
- Enforce hand washing for all students before and after meals.
- Thoroughly clean all tables and chairs after each meal.
- After receiving notice from healthcare provider, make appropriate substitutions or modifications for meals served to students with food allergies.
- Plan ahead to have safe meals for field trips.
- Avoid the use of latex gloves by food service personnel. Use non-latex instead.
- Provide advance copies of the menu to parents/guardians of students with food allergy, and notification if menu changes. Consider how to provide specific ingredient lists to parents upon request.
- Have at least two people in the eating area trained to administer epinephrine by auto-injector and be able to implement the FAAP/EAP and contact local EMS.
- Have auto-injectors in an accessible, secure location, but not under lock and key.
- Have functioning communication system in place to support emergencies.
- Take all complaints seriously from any student with life-threatening food allergies.
- Be prepared to take emergency action for a student in the cafeteria in the event of an allergic reaction.

Responsibility of Transportation Department

- Provide a representative to serve on the campus food allergy management (if established) team.
- Provide training for all school bus drivers on identifying the symptoms of life-threatening food allergies.
- Provide a functioning communication device for use on the bus or during transport.
- Know how to contact local EMS and follow the district FAAP/EAP while transporting children with life-threatening food allergies.
- Maintain policy of no consumption of food or drinks on the buses.

Responsibility of Coaches and Other On-Site Persons in Charge of Conducting School-Sponsored Activities

- Participate in campus food allergy management team (if established) meetings.
- Conduct the school sponsored activity in accordance with school policies and procedures regarding life threatening food allergies.
- With parent's consent, keep a copy of the FAAP/EAP with a photo of the student with a life threatening food allergy in an easily accessed place.
- Make certain that an emergency communication device is always present.
- See that one to two people are present who are trained in emergency response and able to administer epinephrine auto-injectors.
- Maintain auto-injectors in a secure, unlocked yet easily accessible location where trained school staff can quickly access them and the child's FAAP/EAP.
- Establish emergency medical procedures with EMS.
- Clearly identify who is responsible for keeping the auto-injector(s) and FAAP/EAPs for students with life threatening food allergies.
- If for safety reasons medical alert identification needs to be removed during specific activities, the student should be reminded to place the identification back on immediately after the activity is complete. If it is not required to be removed, medic alert jewelry can be covered utilizing tape or wrist bands.

Responsibilities of Custodial Staff

- Participate in trainings on the identification of allergic reactions to food and emergency response procedures.
- Clean desks, tables and chairs and other surfaces with special attention to designated areas for students with food allergies at risk for anaphylaxis.
- Be aware that individual 504 Plans or IHPs may require specialized cleaning.

Appendix H: Considerations for Developing Administrative Regulations

The school districts multidisciplinary team may want to consider the following factors when developing food-allergy administrative regulations and specific campus procedures.

1. Consideration for the Cafeteria

The district should work to make the cafeteria environment as safe as possible for food-allergic students. This process includes making determinations about serving foods with known food allergens and identifying steps that can be taken to reduce the chance of accidental exposure, such as:

a. Provide training to food service personnel on food label reading and safe handling of food, as well as safe meal substitutions for children with diagnosed food allergies at-risk for anaphylaxis.
b. Educate cafeteria staff and cafeteria monitors about food allergy management and students at risk of anaphylaxis, including cross contamination.
c. Develop standard procedures for cleaning tables, chairs, and trays, particularly those designated as allergen-safe, after lunch periods using dedicated and disposable supplies to avoid cross contamination.
d. When possible, share ingredients/allergen information for food provided by the school with students and parents.
e. Designate allergen-safe table or other special seating arrangements as an available option for allergic students.
f. Discourage students from sharing or trading food/snack items, drinks, straws, or utensils.
g. Encourage hand-washing before and after eating.

2. Consideration for the Classroom

A safe classroom environment is essential for continuous growth and development of a student's educational experience. This is particularly important for the food-allergic student, who may face allergens in the classroom. Policies and procedures should be made for the protection of these students in the classroom. The school nurse or food allergy management team, if established, should work with the classroom teacher(s) to help them understand and initiate the student's IHP/EAP, as necessary. If there is no school nurse, the school policy should outline how training will be conducted by a healthcare provider with expertise in food allergy and anaphylaxis care and treatment.

a. If possible, consider prohibiting the use or consumption of allergen-containing foods in the classroom, in the hallways, and other areas that food allergic students could be exposed.
b. Conduct training for teachers, aids, volunteers, substitutes and students about food allergies.
c. Develop a procedure that will alert substitute teachers to the presence of any students with food allergies and where to locate and how to implement the FAAP/EAP.
d. Develop a letter to parents/guardians of classmates of the food-allergic student (without identifying the student(s), particularly in the lower grades), explaining any prohibitions on food in the classroom.

e. Discourage the use of food for classroom projects/activities, classroom celebrations, etc.
f. Encourage the use of non-food items for all classroom events/activities, as a way to avoid potential of major food allergens.
g. Notify parents of classroom events, activities and celebrations that involve food with particular attention to notification of parents of children with food allergies.
h. Encourage students to wash hands before and after eating.
i. Develop standard procedures for cleaning desks, tables and the general classroom area.

3. General Considerations for the School Environment

The school district should work to make the school environment as safe as possible for the food allergic student. The school nurse, cafeteria staff, and custodial staff are important resources when developing procedures for the school environment.

a. a. Develop cleaning procedures for common areas (i.e., libraries, computer lab, art rooms, science rooms and hallways, etc.).
b. Develop guidelines for food fundraisers like bake sales, candy sales, etc. that are held on the school grounds based on the Texas Nutrition Guidelines.
c. Avoid the use of food products as displays or components of displays in hallways or common areas.
d. Develop protocols for appropriate cleaning methods following events at school that involve food items.

4. Field Trips and Other School Functions

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

a. Communicate relevant aspects of the FAAP/EAP plan to staff, as appropriate, for field trips, school-sponsored functions, and before-and after-school programs.
b. Encourage long-term planning of field trips in order to ensure that food-allergic students receive needed services while away from school.
c. Evaluate if field locations are appropriate for students with food allergy at risk for anaphylaxis (e.g., a trip to a dairy farm should not be scheduled for a class with a milk-allergic student).
d. Encourage, but do not require, parents/guardians of food-allergic students to accompany their child on school trips.
e. Establish procedures for the emergency administration of medications while on field trips or other off-campus events.
f. Assess procedures for emergency staff communications on field trips and develop an emergency communication plan.
g. Inform parents, when possible, of school-sponsored field trips or events when food will be used or served.

5. Bus Transportation

The school district should consider the needs of students with life-threatening allergies while being transported to and from school and to school-sponsored activities.

a. Advise bus drivers of students that have food allergies. Provide training on the symptoms associated with an allergic reaction and how to respond appropriately.
b. Assess the emergency communications system on the buses and develop an emergency communications plan.
c. Consider assigned bus seating (i.e., students with food allergies can sit at the front of the bus or can be paired with a "bus buddy").
d. Assess and update existing procedures regarding eating food on buses.
e. Consider establishing policies and procedures related to limiting (or eliminating) the consumption of food on school buses.

6. Preparing for an Emergency

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

a. Provide training for school personnel about life-threatening allergic conditions which include identifying the signs and symptoms of an anaphylactic reaction and the administration of epinephrine auto-injector.
b. Create a list of volunteer delegates (trained by the school nurse or healthcare provider) in the administration of epinephrine, and disseminate the list as appropriate.
c. Ensure that the student's epinephrine is readily available in the event of an emergency. The epinephrine should be stored in an accessible, secured location, but not locked in a cabinet.
d. Coordinate with the local EMS on emergency response in the event of accidental exposure and anaphylaxis.
e. Consider conducting anaphylaxis drills as part of the district emergency response plan.
f. Ensure access to students' epinephrine and allergy-free foods when developing plans for fire drills, lock downs, and other school drills.
g. Ensure that reliable communication devices are available in the event of an emergency.
h. dhere to universal precautions and the district Exposure Control Plan when disposing of epinephrine auto-injectors or syringes after use.
i. Consider a plan for treatment of anaphylaxis in a child without previously diagnosed food allergy, a child with a diagnosed food allergy at-risk for anaphylaxis that does not have epinephrine at school, or is unable to administer the epinephrine during an anaphylactic reaction. This could include an emergency kit and standing medical orders for the use of emergency epinephrine.

7. Sensitivity and Bullying

A food allergic student may receive threats and harassment related to his/her condition. According to the Texas Education Code, Chapter 37, Section 37.0832, school policy should address bullying on school grounds, at school sponsored functions, and in school vehicles for all students.

a. Remind students and staff that bullying or teasing food-allergic students will not be tolerated and violators should be disciplined as outlined in school policy.
b. Offer professional development for faculty and staff regarding confidentiality and compliance with FERPA to prevent open discussion of specific students.
c. Discourage labeling of food-allergic students in front of others. A food-allergic student should not be referred to as “the peanut kid”, “the bee kid” or any other name related to the student’s condition.

Appendix I: NSBA Policy and Procedures Checklist

The following checklist was developed by the National School Boards Association and can be located at: **www.nsba.org/Board-Leadership/SchoolHealth/Updates/Food-Allergy-Policy-Guide.html**. The checklist is part of the document entitled *Safe at School* and *Ready to Learn: A Comprehensive Policy Guide for Protecting Students With Life-Threatening Food Allergies*. DSHS received approval to print the checklist as part of the Texas Care Guidelines for Students with Food Allergies At-Risk for Anaphylaxis. School boards and charter school leadership should modify the checklist to comply with Texas laws, rules and board policies.

Essential Component A
Identification of students with life-threatening food allergy and provision of health services (pages 5-6 in *Safe at School and Ready to Learn*) *Develop, implement, monitor, and update a school health services plan for students with food allergies in accordance with privacy/confidentiality laws*.

Elements	Included	Not Included	Implemented	Not Implemented	Notes: Specify what is needed for this element to be included and/or implemented
1. Collect information on students with life-threatening food allergies.					
2. Coordinate a process to acquire current student information from healthcare providers and parents.					
3. Document and keep current parental consent for medication administration.					
4. Define appropriate health services for students with food allergies and train school personnel in the provision of services.					
5. Implement and follow procedures for self-administration of medication.					
6. Maintain and update student health records.					
7. Review standard operating procedures to identify students and revise as needed.					
Additional notes for planning improvements and actions:					

Essential Component B
Individual written management plans (pages 6-7 in *Safe at School* and *Ready to Learn*)
When notified of a student's food allergy diagnosis, each district or charter school should develop and implement individual written management plans. Including the individual healthcare plan and emergency care plan, to address the healthcare needs of the student. The plans should be developed in collaboration with the registered nurse or designee, student's parents, district or school nutrition staff, and licensed healthcare providers, revises as needed according to the student's age and developmental level, and be consistent with state and federal laws regarding confidentiality.

Elements	Included	Not Included	Implemented	Not Implemented	Notes: Specify what is needed for this element to be included and/or implemented
1. Develop and maintain an individual health-care plan to include student's medical needs and accommodations.					
2. Develop and maintain an emergency care plan and identify and coordinate a food allergy management team to assure a comprehensive and coordinated approach to addressing student's needs.					
3. Designate an individual to establish and monitor plan implementation.					
4. Maintain incident reports and follow up.					
5. Develop medication storage policies, on a case-by-case basis, to support a student's rights to self-carry and self-administer prescribed medications.					
Additional notes for planning improvements and actions:					

Appendix I: NSBA Policy and Procedures Checklist (continued)

Essential Component C

Medication protocols: storage, access, and administration (Pages 7-8 in *Safe at School* and *Ready to Learn)*
Medications should be managed to allow for quick access when needed and to protect the safety of students with medications. The details for storage, access, and administration are outlined in state laws.

Elements	Included	Not Included	Implemented	Not Implemented	Notes: Specify what is needed for this element to be included and/or implemented
1. Maintain written medication orders for students, including permissions for students to carry and self-administer medications.					
2. Identify authorized personnel to administer medications.					
3. Store medications appropriately.					
4. Request multiple (at least two) epinephrine auto-injectors.					
5. Monitor expiration dates on medications.					
6. Refill/re-stock medications as necessary.					
7. Obtain standing order for epinephrine for emergency use, as permitted by laws.					
8. Include epinephrine auto-injectors in emergency first aid treatment kits.					
9. Document any medication that is administered and notify parent/caregiver when medication is administered.					
Additional notes for planning improvements and actions:					

Appendix I: NSBA Policy and Procedures Checklist (continued)

Essential Component D
Healthy School Environment: comprehensive and coordinated approach (Pages 8-11 in *Safe at School* and *Ready to Learn*)
Each and every environment within a school requires special attention to protect the safety of students with food allergies and prevent allergic reactions. Thus it is important to develop a comprehensive and coordinated approach for the management of food allergies across the school system. Although there are many commonalities across school environments, some of the specific environments are identified below.

Elements	Included	Not Included	Implemented	Not Implemented	Notes: Specify what is needed for this element to be included and/or implemented
1. Classroom Limit or reduce allergens in classroom or identify specific areas/desks that will be allergen safe. Limit or reduce the use of potential food allergens in classroom projects/activities. Allow only pre-packaged food items with complete ingredient lists. Implement appropriate hand washing procedures. Communicate rules and expectations about bullying related to food allergies. Train classroom teachers and other staff on food allergies. Train classroom teachers and other staff on food handling and cleaning procedures to prevent cross contamination.					

Appendix I: NSBA Policy and Procedures Checklist (continued)

Elements	Included	Not Included	Implemented	Not Implemented	Notes: Specify what is needed for this element to be included and/or implemented
2. Cafeteria Enforce responsibilities of school nutrition staff and contracted food service staff. Develop procedures to identify students with life-threatening food allergies. Identify specific areas/ tables that will be allergen safe. Promote hand washing before and after meals. Encourage and enforce no trading of food or sharing of utensils. Be vigilant of "food bullying." Monitor and enforce strict cleaning and sanitation procedures. Assign staff trained in the administration of epinephrine to food service areas. Provide ready access to epinephrine and functional two-way communication devices. Train school nutrition staff in allergy awareness.					

Appendix I: NSBA Policy and Procedures Checklist (continued)

Elements	Included	Not Included	Implemented	Not Implemented	Notes: Specify what is needed for this element to be included and/or implemented
3. Buses Enforce no eating policies. Store epinephrine in a safe, appropriate, secure, yet accessible location. Equip all school vehicles with functional two-way communication devices. Include bus drivers as members of the food allergy management team. Train bus drivers in allergy awareness. Require bus companies/personnel to be trained on local EMS procedures. Assign seating to support student safety. **4. Extracurricular activities, before- and after-school, field trips and community use of facilities** Notify food allergy management team members of scheduled field trips for necessary preparation.					

Appendix I: NSBA Policy and Procedures Checklist (continued)

Elements	Included	Not Included	Implemented	Not Implemented	Notes: Specify what is needed for this element to be included and/or implemented
Delegate responsibilities for carrying necessary medications (epinephrine); provide a copy of the student's individualized written management plan and contact information of parent/caregiver, the licensed healthcare provider, and the nearest hospital(s). Provide access to functioning two-way communication devices. Discourage trading of food or sharing of utensils. Promote and monitor good hand washing practices. Restrict the use of foods that are known allergens. Train before- and after-school coordinators in allergy awareness. Train before- and after school coordinators in basic food handling procedures					

Appendix I: NSBA Policy and Procedures Checklist (continued)

Elements	Included	Not Included	Implemented	Not Implemented	Notes: Specify what is needed for this element to be included and/or implemented
Communicate with and permit parents of students with food allergies opportunities to attend field trips/ activities and include information on the provisions for food. Promote allergy policy awareness and compliance with outside community members and organizations authorized to use school facilities					
Additional notes for planning improvements and actions:					

Appendix I: NSBA Policy and Procedures Checklist (continued)

Essential Component E
Communication and confidentiality (Page 11 in *Safe at School* and *Ready to Learn*)
Policies and communication plans must comply with state and federal privacy and confidentiality laws and accommodate parent requests, as feasible (U.S. Department of Education, 2007). Communication plans should be developed with the intent to:

ements	Included	Not Included	Implemented	Not Implemented	Notes: Specify what is needed for this element to be included and/or implemented
1. Inform personnel of student's individual written management plan being aware of confidentiality concerns.					
2. Inform parents and students of their rights regarding food allergy policies and procedures.					
3. In contractual relation-ships, establish that buses and transportation companies are extensions of a safe environment for students with food allergies.					
4. In contractual relationships, establish that kitchens and cafeterias are extensions of a safe environment for students with food allergies.					
5. Increase awareness of life-threatening food allergies throughout the school environment.					
6. Create, maintain, and implement communi-cation systems among school personnel and between school and student's parents in the event of a food allergy reaction.					
Additional notes for planning improvements and actions:					

Essential Component F
Emergency Response (Pages 12-13 in *Safe at School* and *Ready to Learn)*
A school district's development of a comprehensive emergency management plan is essential to protect the safety of students, school personnel, and others. The U.S. Department of Education recommends that such protocols, developed in collaboration with community partners, focus on four phases of emergency management: prevention, mitigation, preparedness, response, and recovery. Managing a life-threatening allergic reaction should be included as part of an "all-hazards approach", which addresses a wide array of situations including health, fire, weather, terrorist, and other emergencies.

Each food allergy reaction has the potential to be life-threatening, and schools are at highest risk for accidental ingestion of a food allergen (Massachusetts Department of Education, 2002). A school should anticipate and plan for any emergency, including a food allergy reaction or other emergency related to a chronic health condition. An emergency response to address food allergy includes:

Elements	Included	Not Included	Implemented	Not Implemented	Notes: Specify what is needed for this element to be included and/or implemented
1. Written individual healthcare and emergency care plans that outline emergency procedures for managing life-threatening allergic reactions.					
2. Roles and responsibilities of adults identified to respond to an allergic reaction.					
3. Responding to a life-threatening allergic reaction as part of an "all-hazards" approach.					
Additional notes for planning improvements and actions:					

Appendix I: NSBA Policy and Procedures Checklist (continued)

Essential Component G
Professional development and training for school personnel (Page 14 in *Safe at School* and *Ready to Learn)*
Professional development and training are needed for school personnel to be effective in supporting students with life-threatening food allergies and responding to an emergency. Annual training regarding the following topics should be provided.

Elements	Included	Not Included	Implemented	Not Implemented	Notes: Specify what is needed for this element to be included and/or implemented
1. District/school policies, procedures and plans for managing students with chronic health conditions, including food allergies.					
2. Bullying prevention and responsibility to address any harassment, hazing, or bullying, and enforce consequences.					
3. Basic information associated with food allergy and anaphylaxis.					
4. Awareness of food and non-food items that are potential risks.					
5. Strategies to reduce exposure to identified allergens in the school environment.					
6. Communication procedures for initiating emergency protocols.					

Appendix I: NSBA Policy and Procedures Checklist (continued)

Elements	Included	Not Included	Implemented	Not Implemented	Notes: Specify what is needed for this element to be included and/or implemented
7. Proper storage and administration of medicationss permitted by laws.					
8. Access to local EMS/911.					
9. Strategies to manage individual student privacy/ confidentiality.					
10. Basic food handling procedures to reduce or eliminate exposure to allergens.					
11. Additional skill instruction and practice for those assigned to administer epinephrine or likely to be present during an allergic reaction.					
Additional notes for planning improvements and actions:					

Appendix I: NSBA Policy and Procedures Checklist (continued)

Essential Component H
Awareness education for students (Page 15 in *Safe at School* and *Ready to Learn)*
Food allergy awareness education should be part of the district's health education curriculum. Consider incorporating lessons into family and consumer science, health, and/or physical education courses. Lessons on food allergies should emphasize:

Elements	Included	Not Included	Implemented	Not Implemented	Notes: Specify what is needed for this element to be included and/or implemented
1. Support for classmates with chronic health conditions, such as food allergy.					
2. Bullying prevention, including reporting any harassment, hazing, or bullying to appropriate personnel, and consequences of bullying.					
3. Knowledge of potential allergens and signs, symptoms, and potential of a life-threating reaction.					
4. Differences between life-threatening food allergy and food intolerance.					
5. Emergency response actions.					
6. Developmentally appropriate self-management of food allergy.					
7. Importance of following health and wellness policies and guidelines such as hand washing, food sharing, allergic safety zones, and student conduct.					
Additional notes for planning improvements and actions:					

Appendix I: NSBA Policy and Procedures Checklist (continued)

Essential Component I
Awareness education for parents/caregivers (Pages 15-16 in *Safe at School* and *Ready to Learn)*
To increase understanding of special needs of students with food allergies, parent education should be provided by qualified personnel, such as a registered nurse or designee, or an appropriate licensed healthcare provider. As feasible, in-person education is desirable, but written communications can also be effective. Parents of a food allergic student might provide useful information and support in addition t o that provided by qualified personnel.

Parent/caregiver education and resources should foster:
- *Trusting and collaborative relationships among district/school personnel, families, and community members.*
- *Clear communication channels between parents/ caregivers and school system*
- *Recognition and respect for the needs of both individuals and the larger student population*
- *Parental/caregiver responsibility for educating their children about seriousness of food allergies and how to be supportive of fellow students with food allergies*
- *Realistic expectations and commitments about how food allergies can be managed in school settings*
- *Knowledge of district/school policies, procedures, and plans for managing students with chronic health conditions (including food allergy and promoting safety through the "all-hazard" response plans and no bullying policies)*

Elements	Included	Not Included	Implemented	Not Implemented	Notes: Specify what is needed for this element to be included and/or implemented
1. Basic information associated with food allergy and anaphylaxis.					
2. District/school policies and procedures for managing students with food allergies.					
3. Parental responsibility to provide information and medications for their children.					
4. Access to informational resources on food allergy and credible resources.					
5. Restrictions to reduce the presence of foods and non-food items in classrooms that have a student with a food allergy.					
Additional notes for planning improvements and actions:					

Essential Component J
Monitoring and Evaluation (Page 16 in *Safe at School* and *Ready to Learn)*
Food allergy policy and practices should be reviewed and updated at least annually to:

Elements	Included	Not Included	Implemented	Not Implemented	Notes: Specify what is needed for this element to be included and/or implemented
1. Collect and review data on when and where medication was used and the impact on the affected individual.					
2. Incorporate lessons learned by the food allergy management team.					
3. Align with current science on food allergies.					
4. Comply with current state and federal legislation, recommendations, and/or guidelines.					
5. Verify that health record submitted by parents and licensed providers are current.					
6. Determine whether the appropriate personnel received allergy awareness training and are adequately informed, competent, and confident in performing assigned responsibilities.					
Additional notes for planning improvements and actions:					

Other Important Details:

_____

_____

_____

_____

_____

Checklist Completed on_____
(date)

Names of Team Member Completing Checklist

_____

_____

_____

Resources or Additional Assistance Needed to Improve Food Allergy Policy/Practice

1. _____
2. _____
3. _____
4. _____
5. _____

Next Steps:

1. _____
2. _____
3. _____
4. _____
5. _____

Appendix J: Sample Training Agendas/Epinephrine Administrative Skills Checklist

Sample *Awareness Training* Agenda for All Staff

Purpose: To provide all school staff basic knowledge and skills to identify children with a possible allergic reaction to food and begin implementation of the child's EAP and notify EMS.
Trainer: A School Nurse (RN) or Physician
Time: 20-30 minutes
Objectives: Upon completion of the training the participants will be able to demonstrate the following competencies:

- Identify common causes of allergic emergencies;
- Identify measures for preventing an allergic reaction;
- Accurately recognize general and student specific warning signs of allergic emergencies;
- Accurately identify students with whom epinephrine is prescribed;
- Accurately identify students who have signs of anaphylaxis and need epinephrine;
- Accurately read and interpret the IHP, 504 Plan, FAAP/EAP;
- Accurately read the epinephrine label and follow directions on the label;
- Administer the epinephrine by auto-injector;
- Accurately describe the school's plan for responding to emergencies, and
- Access resources appropriately, including EMS, school nurse, parents and the physician.

Content: Training content should be based on the school district's food allergy management policies and administrative regulations, and may include, but not be limited to the following:

1. Overview of food allergy including information on the 8 most common food allergens in children.
2. Signs and symptoms of an allergic reaction.
3. Overview of the school district's and campus level food allergy management policies and administrative regulations.
4. Information on FAAP, EAP, 504 Plan and the IHP (developed by the school nurse).
5. Overview of strategies to reduce exposure and cross contamination as outlined in the district food allergy management administrative regulations to include:
   a. Classroom accommodations
   b. Cafeteria accommodations
   c. Transportation (bus) accommodations
   d. Field trip and school sponsored activity accommodations
   e. Hallways and common area accommodations
6. Communication procedures for initiating emergency protocols as outlined in the district food allergy management administrative regulations.
7. Proper storage and administration of anaphylaxis medications.
   a. Explain the use of epinephrine
   b. How to store and handle the auto-injector
   c. How to administer the auto-injector (including skills check)
      i. Right child
      ii. Right medication
      iii. Right dose
      iv. Right route
      v. Right time
   d. The importance of notifying EMS after administration
   e. The importance of documentation of the reaction and treatment given
8. Accessing the local EMS.

Sample *Comprehensive Training* Agenda for Unlicensed School Personnel

Purpose: To provide unlicensed school personnel basic knowledge and skills to identify children with a possible allergic reaction to food and to administer epinephrine by auto-injector in a life threatening situation.
Trainer: A School Nurse (RN) or Physician
Time: 1½ to 2 Hours
Objectives: Upon completion of the training the participants will be able to demonstrate the following competencies:
Identify common causes of allergic emergencies;

- Accurately recognize general and student specific warning signs of allergic emergencies;
- Accurately identify students for whom epinephrine is prescribed;
- Accurately identify students who have signs of anaphylaxis and need epinephrine;
- Accurately read and interpret the IHP, 504 Plan, FAAP, and the EAP;
- Correctly follow directions on administering emergency medications;
- Accurately read the epinephrine label and follow directions on the label;
- Safely handle and properly administer the epinephrine auto-injector;
- Accurately describe the school's plan for responding to emergencies, and
- Access resources appropriately, including EMS, school nurse, parents and the physician.

Content: Training content should be based on the school district's food allergy management policies and administrative regulations, and include, but not be limited to the following:

1. Overview of food allergy including information on the eight most common food allergens in children.
2. Signs and Symptoms and risks associated with an allergic reaction.
3. Overview of the difference between food allergy and food intolerance.
4. Overview of the school district's food allergy management policies and administrative regulations including:
   a. Consent for medical treatment policy
   b. Medication administration policy
   c. Self-administration of asthma and anaphylaxis medication policy
   d. Emergency response policy
   e. Bullying policy
5. Information on FAAPs, EAPs, 504 Plans and the IHP (developed by the school nurse).
6. Overview of strategies to reduce exposure and cross contamination as outlined in the district food allergy management administrative regulations in the school setting and school sponsored activities such as field trips to include:
   a. Classroom accommodations – including hand washing, cleaning procedures
   b. Cafeteria accommodations – including food handling and cleaning procedures
   c. Transportation (bus) accommodations–including consumption of food on buses
   d. Field trip and school sponsored activity accommodations
   e. Hallways and common area accommodations
7. Communication procedures for initiating emergency protocols as outlined in the district food allergy management administrative regulations.

Sample *Comprehensive Training* Agenda for Unlicensed School Personnel (continued)

8. Proper storage and administration of anaphylaxis medications, including checking expiration date.
   a. Explain the use of epinephrine
   b. How to store and handle the auto-injector
   c. How to administer the auto-injector (including skills check)
      i. Right child
      ii. Right medication
      iii. Right dose
      iv. Right route
      v. Right time
   d. The importance of notifying EMS and the parents after administration of epinephrine
   e. The importance of documentation of the reaction and treatment given
9. Accessing the local EMS.
10. Reference to additional resources and training materials. (See Appendix L).

Epinephrine Competency Skill Checklist

Name and Title of Staff Person: _____

The following competencies have been demonstrated by staff person:

Identifies common causes of allergic emergencies. _____

Describes general and student-specific warning signs of allergic emergency. _____

Demonstrates how to activate the school's plan for responding to emergencies. _____

Identifies student for whom the epinephrine is prescribed. _____

Interprets accurately the emergency medication administration plan. _____

Follows the directions on the medication administration plan. _____

Reads the label on the epinephrine auto-injector, assuring the correct dosage. _____

Identifies expiration date on the epinephrine auto-injector assuring medication is current. _____

Demonstrates safe handling of epinephrine auto-injector. _____

Demonstrates the correct procedure for giving epinephrine by auto-injector (5 R's) (Right name, Right medication, Right Dosage, Right Frequency, Right route). _____

Describes how to access EMS, school nurse, student's parents (or other persons), student's physician and provide emergency care while awaiting EMS. _____

Comments:

_____

_____

_____

_____

_____

Signatures:

Supervised by: _____RN Staff Person_____

Date: _____

Appendix K: Definitions

Allergen - Any substance, often a protein, that induces an allergy: common allergens include pollen, grasses, dust, food and some medications.

Allergic reaction - An immune-mediated reaction to a protein that is not normally harmful.

Anaphylaxis (Anaphylactic Reaction) - A serious allergic reaction that is rapid in onset and may cause death.

Assignment - Refers to the actual duties a person has with a school district or other educational entity. (Texas Administrative Code, Chapter 153, Section 153.1021)

Auto-injector - A pre-measured, spring-loaded pen-like device used to administer epinephrine and designed for ease of use by non-medical persons.

Cross contamination - The process of a food, surface or object being inadvertently contaminated with food allergens other than those listed on the food label during the course of the food being handled, prepared, stored or served.

Disability - Persons who have a physical or mental impairment that substantially limits one or more major life activities, or has a record of such impairment, or is regarded as having such impairment.

Emergency Action Plan (EAP) - A personalized emergency plan written by a healthcare provider that specifies the delivery of accommodations and services needed by a student in the event of a food allergy reaction.

Epinephrine (adrenaline) - A medication that is utilized to counteract anaphylaxis. It is supplied in an auto-injector or vial.

504 Plan - A 504 Plan is developed to outline the modifications and accommodations that will be needed for a student to perform at the same level as their peers.

Food Allergy - Food allergy is a group of disorders characterized by immunologic responses to specific food proteins. In the United States, the most likely common allergens in adults and children are cow's milk, eggs, peanuts, wheat, soy, fish, shellfish, and tree nuts.

Food Allergy Action Plan (FAAP) - A personalized plan written by a healthcare provider that specifies the delivery of accommodations and services needed by a student with a food allergy and actions to be taken in the event of an allergic reaction.

Food Intolerance - An unpleasant reaction to a food that, unlike a food allergy, does not involve an immune system response or the release of histamine.

Campus Food Allergy Management Team - A team of school personnel that assists families in the management of their child's food allergy. It may include, but is not limited to: the principal, teacher, school nurse, cafeteria personnel, bus drivers, and classroom teachers.

Individualized Healthcare Plan (IHP) - A plan written by the school nurse that details accommodations and/or nursing services to be provided to a student because of the student's medical condition based on medical orders written by a health care provider in the student's medical home.

School Health Advisory Council (SHAC) - A group of individuals representing segments of the community, appointed by the school district to serve at the district level, to provide advice and recommendations to the school board on school health issues.

School Nurse - A person who holds a current license as a registered professional nurse (RN) from the Texas State Board of Nursing as outlined in the Texas Administrative Code, §153.1021.

School-Sponsored Activity - Any activity, event, or program occurring on or off school grounds, whether during or outside of regular school hours, that is organized and/or supported by the school.

Appendix L: Resources for Policy Development and Training and References

National and State Resources for Developing Administrative Regulations and Staff Training

1. American Academy of Allergy, Asthma & Immunology
   www.aaaai.org/conditions-and-treatments/allergies/food-allergies.aspx
   (Main Web page on food allergies)

2. Department of State Health Services-School Health Program
   www.dshs.state.tx.us/schoolhealth/pgtoc.shtm
   (Main Web page for School Health Manual)

3. Food Allergy and Anaphylaxis Network
   www.foodallergy.org/section/for-school-professionals-educators
   (Main Web page for school professionals)

4. Food Allergy Initiative
   www.faiusa.org/page.aspx?pid=622
   (Main Web page for school staff training)

5. National Association of School Nurses
   www.nasn.org/ToolsResources/FoodAllergyandAnaphylaxis
   (Main Web page for Food Allergies Tools and Resources)

6. National School Board Association
   www.nsba.org/Board-Leadership/SchoolHealth/Food-Allergy-Schools
   (Main Web page for Food Allergies)
   www.nsba.org/Board-Leadership/SchoolHealth/Food-Allergy-Schools/Food-Allergy-Videos
   (Web page of Educational Video Clips)

7. Texas Allergy, Asthma and Immunology Society
   www.taais.org/publiceducation/foodallergy.html
   (Web page for Food Allergies)

8. Texas School Nurse Organization
   http://txsno.org
   (Main Web page)

9. Education and Advocacy Solutions
   www.foodallergyadvocate.com/504Plan.htm
   www.allergyready.com
   www.allergyhome.org

Appendix L: Resources for Policy Development and Training and References (continued)

Resources

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External links to other sites appearing here are intended to be informational and do not represent an endorsement by the Texas Department of State Health Services (DSHS). These sites may also not be accessible to people with disabilities. External email links are provided to you as a courtesy. Please be advised that you are not emailing the DSHS and DSHS policies do not apply should you choose to correspond. For information about any of the initiatives listed, contact the sponsoring organization directly. For comments or questions about this publication, contact Ellen Smith at (512) 776- 2140 or by email at **ellen.smith@dshs.state.tx.us**. Copyright free. Permission granted to forward or make copies as needed.

TEXAS Department of State Health Services

Texas Department Of State Health Services
School Health Program
www.dshs.state.tx.us/schoolhealth/default.shtm

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