

**GUIDELINES FOR THE  
CARE OF STUDENTS  
WITH FOOD ALLERGIES**

*(August 1, 2012)*

## **Introduction**

A *food allergy* is an abnormal response to a food, triggered by the body's immune system. 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 and 1 in 25 children are now affected, with 40 percent reporting a history of severe reaction. 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. 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 occurring in schools is high. Studies show that 16-18 percent of children with food allergies have had allergic reactions to accidental ingestion of food allergens while in school. Moreover, 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. 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.

## **Background**

In response to the increase in students with diagnosed food allergies at-risk for anaphylaxis, Senate Bill 27 (2011, 82<sup>nd</sup> 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 to adopt and administer a policy for the care of students with diagnosed food allergy at risk for anaphylaxis.

## **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](http://www.ada.gov/cguide.htm)
  - The Americans with Disabilities Act Amendments of 2008  
[www.ada.gov/pubs/ada.htm](http://www.ada.gov/pubs/ada.htm)
  - Individuals with Disabilities Education Act  
[www2.ed.gov/policy/speced/guid/idea/idea2004.html](http://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](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](http://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](http://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](http://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 Nutrition Policy) <http://Childnutritionpolicy>

## **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. Although most allergic reactions are attributed to these eight foods, any food has the potential of causing a reaction. 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.

*Anaphylaxis* is defined as “a serious allergic reaction that is rapid in onset and may cause death”. Anaphylaxis includes a wide range of symptoms that can occur in many combinations and is highly unpredictable. 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. Epinephrine is the only life saving treatment for anaphylaxis.

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.

## **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.**

## Signs and Symptoms of More Severe Food Allergy Symptoms (Anaphylaxis)

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

### 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.

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

## **Food Allergy Management in the School Setting**

School districts are required to develop and implement policies to address children with diagnosed food allergies at-risk for anaphylaxis. 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 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 are 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**

Information needs to be shared with the school in order to promote safety for children with food allergies who 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.

In addition, the United States Department of Agriculture regulations 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 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 with further follow-up parents, healthcare providers, and the school nurse can 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**

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. 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 will be developed by the healthcare provider in collaboration with the parents or legal guardians. The FAAP 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 a sample FAAP form).

In order to facilitate clear communication between parents, healthcare providers, school administrators and the school nurse, in the event the child has an allergic reaction at school, the FAAP 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 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 names 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 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 may be utilized to develop an IHP which outlines day to day nursing care for managing the student’s food allergy. (See Appendix C and E). The school nurse may facilitate the process of implementing the FAAP in coordination with 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 school nurse to review the FAAP. 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. 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. 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 FAAP.

In some instances, the school may also develop a 504 Plan (see Appendix D) 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***

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

Environmental controls include consideration of the following:

1. Identifying high-risk areas in the school and implementing strategies to limit exposure to food allergens. Children at risk for anaphylaxis should not be excluded from 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 on food allergy awareness to teachers, staff, and parents.
7. Posting of visual reminders promoting food allergy awareness.
8. Educating children about not trading or sharing food, snacks, drinks, or utensils.
9. Implementing hand washing protocols. (Hand washing should be done with soap and water, as hand sanitizers are not sufficient for removing allergens.)
10. Provide ready access to epinephrine in an accessible, secure but unlocked area.

(See Appendix H for Considerations)

## **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 anaphylactic reaction. The tiered approach includes an “awareness training” for all staff and more “comprehensive training” for the school nurse and school staff members who will be responsible for the care of individual students.

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. 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.

More comprehensive training may be conducted with the school nurse 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 in-depth 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, 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.
- Working with local EMS.
- Post anaphylaxis debriefing and monitoring of the food allergy management plans on the campus.

## **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 school nurse 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.

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 school nurse 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.

- Identify and interview those who were involved in the emergency care of the student and those who witnessed the event.
- Meet with school staff to dispel any rumors and review administrative regulations.
- Review the FAAP, 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.

## **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.

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 K for additional resources)

## **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

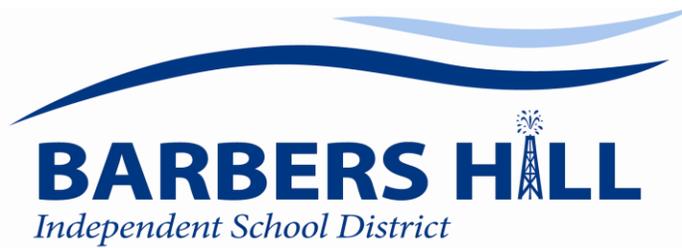
Appendix H: Considerations for Developing Administrative Regulations

Appendix I: Sample Training Agendas/Epinephrine Administration Checklist

Appendix J: Definitions

Appendix K: Resources for Policy Development and Training and References

## **Appendix A: Sample Student Identification Forms and Letters**



**REQUEST FOR FOOD ALLERGY INFORMATION**

**HB 742 from the 82<sup>nd</sup> Texas Legislature (2011) requires school districts to request, at the time of enrollment, that the parent or guardian of each student attending the District disclose the student's food allergies.**

**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.**

Student name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Campus: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ My child *does not* have any food allergies. Please sign at bottom of page.

\_\_\_\_\_ My child has a food allergy(ies). Please complete the form and sign below.

\_\_\_\_\_ My child has a severe food allergy(ies)\* as defined above. Please complete the form and sign below.

Please list any foods to which your child is allergic or severely allergic, as well as the nature of your child's allergic reaction to the food.

Food	Nature of allergic reaction <i>(please circle all that apply)</i>					
	Hives	Wheezing	Trouble Breathing	Itching	Swelling	Other:
	Hives	Wheezing	Trouble Breathing	Itching	Swelling	Other:
	Hives	Wheezing	Trouble Breathing	Itching	Swelling	Other:
	Hives	Wheezing	Trouble Breathing	Itching	Swelling	Other:
	Hives	Wheezing	Trouble Breathing	Itching	Swelling	Other:

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. [See FL]

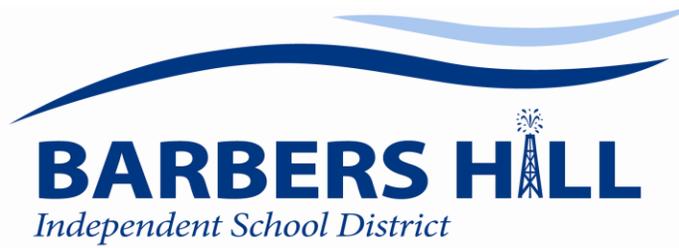
Parent/Guardian name: \_\_\_\_\_

Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date form was received by the school: \_\_\_\_\_

**Additional information regarding food allergies, including maintaining records related to a student's food allergies, can be found at FD and FL)**



**SOLICITUD POR INFORMACIÓN DE ALERGIA ALIMENTICIA**

**HB 742 de la 82<sup>nd</sup> Legislación de Tejas (2011) requiere distritos escolares soliciten, al matricular, que los padres o guardián de cada alumno asistiendo el Distrito revele alergias alimenticias del estudiante.**

**Esta forma le permite revelar si su niño/a tiene alergias alimenticias o alergias severas a alimentos que usted cree devén ser revelados al Distrito para permitir que el Distrito tome las precauciones necesarias para la salud del niño/a.**

**\*“alergias alimenticias severas” significa peligro de vida o muerte a la reacción del cuerpo humano a una alergia alimenticia introducida por inhalación, ingestión, o contacto físico que requiere atención médica inmediata.**

Nombre del Alumno: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_ Grado: \_\_\_\_\_

Campus: \_\_\_\_\_ Fecha: \_\_\_\_\_

\_\_\_\_\_ Mi hijo/a no tiene alergia alimenticia. (Por favor firme a bajo.)

\_\_\_\_\_ Mi hijo/a tiene una alergia(s) alimental. (Por favor rellene la hoja y firme a bajo).

\_\_\_\_\_ Mi hijo/a tiene una alergia alimenticia severa\* como descrita arriba. (Por favor rellene la hoja y firme a bajo.)

Por favor anote cualquier alimento al cual su hijo/a es alérgico o severamente alérgico, también el tipo de reacción al alimento.

Comida	Tipo de Reacción Alérgica (señale todo los que apliquen)					
	Ronchas	Resuello Ronco	Dificultad con respirar	Comezón	Hinchazón	Otro:
	Ronchas	Resuello Ronco	Dificultad con Respirar	Comezón	Hinchazón	Otro:
	Ronchas	Resuello Ronco	Dificultad con Respirar	Comezón	Hinchazón	Otro:
	Ronchas	Resuello Ronco	Dificultad con Respirar	Comezón	Hinchazón	Otro:

El Distrito mantendrá la confidencialidad de la información proveniente arriba y puede revelar la información a maestros, consejeras escolares, enfermeras escolares, y otros apropiados trabajadores escolares solo dentro las limitaciones de los Derechos Educativos Familiares y Acto de Privacidad y póliza del Distrito. [Ver FL]

Nombre del Padre/Guardián: \_\_\_\_\_

Teléfono del trabajo: \_\_\_\_\_ Teléfono del Hogar: \_\_\_\_\_

Firma del Padre/Guardián: \_\_\_\_\_ Fecha: \_\_\_\_\_

Fecha que la escuela recibió esta forma: \_\_\_\_\_

**Información Adicional con respecto alergias alimenticias, incluyendo el mantenimiento de archives relacionados a alergias alimenticias, puede ser encontrada en FD y FL.**

# BARBERS HILL INDEPENDENT SCHOOL DISTRICT - Health Inventory

NAME \_\_\_\_\_ SEX \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ BIRTH WEIGHT \_\_\_\_\_

CAMPUS \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_ GRADE \_\_\_\_\_

**Parent/Guardian: Please fill in this form and be aware that the information given on this form may be shared with appropriate school staff in order to have a better understanding of the health status of your child.**

*Parents are responsible for notifying the school nurse with your child's specific health conditions.*

DISEASE HISTORY	★YES	NO	DISEASE HISTORY	★YES	NO
ADD, ADHD			Ear Infections/Hearing Problems		
Allergy (specify)			Eating Disorder		
Arthritis			Headaches		
Asthma (specify)			Heart/Cardiovascular Disease		
Autism			Lactose Intolerant		
Bladder/Kidney Conditions			Measles		
Brain Injury			Muscular Dystrophy		
Cancer			Orthopedic		
Cerebral Palsy			School Phobia		
<b>Chickenpox → Date of illness:</b>			Seizures		
Cystic Fibrosis			Spina Bifida		
Depression			Tourette's Syndrome		
Diabetes			Ventriculo-Peritoneal Shunt		
Down's Syndrome			Vision Problems/Glasses/Contacts		

★ If Yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Other Conditions/Accidents (give date and reason) \_\_\_\_\_  
 \_\_\_\_\_

Hospitalizations/Surgeries (give date and reason) \_\_\_\_\_  
 \_\_\_\_\_

Is your child currently under any type of medical care?     Yes     No

If there are any restrictions due to any of the above conditions, you must provide an **annual** note from your child's doctor:  
 (please specify) \_\_\_\_\_

Is your child taking any medication?     Yes\*     No  
 \*If yes, are they taking medication at home or school?     Home     School

Please list all medications: (home and school) \_\_\_\_\_  
 \_\_\_\_\_

*(All medications administered at school require completion of additional paperwork.)*

Reason for medication(s): \_\_\_\_\_

Name of doctor/clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Is there anything special you wish to bring to our attention? \_\_\_\_\_  
 \_\_\_\_\_

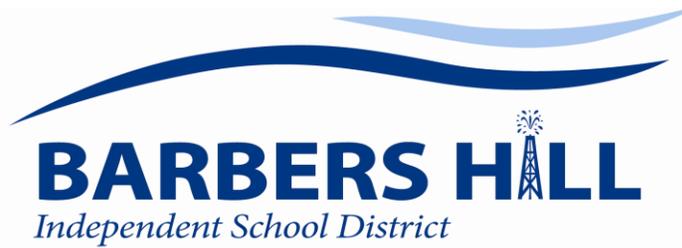
**State Mandated health screenings, conducted at various grade levels, include height, weight, vision, hearing, scoliosis, dental checks, and Acanthosis Nigricans. Growth and development classes are offered in 5<sup>th</sup> grade. There is a nurse on the faculty of each school. Please feel free to consult her about the health of your child.**

Yes, my child may have the health screenings offered.     No, my child may not have the following \*health screenings. I will provide a copy of the results from my family physician.

\*please list: \_\_\_\_\_

My child may attend the growth and development class in the 5<sup>th</sup> grade.     Yes     No

Date \_\_\_\_\_ Parent/Guardian's Signature \_\_\_\_\_



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. BHISD Medication Authorization Forms (2) – One should be used for each medication sent to school.
3. 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.

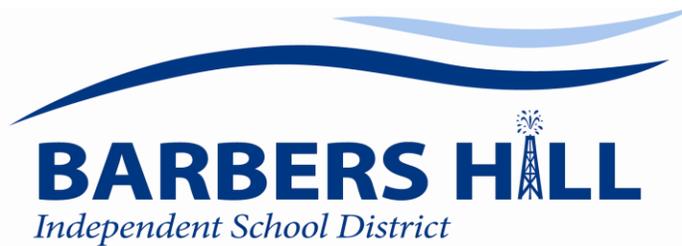
Your child's supplies should include: Epi-pen with prescription label on it and antihistamine (such as Benadryl), if your child's plan calls for it. Please be alert to the expiration dates on these medications.

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.

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



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 antihistamínico (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



**Physician's Request for Administration of Medication by School Personnel**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Condition for which drug is to be given: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage and method of administration (*special instructions, possible reactions if any, etc.*):

**The above medication may not be scheduled for other than school hours. It may be administered by a medically untrained faculty or staff member designated by the principal.**

Physician's Name (*please print*): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Physician's Signature

Home Telephone: \_\_\_\_\_

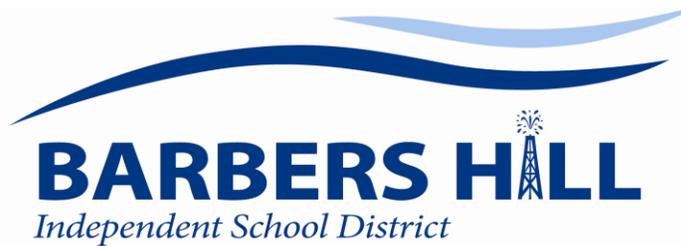
Date: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Alternate Physician: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Filled in nurse's office: \_\_\_\_\_ By: \_\_\_\_\_



## SELF-ADMINISTERED MEDICATION PERMISSION FORM

### SELF-ADMINISTERED MEDICATIONS:

Under certain conditions, it may be necessary to allow a student to self-administer and carry his/her medication. This practice is discouraged as lost or improperly administered medication is a risk to all students. The criteria for permitting a student to carry and self-administer medication are as follows:

- The prescriber must in writing direct that DUE TO HIS/HER MEDICAL CONDITION the student be allowed to carry his/her medication and self-administer.
- The parent/guardian must request in writing compliance with prescriber's order.
- The student must be instructed in the procedure of self-administration by the prescribing physician and the school nurse/teacher. The student must be capable of responsibly carrying properly labeled medication in an original container on his or her person or keeping it secured in a school or physical education locker.
- The parent must assume the responsibility for monitoring the child on a daily basis to insure that the child is carrying and administering the medication as ordered.

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### PHYSICIAN'S PERMISSION:

I am presently treating \_\_\_\_\_ for \_\_\_\_\_  
*Student's Name* *Diagnosis*

Due to \_\_\_\_\_ it is necessary that this  
*Medical Condition*

student is permitted to carry and administer \_\_\_\_\_.  
*Medication*

**I have instructed the student in the procedure of self-administration and feel that the student is capable of responsibly carrying and administering his/her medication.**

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

---

---

### PARENT'S PERMISSION:

Please permit my child to carry and administer the above medication as directed by the physician. I assume responsibility for monitoring my child on a daily basis to insure that he/she is carrying and administering the medication responsibly and as ordered. **Please note, Barbers Hill I.S.D. is not responsible for loss, damage, or theft of the prescribed medicine.**

\_\_\_\_\_  
Parent/Guardian's Name (PRINT)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**Appendix B: Sample Food Allergy Action Plan/  
Emergency Action Plan Forms**

# SAMPLE

## 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 \_\_\_\_\_

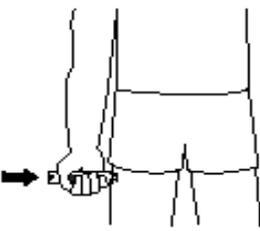
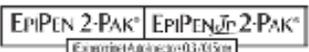
Date \_\_\_\_\_

Physician/Healthcare Provider Signature \_\_\_\_\_

Date \_\_\_\_\_

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

For the form in Spanish, please go to: [www.foodallergy.org](http://www.foodallergy.org)

<p><b>EPIPEN Auto-Injector and EPIPEN Jr Auto-Injector Directions</b></p> <ul style="list-style-type: none"> <li>First, remove the EPIPEN Auto-Injector from the plastic carrying case</li> <li>Pull off the blue safety release cap</li> </ul>  <ul style="list-style-type: none"> <li>Hold orange tip near outer thigh (always apply to thigh)</li> </ul>	<p><b>Adrenaclick™ 0.3 mg and Adrenaclick™ 0.15 mg Directions</b></p>  <p>Remove GREY caps labeled "1" and "2."</p> <p>Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.</p> 
 <ul style="list-style-type: none"> <li>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</li> </ul>  <p><small>EPIPEN and the EPIPEN logo, EPIPEN Jr, EPIPEN 2-PAK, and EPIPEN Jr 2-PAK are registered trademarks of Teva Pharmaceuticals, U.S.</small></p>	<p>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.</p> <p>A kit must accompany the student if he/she is off school grounds (i.e., field trip).</p>

**Contacts**

Call 911 (Rescue squad: ( ) \_\_\_\_\_ - \_\_\_\_\_) Doctor: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

**Other Emergency Contacts**

Name/Relationship: \_\_\_\_\_  
 Name/Relationship: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Form provided courtesy of the Food Allergy & Anaphylaxis Network ([www.foodallergy.org](http://www.foodallergy.org)) 9/2011

For a copy of this form in Spanish, please go to: [www.foodallergy.org](http://www.foodallergy.org)

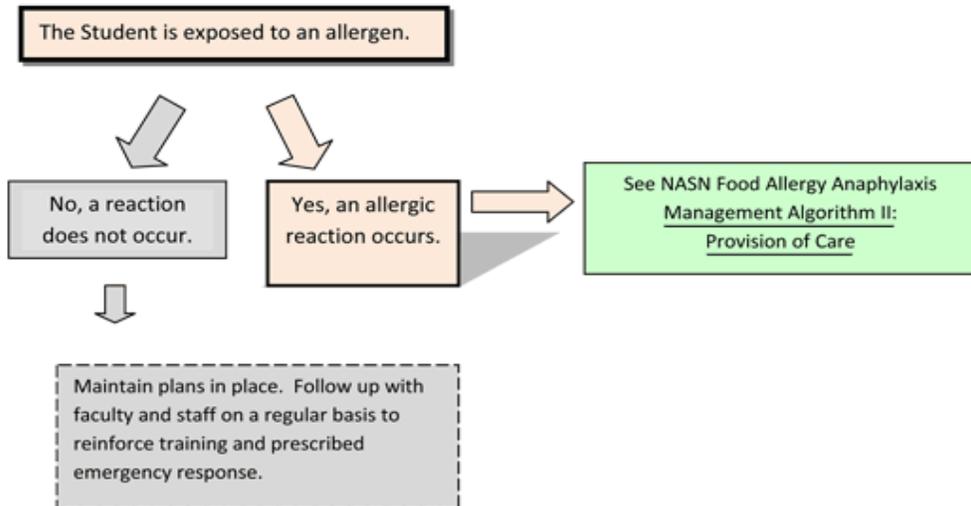
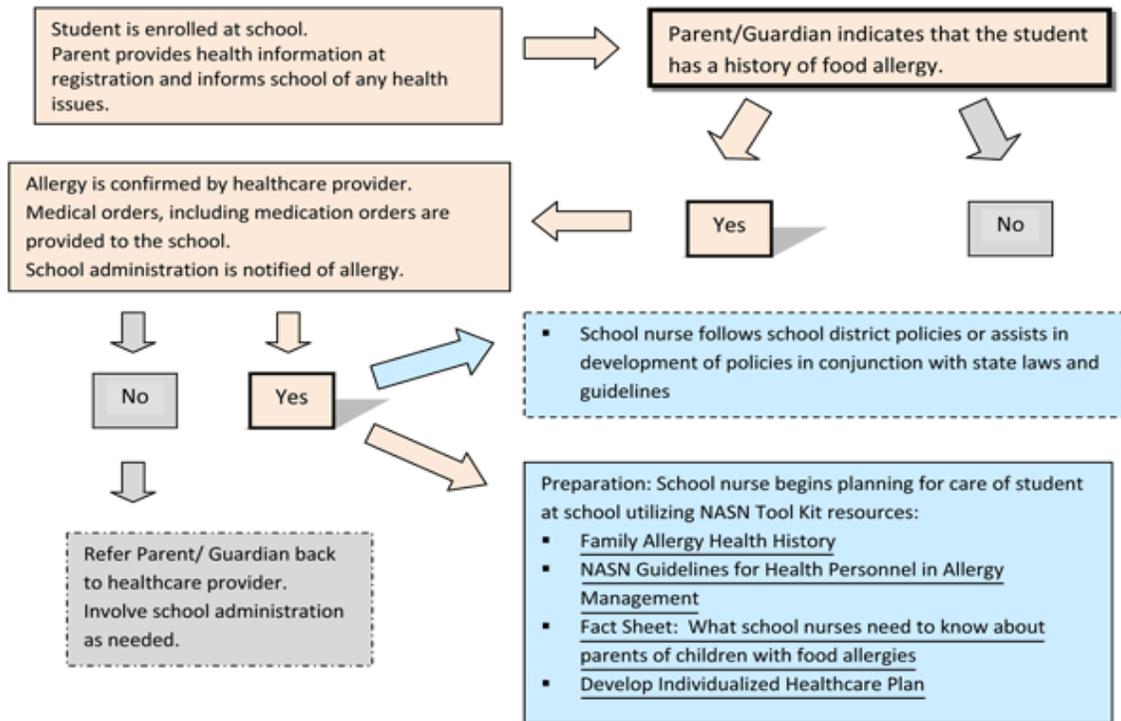
## **Appendix C: Sample Planning Algorithm\***

# SAMPLE



## Anaphylaxis Management Algorithm I

### Planning Phase



NASN 2011

\*School nurses should go to the National Association of School Nurses Web site to obtain the Management Algorithm II: Provision of Care and other food allergy management resources. [www.nasn.org](http://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 comprehensive 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](http://www.nasn.org/ToolsResources/FoodAllergyandAnaphylaxis)

<b>Name:</b> _____				
		<b>DOB:</b> _____		<b>Current Date</b> _____
<b>Student ID:</b> _____			<b>Diagnosis:</b> _____	
Assessment Data	Nursing Diagnosis	Goals	Interventions	Outcome
<p>Potential for anaphylactic shock secondary to severe food allergy.</p> <p>Asthma: YES/NO (circle one)</p>	<p>Risk for ineffective breathing related to bronchospasm and inflammation of the airways secondary to allergic reaction.</p>	<p>Student will have FAAP/EAP and IHP in place to include student, parental and staff roles in preventing and managing an anaphylactic reaction.</p>	<p>Secure medical documentation of food allergy, FAAP/EAP and information about food substitutions.</p> <ul style="list-style-type: none"> <li>• Educate school staff on early signs of potential anaphylaxis and appropriate steps to take in emergency care.</li> <li>- School wide training on recognition of signs of allergic reaction.</li> <li>- Student specific training for classroom, administrative, cafeteria, custodial and transportation personnel.</li> <li>- Train designated staff in the use of the epi auto-injector, first aid care, EMS contact.</li> <li>- Designated personnel receive copy of FAAP/EAP and IHP.</li> </ul>	<ul style="list-style-type: none"> <li>* Medical documentation received (FAAP/EAP)</li> <li>* Yearly staff awareness training conducted and documented.</li> <li>* Student specific training delivered and documented in student file.</li> <li>* Staff demonstrate proper use of epi auto-injector. In event of allergic reaction, staff responds according to FAAP/EAP.</li> <li>* Staff responds to student report of allergen exposure and supports student with self-care or by administering epi auto-injector.</li> <li>* Post crisis review conducted in the event of an allergen exposure.</li> </ul>
		<p>Student will demonstrate awareness of the significance of allergic reactions, symptoms and treatment.</p>	<ul style="list-style-type: none"> <li>• Review with student food allergen and potential that allergen may be “hidden” ingredient.</li> <li>• Review with student procedures to follow if they perceive a situation that may expose them to a food allergen.</li> <li>• Review with student treatment methods including how/when to report allergic symptoms to school personnel.</li> <li>• Ensure that students who have permission to carry epi auto-injector have adequate knowledge to perform self-care. Educate as necessary to ensure student and school community safety.</li> </ul>	<ul style="list-style-type: none"> <li>* Student will read food labels before ingestion.</li> <li>* Student will not accept food offered by others.</li> <li>* Student can demonstrate assertiveness when encountering situations that have potential to result in exposure to food allergen.</li> <li>* Student will identify allergic reactions, notify school personnel and treat immediately.</li> </ul>

		Establish a food safe environment for students with food allergies.	<p>Educate staff regarding allergen and institute environmental controls.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Review food allergy and exposure prevention strategies with food service staff.</li> <li>• Secure medical documentation for food substitutions.</li> <li>• Secure “emergency meal” from parent in event food allergen can not be avoided.</li> <li>• Review cleaning procedures with custodial staff. Establish a food safe environment for student with food allergies.</li> <li>• Notify classroom parents and staff of need to restrict presence of food allergen in student’s classroom activities.</li> <li>• Avoid use of food for instruction/reward purposes.</li> <li>• Adhere to bus policy about food consumption on the bus.</li> <li>• Minimum 2 week advance notice on field trips and other off campus activities.</li> <li>• Facilitate student participation in full range of school activities.</li> </ul>	* Student is NOT exposed to food allergen and has no allergic reactions.
	Potential for diminished self-esteem secondary to food allergy diagnosis.	Protect/Enhance student’s self-image.	<ul style="list-style-type: none"> <li>• Zero tolerance for bullying related to food allergy.</li> <li>• Educate student on assertiveness techniques.</li> <li>• Empower student to educate classmates.</li> </ul>	<p>* Student does not experience bullying or discrimination related to food allergy.</p> <p>* Student demonstrates positive self-esteem related to food allergy via verbal and non-verbal communication.</p>

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

## **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.

### **Family's Responsibility**

- Notify the school of the child's allergies in accordance with TEC, Section 25.0022. (See Appendix A for sample notification documents)
- Work with the school nurse to review the FAAP (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 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 knowledgeable about and follow applicable federal laws including: ADA, IDEA, Section 504, and FERPA and any state laws or district policies that apply.
- Review the 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.
- School Nurse will work with parents and the student (age appropriate) to establish a risk reduction plan.
- Assure that all staff who interact with the student on a regular basis understand 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.
- The school nurse will make 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 event 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 physician 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 prescription 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 school nurse, parents/guardians, student (age appropriate), and the student's 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.

### **Student's Responsibility**

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

## **Appendix G: Sample Staff Roles and Responsibilities**

## **Responsibilities of the School Nurse**

- 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.
- Inform parent/guardian if student experiences an allergic reaction for the first time at school.
- Assure that the FAAP 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 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.
- Familiarize teachers with the FAAP of their students. Other staff members who have contact with the students should be familiar with their FAAP and be able to intervene if needed.
- Remind parents to review the FAAP, 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.
- 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 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 and IHP.
- Make sure there is a contingency plan in place in the case there is a substitute school nurse.
- 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.
- 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 Classroom Teacher/Specialist**

- Review the FAAP 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 meetings with the school nurse and in-service trainings.
- Keep accessible the student's FAAP 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 to 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.
- 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 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.
- 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 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 (e.g. provision for hand wipes, etc.)

## **Appendix H: Considerations for Developing Administrative Regulations**

## **Considerations in the Development of 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. The school nurse should work with the classroom teacher(s) to help them understand and initiate the student's IHP/EAP, as necessary.

- 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.
- 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. 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 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 staff (trained by the school nurse) 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. Ensure access to students' epinephrine and allergy-free foods when developing plans for fire drills, lock downs, and other school drills.
- f. Ensure that reliable communication devices are available in the event of an emergency.
- g. Adhere to universal precautions and the district Exposure Control Plan when disposing of epinephrine auto-injectors or syringes after use.
- h. 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.

**Appendix I: 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)

**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;
- 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, 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)

**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, and the FAAP;
- 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
5. Information on FAAPs, 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.
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 J: Definitions**

## **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 K: 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](http://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](http://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](http://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](http://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](http://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](http://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](http://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](http://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](http://www.foodallergyadvocate.com/504Plan.htm)  
[www.allergyready.com](http://www.allergyready.com)  
[www.allergyhome.org](http://www.allergyhome.org)

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