



## FOOD AND SEVERE ALLERGY MANAGEMENT PLAN

### Purpose:

The *Food and Severe Allergy Management Plan* (“The Plan” or “Plan”) will enable all District personnel to participate and collaborate with students, family members, and healthcare providers to maintain the health and protect the safety of students who have life-threatening allergies during the school day. The Plan will define processes of identifying, managing and ensuring continuity of care for students with life-threatening allergies. The management of students with life-threatening allergies, while in the school setting, will include allowing the student to participate in academic, non-academic and extracurricular school activities. Although the school cannot guarantee an allergen free area, all attempts as outlined in this document will be made to allow for safety through the school day. The Plan will be reviewed and revised to remain current and to reflect new information, treatments and evidence-based management of food allergies and other life-threatening allergies. Interventions, individualized health plans (IHPs) and emergency action plans will be based on medically accurate information, evidence-based practices, and will comply with District policy and state laws. [FFAF(LEGAL); TEC §38.015; TEC §38.0151; TEC §22.052; TEC §25.0022]

### Overview and Rationale:

Some allergens such as food, medication, insect stings and latex can trigger a severe, systemic allergic reaction called anaphylaxis. Anaphylaxis is a life-threatening allergic reaction, and is considered an emergency. Epinephrine (adrenaline) is a quick-acting hormone that works to relieve all of the physiological processes that occur with anaphylaxis. Epinephrine injection is the first-line treatment in cases of anaphylaxis.

Allergies, especially food allergies, are a significant issue in schools. The most common life-threatening allergies are to foods, but environmental allergies may also pose a health risk for some students. **The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock, which is potentially fatal.** The best way to prevent allergic reactions is to avoid the allergen. The risk of exposure to allergens, including accidental exposure to foods, can be reduced in the school setting with cooperation between parents, students, healthcare providers, school nurses, and school staff.

## Procedural Guidelines

### Identification of Students with Food Allergies or Environmental Allergies at Risk for Anaphylaxis:

- The District requests annual disclosure of all food allergies by the **parent or guardian** upon enrollment or as soon as possible after the diagnosis as part of the online back-to-school forms or from the school nurse. Additional information requested includes: risk for anaphylaxis or a life-threatening reaction, life-threatening non-food allergens, symptoms and history of reactions, prescribed epinephrine auto-injector or other severe allergy medications. The Principal or any other school personnel will notify the school nurse if they receive a disclosure from a parent about a student’s diagnosed or possible life-threatening allergy.
- **Allergy School Health Plan** should be completed by the parent and student’s healthcare provider to specify the student’s allergens, risk for life-threatening allergic reaction, medications and individualized care.
  - Submit to the school nurse, along with the student’s prescription medication.
  - A copy of the *Allergy School Health Plan* is available from the school nurse or on the District’s website.



- Allergy Action Plans (AAP) generated by a healthcare provider's office or another healthcare or allergy organization will be accepted.
- If no *Allergy School Health Plan* or healthcare provider's AAP is returned and the parent provides allergy medication to the school, written parental authorization will be obtained on the district's *Medication Orders/Authorization/Consent* form.
- **Special Diet Request form** must be completed by the **parent and healthcare provider (licensed physician, nurse practitioner or physician's assistant with prescriptive authority in Texas)** for any substitutions or modifications of meals purchased through RISD cafeterias due to food allergies.
  - Completed forms must be submitted to the school nurse who will notify the campus child nutrition staff.
  - Child Nutrition staff will process the request within one week and implement the prescribed meal substitutions or modifications.
  - This form is available from the nurse or Health Services Department page on the District's website.
  - The form must be updated if there is a change in the student's condition affecting their diet.

### Communication, Development, Implementation and Monitoring

- Health and student records review by the school nurse (RN)
  - *Student Health History* forms will be reviewed by the RN in a timely manner.
  - The RN will contact the parent to request completion of the *Allergy School Health Plan* of any student who has been identified to have a life-threatening allergy or prescribed epinephrine auto-injector.
  - Diagnosed allergy will be entered as a Health Condition in the student's Skyward Health Record, including appropriate notes. Alert box and critical indicator may be added as needed. The RN may enter appropriate Health Condition and notes about a possible allergy disclosed by the parent, including appropriate notes in the student's health record.
- Health plan development by the school nurse (RN)
  - Review completed *Allergy School Health Plan*, healthcare provider's AAP, or medication consent.
    - Contact or meet with the parent and student to collect additional assessment data and discuss or clarify measures to implement their allergy plan at school.
    - Based on assessment data, parent, and provider input, select and document student interventions and staff/campus activities on page 2 of the District's *Allergy School Health Plan* (Staff Use Only section).
    - If a provider's AAP or medication consent are received, the RN may develop an IHP in Skyward to assure instructions or accommodations are included in the health plan.
  - If written student self-administration of prescription medication (epinephrine auto-injector) permissions are received from the healthcare provider and parent:
    - RN will review the student's ability to self-administer their epinephrine auto-injector.
    - RN will notify "need to know" staff that the student self-administers their auto-injector.
    - RN will obtain parent and student written acknowledgement on page 2 of the District's *Allergy School Health Plan*.
  - Notify all staff members who supervise or teach the student ("need to know"). Provide Level 2 Comprehensive training. (see Training for School Personnel section)
  - The school may develop a 504 plan to address the health and learning needs of the student.



## Reducing the Risk of Exposure Through Environmental Controls

- Eliminate, limit, or reduce allergen foods from classroom(s) and other learning environments used by children with food allergies at risk for anaphylaxis.
- Only food items either labeled with or accompanied by a complete ingredients list will be allowed for projects, activities and celebrations so potential food allergens can be identified. Safety consideration must be given to students with food allergies at-risk of anaphylaxis when complying with parent-provided birthday treats and students will not be excluded due to their food allergy. Policy CO(LEGAL)
- As much as feasible eliminate, limit, or reduce environmental allergens from classroom(s) and other learning environments used by students with life-threatening environmental allergies.
- Appropriate cleaning protocols will be followed on campuses, with special attention to identified high-risk food allergy areas ( i.e. cafeteria tables).
- Assure student-prescribed epinephrine is readily accessible during the school day in a secure, unlocked area.
- Educate students about not trading or sharing food, snacks, drinks, or utensils.
- Enforce “No Eating” on school buses except for students with diabetes or other medical conditions that require food intake as an emergency intervention. Special considerations apply to trips of extended duration and circumstances involving meal schedules where supervising staff ride the bus with students (i.e. UIL competition travel).
- Students at risk for anaphylaxis should not be excluded from classroom activities based on their food allergy.
- Information concerning the District’s *Food and Severe Allergy Management Plan* will be included in the Student Handbook, District website, and is available from the Health Services Director or school nurse.

## Training for School Personnel

- *Awareness Training for Food/Life-threatening Allergies (“Level 1”)* for campus staff covering:
  - Most common food allergens and environmental allergens.
  - Importance of environmental controls and avoidance.
  - Signs and symptoms of an anaphylactic reaction.
  - Emergency actions in the event of a life-threatening allergic reaction
- *Comprehensive Training for Food/Life-threatening Allergies (“Level 2”)* for designated staff responsible for a student with a severe allergy during any part of their school day, including extra-curricular programs, and for principal-assigned staff trained to administer medications. Level 2 training should cover:
  - Level 1 information.
  - Individualized information for each student with a food or life-threatening allergy.
  - Emergency Response and how to administer the student’s prescribed epinephrine auto-injector.
  - Avoidance measures and environmental controls, including handwashing.
  - Substitute preparedness planning.



**POSSIBLE SYMPTOMS OF AN ALLERGIC REACTION**

**Any SEVERE SYMPTOMS or more than one MILD SYMPTOM:**

**LUNG:** short of breath, wheeze, cough

**HEART:** pale, blue, weak pulse, dizzy, passing out

**THROAT:** itching, tightness/closure, hoarseness

**MOUTH:** itching, swelling of lips and/or tongue

**SKIN:** many hives over body, widespread redness

**GUT:** vomiting, diarrhea, cramps

**Other:** anxiety, confusion, feeling of dread/something bad is about to happen

**ONE MILD SYMPTOM** [only one system with NO heart or lung symptoms]

**MOUTH:** itchy mouth

**NOSE:** itchy/runny nose; sneezing

**SKIN:** a few hives or localized redness; mild itch

**RESPONSE TO A SEVERE ALLERGIC REACTION**

● **INJECT EPINEPHRINE IMMEDIATELY** or call the school nurse or trained personnel immediately. **It is important to not delay the administration of epinephrine.**

● **Call 911**

● Stay with the student. NEVER LEAVE STUDENT UNATTENDED.

● Allow student to sit upright (or ease to the floor, if necessary); monitor closely

● Give additional medications, if prescribed

--antihistamine (Benadryl)

--inhaler (bronchodilator) if asthma

● Repeat Epinephrine in 5 to 15 minutes, if symptoms persist/worsen

● If student is not conscious, turn student on his/her side to keep the airway clear; loosen tight clothing and place something soft and flat under head

● Move other students away from the area if possible

● Contact parent

**Note:** Effects of epinephrine last only 10 to 20 minutes. Emergency medical care (911) must be obtained immediately.

**RESPONSE TO MILD REACTION (ONE MILD SYMPTOM)**

● Stay with student; monitor closely

● If symptoms progress USE EPINEPHRINE (see above)

● If no progression of symptoms administer antihistamine

● Contact parent



## Annual and Post Anaphylaxis Review

- Annual review of policies and procedures will be initiated by the Health Services Director and include appropriate District departments. The following will be considered:
  - Current science on the management of food allergies in the school setting.
  - Summaries of any post-event anaphylaxis and epinephrine use incident reports.
  - The Plan, current Board policies and forms.
  - Recommendations brought forth by the district's School Health Advisory Council (SHAC) or campus Medical Emergency Response Teams (MERT).
- Post-anaphylaxis or epinephrine use at school will be completed by the school nurse, appropriate campus staff, the Health Services Director and appropriate district administrative staff.
  - Collaborate with the parent and student to prepare for the student's return to school.
  - Obtain replacement epinephrine auto-injector from the parent, if it was used during the reaction.
  - Identify the allergen source, if possible, and actions to take to prevent future exposures.
  - Review of accurate, current information on the allergic reaction including any new medication or diagnosis of additional allergens. If needed, obtain a new *Allergy School Health Plan* or provider AAP with parent signatures, or new medication consent form.
  - Review the student's individualized health plan and/or 504 Plan and amend to address any changes.
  - Identify and interview those who were involved in the emergency care or witnessed the event.
  - Provide factual information to campus staff and parents of other classroom students to dispel rumors that maintains student confidentiality.
  - If the allergic reaction is thought to be from a school meal, collaborate with Child Nutrition staff to ascertain food items served/consumed and how to reduce the risk of allergen exposure in the cafeteria:
    - Review of food labels
    - Review of food allergen alerts on the student's lunch account
    - Child Nutrition staff training on actions for removing allergen sources from a student's tray and offering other food choices to the student.
    - Allergen cross-contamination prevention strategies

## RECOMMENDED ENVIRONMENTAL CONTROL ROLES AND RESPONSIBILITIES

School personnel, parents and students should work as a team to promote a safe school environment for students with food or environmental allergies at-risk for anaphylaxis. Reducing the risk for exposure to allergens and quick reaction to an exposure or allergic reaction are critical.

### Responsibilities of the Family and Student

- Notify the school nurse of the student's allergies. Use of the online *Student Health History* form is the preferred method of notification.
- Complete the *Allergy School Health Plan* (parent and physician) and return to the school nurse.
- Contact the school nurse to review the *Allergy School Health Plan* and provide input about accommodations the student may need throughout the school day including participation in **school sponsored before/after school activities (i.e. ROCK after school program, athletics, marching band, drama, cheer/drill, etc).**



- Provide properly labeled medications and replace medications after use or upon expiration.
- Continue to educate your child in the self-management of their food allergy including:
  - Safe and unsafe foods.
  - Strategies for avoiding exposure to unsafe foods.
  - Symptoms of allergic reactions.
  - How and when to tell an adult they may be having an allergy-related problem.
  - How to read food labels (age/developmentally appropriate).
  - Self-carry responsibilities, if determined by healthcare provider, parent and school nurse to be competent to self-administer their epinephrine auto-injector including:
    - Importance of keeping their epinephrine auto-injector with them at all times
    - Ongoing support of proper skills and knowledge of how and when to administer their epinephrine auto-injector
    - Importance of not sharing, leaving unattended or using their emergency medication in a way other than for which it is prescribed
- Parent attendance on elementary field trips is welcome. Notify the school nurse if you are unable to attend a field trip with your child so preparation for emergency medications can be made.
- Provide campus with emergency contact information and update as needed.

### **Responsibilities of the Student**

- No trading food with others.
- No sharing or inappropriate use of medication, if approved to carry their epinephrine auto-injector.
- Avoid eating anything with unknown ingredients or known to contain any allergen.
- Be proactive in the management of their food allergy and reactions (as age/developmentally appropriate).
- Immediately notify an adult if they eat something they believe may contain a food to which they are allergic.
- Notify an adult immediately if they self-administer their epinephrine auto-injector.

### **Responsibilities of Campus Administration**

- Oversee the implementation of the district's *Food and Severe Allergy Management Plan* on the campus.
- Ensure annual training compliance for Level 1 Awareness training for all campus staff.
- Assign and designate staff (Level 2) who will be trained by the school nurse (RN) to respond to exposure or allergic reactions and to administer student-prescribed epinephrine auto-injector or medications when the school nurse is not present.
- Ensure assigned and designated staff complete Level 2 Comprehensive training with the school nurse (RN).
- Communicate expectations to staff regarding treatment of students with food or other allergies:
  - Students should not be referred to by their condition, such as “the peanut kid” or “the bee kid”.
  - Maintaining student confidentiality in compliance with FERPA.
- Ensure that a food-allergic student is included in all school activities (students should not be excluded from school activities solely based on their food allergy).
- Ensure that teachers have a plan in place and it is adhered to for notifying substitute teachers about any student with a food or life-threatening allergy in their classroom.



- Ensure that an area is designated as allergen-aware (No Nut or No Allergen Zones) in the cafeteria if needed.
- Ensure that appropriate cleaning of allergen-aware areas in cafeteria is being followed.

### **Responsibilities of the School Nurse (RN)**

- Review submitted annual *Student Health History* forms in a timely manner; contact parents. Request completion of the *Allergy School Health Plan*, medications for school, collect assessment data, and discuss accommodations needed for the student.
- Review and implement, according to district policy and procedure, all submitted *Allergy School Health Plans*, provider AAPs, and medication consents.
- Ensure epinephrine auto-injectors are properly labeled, unexpired and stored in a readily accessible, secure location that is unlocked during regular school hours.
- Notify all staff members who supervise or teach the student (“need to know”) of life-threatening allergies, when an *Allergy School Health Plan* has been added or modified for their student.
- Provide Level 2 Comprehensive training for all staff. Maintain documentation of staff training including principal assignment forms and appropriate training/skills checklists, agendas, and rosters.
- Collaborate with teacher to eliminate allergens in their classroom, including foods for celebrations or instructional activities. When appropriate provide *Classroom Allergy Safe* letter for teacher to send.
- When appropriate provide educational information regarding food or life-threatening allergies to students.
- Notify the Child Nutrition manager of all students with food allergies.
  - By the first day of school, provide a current list of all student food allergies and their specific allergens.
  - Promptly provide updated student food allergies throughout the school year.
  - Provide all *Special Diet Request* forms submitted by parents and signed by the physician.
- Notify the campus 504 coordinator of a student with a severe food or life-threatening allergy as needed and provide a copy of the *Allergy School Health Plan* as appropriate. Review and modify accommodations and individualized health plans annually and as needed.
- Request a list of students participating in elementary ROCK after school program. Coordinate with ROCK Site Coordinators and parents for plan of care for students with severe allergies. Additional medications may be requested; however, if not provided by the parent a plan must be put in place for ROCK to have access to the student’s emergency medication from the clinic.
- Coordinate with coaches, athletic trainers, and band directors on school health plans and access to a student’s emergency medication.
- Collaborate with campus administrator and classroom staff to assure that an assigned, trained staff member attends field trips or school outings if the parent is not attending.
- Notify the Health Services Director if emergency epinephrine is administered or if a person has a severe allergic reaction at school. Participate in campus post anaphylaxis debriefing.

### **Responsibilities of Health Services Director or Superintendent Designee**

- Coordinate the management of food and life-threatening allergies within the District.
- Serve as the point of contact for allergy management for parents, staff and healthcare providers etc.
- Coordinate training of administrators, staff and departments on life-threatening allergy management.





- Assist and support campus staff with implementing food allergy management strategies.
- Review the District's *Food and Severe Allergy Management Plan* annually:
  - Recommend any changes needed to ensure that the most current information is utilized in providing care for food allergic students and align with current statutes, rules and evidence-based practice.
  - Coordinate and collaborate with District safety administrators, SHAC, and Child Nutrition administrators.
  - Consult the District's Medical Advisor as needed.
- Coordinate post anaphylaxis debriefing and assist campus and district staff in implementing safety changes.
- Collect and review epinephrine use incident reports

### **Responsibilities of Classroom Teacher/Specialist**

- Complete Level 1 Awareness training. Complete Level 2 Comprehensive training, as assigned/appropriate.
- Review the *Allergy School Health Plan* with the school nurse of any students in the classroom with food or life-threatening allergies. Understand and implement the *Allergy School Health Plan* for your student(s). Ask the school nurse for any clarification needed regarding the plan(s).
- Ensure all substitutes, resource, and classroom support staff are informed of students with food or life-threatening allergies. Ensure a plan is in place for these staff to access to emergency plans.
- Eliminate identified food allergens in classroom and classroom activities.
- Obtain the *Allergy Safe Classroom* letter from the school nurse to send to classmates' families explaining any restricted allergen foods in the classroom.
- Inform parents and school nurse of any events where food will be served or used for class activities. Direct parent volunteers to ensure food allergens are avoided. Maintain confidentiality.
- Require complete ingredients list of any foods provided for birthday celebrations. Inform campus administrator or school nurse to assist, as needed.
- Enforce district policy on bullying related to food or life-threatening allergies.
- Know the campus communication plan with the front office and school nurse.
- Ensure a student suspected of having an allergic reaction is accompanied by an adult to the nurse. Do not put a student on the bus if there are any signs of an allergic reaction, or if a potential exposure has occurred.

### *Classroom Activities:*

- Ensure that a food-allergic student, or any student with a life-threatening allergy) is included in all school activities. Students should not be excluded from school activities solely based on their allergy.
- Allow only food items either labeled with or accompanied by a complete ingredients list. This includes projects, activities and celebrations so that potential food allergens can be identified.
- Use non-food items such as stickers, pencils, etc. as rewards instead of food.
- Avoid or eliminate the use of non-food allergens, such as latex balloons.

### *Snacks and Lunchtime:*

- Assist students with life-threatening food allergies in monitoring that **ONLY** foods from home or foods purchased in the cafeteria are consumed. Visitors may only bring food for their own family members.





- Promote and monitor good handwashing before and after snacks, lunch and when potential allergens may have been touched. **Alcohol-based hand sanitizers are NOT effective in removing allergens from hands.**
- Prohibit students from sharing or trading food.
- Encourage parents/guardians to send “safe” snacks for their child.

#### *Field Trips:*

- Give the campus nurse at least a TWO days’ notice prior to field trips for necessary preparation.
- Ensure the student’s prescribed epinephrine auto-injector are taken on field trips. **Call 911 if an allergic reaction occurs and/or epinephrine is administered.**
- Collaborate with parents of student with food allergies when planning field trips.
- Consider field trip meals and plan for reduction of exposure to a student’s life threatening food allergy.
- Enforce “No Eating” on school buses except for students with diabetes or other medical conditions that require food intake as an emergency intervention. Special considerations apply to trips of extended duration and circumstances involving meal schedules where supervising staff ride the bus with students (i.e. UIL competition travel).
- Invite parents of students at-risk for anaphylaxis to attend or chaperone the trip with their child; however, the student’s safety and/or attendance must be assured regardless of the parent’s presence on the trip.
- Collaborate with the school nurse to ensure at least one staff member on the trip is trained in recognizing signs and symptoms of life-threatening allergic reactions and is trained to use an epinephrine auto-injector.
- Consider availability of handwashing facilities and encourage handwashing before and after eating. Provision of hand wipes is acceptable when handwashing facilities are unavailable.

#### **Responsibilities of Child Nutrition Director, Assistant Director and Campus Cafeteria Managers**

- Provide Level 1 Awareness training to food service staff annually. Maintain documentation of trained staff.
- 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.
- Evaluate and implement appropriate substitutions or modifications for meals served to students with food allergies, as prescribed and specified by the healthcare provider on the *Special Diet Request* form.
- 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.
- Follow cleaning and sanitation protocol to avoid cross-contamination.
- Maintain current menus via the website. Provide specific ingredient lists to parents upon request.
- Be prepared to take emergency action for a student in the cafeteria in the event of an allergic reaction.

#### **Responsibilities of ROCK After School Program Director and Site Coordinators**

- Conduct the program in accordance with District policies and procedures regarding students with food or other life-threatening allergies who are at risk for anaphylaxis.
- Provide Level 1 Awareness training for all ROCK staff annually. Maintain documentation of trained staff.



- Ensure staff member(s) have been assigned and trained to administer student-prescribed epinephrine auto-injectors and emergency allergy medications if students with life-threatening allergies attend the program.
- Collaborate with school nurse or Health Services Director to provide Level 2 Comprehensive training for ROCK staff assigned by the Rock Director to administer medication.
- Provide the school nurse with a list of students who are participating in ROCK.
- Collaborate with school nurse to identify students in your care who have an *Allergy School Health Plan*. Ask school nurse for any clarification needed regarding implementation of plan.
- Collaborate with the school nurse for access to student emergency medications.
- Restrict the use of foods that are known allergens when students with food allergies participate in ROCK.
- Promote and monitor good handwashing before and after snacks and when potential allergens may have been touched. ***Alcohol-based hand sanitizers are NOT effective in removing allergens from hands.***

### **Responsibility of Head Coaches, Athletic Trainers, Sponsors and Other Persons in Charge of School-Sponsored Activities**

- Conduct the program or school sponsored activity in accordance with District policies and procedures regarding students with food or other severe allergies who are at-risk for anaphylaxis.
- Collaborate with Athletic Trainers or school nurse to provide Level 2 Comprehensive training for coaches and staff assigned to administer medications. Maintain documentation of trained staff.
- Ensure compliance with UIL health & safety training.
- Consult with school nurse to identify students under your supervision who have *Allergy School Health Plans*.
- Ensure all coaches/sponsors/directors know if the student is self-carrying their epinephrine auto-injector or where the student's epinephrine auto-injector is located on the campus.
- Restrict the use of foods that are known allergens to students with food allergies at risk for anaphylaxis.
- Enforce "No Eating" on school buses except for students with diabetes or other medical conditions that require food intake as an emergency intervention. Special considerations apply to trips of extended duration and circumstances involving meal schedules where supervising staff ride the bus with students (i.e. UIL competition travel).

### **Responsibility of Transportation Department**

- Provide Level 1 Awareness training to all bus drivers annually. Maintain documentation of trained staff.
- Ensure that bus drivers know how to contact EMS in the event of an emergency.
- Enforce no eating or drinking on the bus, other than water except for students with diabetes or other medical conditions that require food intake as an emergency intervention. Special considerations apply to trips of extended duration and circumstances involving meal schedules where supervising staff ride the bus with students (i.e. UIL competition travel).

### **Responsibilities of Custodial Staff**

- Custodial staff will be provided the appropriate training by campus administration, custodial supervisors or the school nurse, to ensure safety of students with life-threatening food allergies.