

Managing Life Threatening Food Allergies in Schools



Houston Independent School District



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GUIDELINES

MANAGING LIFE-THREATENING FOOD ALLERGIES IN THE SCHOOLS

Background

Development of these guidelines was the result of collaboration among the Houston Independent School District's Health and Medical Services and Food Services Departments, Texas Children's Hospital, The Food Allergy & Anaphylaxis Network (FAAN), and a parent representative of children with food allergy.

Goal of the Guidelines

The guidelines are presented to assist the Houston Independent School District (HISD) and affiliated schools (i.e. charter, alternative, etc.) to develop and implement policies and comprehensive protocols for the care of students with life-threatening food allergy. The guidelines address:

- The scope of food allergy among children,
- **Detailed** policies and protocols to help prevent anaphylaxis,
- The systematic planning and multi-disciplinary team approach needed prior to school entry by the student with life-threatening food allergies,
- The school's role in reducing the risk of exposure to specific allergens,
- Emergency management of anaphylaxis, and
- The roles of specific staff members in the care of the student with life-threatening food allergy.

While this document focuses on food allergies, treatment of anaphylaxis (a life-threatening allergic reaction) is the same whether caused by: insect sting; latex; medications or exercise.

Overview

Food allergies are presenting increasing challenges for schools. Because of the life-threatening nature of these allergies and the increasing prevalence, Houston Independent School District and affiliated schools (i.e. charter, alternative, etc.) need to be ready to manage students with food allergies.

Food Allergy Prevalence

- According to the Centers for Disease Control and Prevention (CDC), four out of every 100 children under 18 have a food allergy, which represents 3 million children.*
- The prevalence of food allergy among children increased 18% from 1997 to 2007.**
- Food allergic children with asthma are at greater risk for a fatal anaphylactic reaction.
- 40% of those persons with a diagnosed food allergy are judged to have a high risk of anaphylaxis (a life-threatening allergic reaction).*** *Every food allergy reaction has the possibility of developing into a life-threatening and potentially fatal anaphylactic reaction. This can occur within minutes of exposure to a small amount of the allergen.*
- Children may be allergic to more than one food.

* (Guidelines for the Diagnosis and Management of Food Allergy in the United States: Report of the NIAID – Sponsored Expert Panel, *J Allergy Clin Immunol.* 2010 Dec; 126(6):1105-18.)

** (Branum AM, Lukacs SL. Food Allergy among children in the United States. *Pediatrics.* 2009 Dec; 124(6):1549-55.)

*** (Simons FE et al. Risk assessment in anaphylaxis: current and future approaches. *J Allergy Clin Immunol.* 2007 Jul; 120(1 Suppl):S2-24.)

Characteristics of Food Allergy Reaction in Students

- Allergic reactions to foods vary among students and can range from mild to severe life-threatening anaphylactic reactions. Some students, who are very sensitive, may react to just **touching or inhaling the allergen. For other students, consumption of even a trace amount of an** allergenic food can cause death.
- Eight foods (peanut, tree nut, milk, egg, soy, wheat, fish and shellfish) account for 90% of all food allergies, although any food has the potential to cause an allergic reaction.
- Some children who are allergic to milk, egg, soy, and wheat outgrow their allergy by age 7-10.
- Peanut and tree nuts, fish and shell fish account for most severe and fatal reactions, and are often considered to be lifelong allergies. However, severe and fatal reactions can occur with all food allergies.

Impact on the School

Every school should expect at some point to have students with food allergies. Schools must be prepared to deal with food allergies and the potential for anaphylaxis.

- Food-allergic reactions occur in schools, and many require the administration of epinephrine (adrenaline). In fact, a study from the journal *Archives of Pediatrics and Adolescent Medicine* found that 1 in 5 children with food allergies *will have* a reaction while in school.
- The student with an undiagnosed food allergy may experience *his/her first food allergy reaction at school*.
- Data from studies in Massachusetts regarding epinephrine administration, shows that almost one in four administrations of epinephrine involved a student whose food allergy was unknown by the school at the time of his/her reaction.

(McIntyre CL, Sheetz AH, [Carroll CR](#), [Young MC](#). (2005) Administration of epinephrine for life-threatening allergic reactions in school settings. [Pediatrics](#). Nov;116(5):1134-40.

- When a physician assesses that a child's food allergy may result in anaphylaxis, the child's condition meets the definition of "disability" and is covered under federal laws such as the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act of 1973, and possibly the Individuals with Disabilities Education Act (IDEA) if the allergy management affects the student's ability to make educational progress.



The Role of the School in Preventing and Managing Life Threatening Food Allergies

Adequate plans and staff, who are knowledgeable regarding preventive measures and well prepared to handle severe allergic reactions, can save the life of a child. *Total avoidance of the substance to which the student is allergic is the only means to prevent food allergy reactions.*

Every school building with a student at risk for anaphylaxis should have a full time school nurse.*

- Policies and protocols regarding the care of students with life-threatening allergies should be in place in every HISD school. These policies and protocols should address: (a) measures to reduce exposure to allergens; and (b) procedures to treat allergic reactions. See Appendix A: *Suggested Components of Policy and Protocols Addressing the Management of Students with Life-Threatening Allergies*.
- The school nurse oversees the development of an Individualized Health Plan (IHP) for each student diagnosed with a life-threatening food allergy. The school nurse is responsible for organizing and conducting a meeting with the student's parent(s), the student (if appropriate), the classroom teacher, food service dietitian, and other personnel as determined by the student's needs. The IHP should be developed prior to the student's entry into school or immediately after the diagnosis of a life-threatening condition and should include a Food Allergy Action Plan (FAAP) that addresses the management of anaphylaxis (see Appendix G).
- Schools should ensure that all staff entrusted with the care of students receive basic education concerning food allergies (see Appendix C, *Information on Food Allergies and Anaphylaxis*), and have training in the prevention and management of allergic conditions (see Appendix D, *Prevention and Management of Allergic Conditions* and Appendix E, *Response to Emergencies*).
- An effective food allergy program needs the cooperation of parents, teachers, counselors, food service dietitian, administrators, school nurses, school physicians, primary care physicians, extracurricular advisors, bus/transportation personnel, and any staff, including cafeteria and custodial staff, that might be present where children can be exposed to food allergens. See Appendix F for roles of Specific School Personnel in the Management of Children with Life-Threatening Allergies (LTA).
- Schools should be prepared to manage an anaphylactic emergency by:
 - having responsible school personnel designated and trained to respond.
 - identifying clearly the student's needs.
 - having the current physician's orders and Food Allergy Action Plan (FAAP) on file.
 - maintaining a current supply of epinephrine by auto-injector in at least two accessible locations and/or carried by the student when appropriate.

*For the purposes of this document school nurse is a registered professional nurse with a B.S.N.

- having available a municipal emergency response team prepared to respond to a 911 call with epinephrine. *(It is important to be aware of what the local emergency medical services can provide as some ambulance services may not be permitted to administer epinephrine.)*
- *The school should adhere to emergency care protocols for the management of anaphylaxis in individuals with unknown allergies.*
- Many students with food allergies have experienced a life-threatening anaphylactic reaction and are aware of their own mortality. School policies and protocols must respect the physical safety **and** the emotional needs of these students.

BULLYING AND DEATHS RELATED TO LIFE THREATENING ALLERGIES

A 2009 survey about food allergy and bullying concluded that bullying, teasing and harassment of children with food allergy appears to be frequent, repetitive and potentially dangerous. This aspect of living with food allergy should be addressed with students, parents and school personnel. The survey revealed the following: Including all age groups, 24% reported that the food allergic individual had been bullied, teased, or harassed because of food allergy. This number increased to 35% when children under age 5 years were excluded. Of responses for those ages 10 years and over, 48% reported being affected. Of those who were bullied, teased or harassed, 86% reported multiple episodes. A total of 82% of episodes occurred at school and were perpetrated mainly by classmates (80%). Surprisingly, 21% reported perpetrators to include teachers or other school staff. Overall, 80% of those bullied, teased or harassed attributed this solely to food allergy. Of those bullied, 57% described physical events such as allergen being touched, thrown at, or waved at them, and several reported intentional contamination of their food with allergen. Of those who were not bullied, only 22% felt that they or their child with food allergy would never be bullied because of the food allergy.

TEXAS LAW FOR SELF-CARRY/SELF-ADMINISTERING EPINEPHRINE

In 2006, the Texas Legislature passed a law, entitled “Self-Administration of Prescription Asthma or Anaphylaxis Medicine by Students.” See TEX. EDUC. CODE § 38.015 (Vernon’s 2008).

Under this statute, a student may carry, and self-administer, a prescribed epinephrine auto-injector device.

Entire statute is listed in Appendix H.

TEXAS LAW FOR Policies for Care of Certain Students at Risk for Anaphylaxis

In 2011, the Texas Legislature passed a law, entitled “Policies for Care of Certain Students at Risk for Anaphylaxis.” See TEX. EDUC. CODE § 38.0151.

The law relates to policies of school districts and open-enrollment charter schools for the care of certain students at risk for anaphylaxis.

Entire statute is listed in Appendix H.



FOOD ALLERGY

WHAT IS FOOD ALLERGY?

People with allergies have over-reactive immune systems that target otherwise harmless elements of our diet and environment. .Any food can cause an allergic reaction. During an allergic reaction to food, the immune system recognizes a specific food protein as a target. This initiates a sequence of events in the cells of the immune system resulting in the release of chemical mediators such as histamine. These chemical mediators can trigger a variety of symptoms (see below). When the symptoms are widespread and systemic, the reaction is termed “anaphylaxis,” a potentially life-threatening event.

Keep in mind, the general school environment may contain things that are made of food product. Exposures may not be limited to meal time or the cafeteria.

Consider the following scenarios:

A student with a fish allergy walks near the cafeteria where fish is being steamed and inhales the airborne fish protein, which causes hives, swelling, and respiratory distress.

A student with a peanut allergy is in his classroom and complains of itchy, swollen eyes, and a tight chest only to discover later that the arts and crafts products in the classroom contain peanuts.

WHAT IS ANAPHYLAXIS?

Anaphylaxis is a potentially life-threatening medical condition occurring in allergic individuals after exposure to their specific allergens. Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body. These symptoms may include one or more of the following:

- Hives
- Vomiting
- Itching (of any body part)
- Diarrhea
- Swelling (of any body part)
- Stomach cramps
- Red, watery eyes
- Change of voice
- Runny nose
- Coughing
- Difficulty swallowing
- Wheezing
- Difficulty breathing, shortness of breath
- Throat tightness or closing
- Sense of doom
- Itchy scratchy lips, tongue, mouth and/or throat
- Fainting or loss of consciousness
- Dizziness, change in mental status
- Flushed, pale skin, cyanotic (bluish) lips and mouth area

The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock, which are potentially fatal. Common examples of potentially life-threatening allergies are those to foods and stinging insects. Life-threatening allergic reactions may also occur to medications or latex rubber and in association with exercise.

Anaphylaxis can occur immediately or up to two hours following exposure to the allergen. In about a third of anaphylactic reactions, the initial symptoms are followed by a delayed wave of symptoms two to four hours later. This combination of an early phase of symptoms followed by a late phase of symptoms is defined as a biphasic reaction.

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

Students experiencing anaphylaxis should be observed in a hospital emergency department for a minimum of 4-6 hours after initial symptoms subside, to observe for a possible biphasic reaction. In the event a biphasic reaction occurs, intensive medical care could then be provided.

When in doubt, it is better to give the injectable epinephrine and seek medical attention. Fatalities occur when epinephrine is withheld or delayed.

For those students at risk for food-induced anaphylaxis, the most important aspect of the management in the school setting should be **prevention**. In the event of an anaphylactic reaction, epinephrine is the treatment of choice and should be given immediately. This shall require the training of unlicensed personnel, if nursing staff cannot be available **immediately**. Studies show that fatalities are frequently associated with not using epinephrine or delaying the use of epinephrine treatment.

Children with severe food allergies have a higher rate of other allergic disease including asthma and eczema. Anaphylaxis is more common in children whose food reactions have had respiratory features such as difficulty breathing and throat tightness. **Fatal anaphylaxis is more common in children with food allergies who are asthmatic, even if the asthma is mild and well controlled.** Anaphylaxis appears to be much more probable in children who have already experienced an anaphylactic reaction. Anaphylaxis does not require the presence of any skin symptoms such as itching and hives.

In many fatal reactions the initial symptoms of anaphylaxis were mistaken for asthma. This delayed appropriate treatment with epinephrine. The benefit of giving epinephrine in an allergic reaction far outweighs the risk of harm to the child.

SUMMARY OF ANAPHYLAXIS

Every food allergy reaction has the potential of developing into a life-threatening event. Several factors may also increase the risk of a severe or fatal anaphylactic reaction: concomitant asthma; a previous history of anaphylaxis; peanut, tree nut, and/or shellfish allergies; and delay in the administration or failure to administer epinephrine.

The severity and speed of food anaphylaxis emphasizes the need for an effective emergency plan that includes recognition of the symptoms of anaphylaxis, rapid administration of epinephrine and prompt transfer of the student by the emergency medical system to the closest hospital.

CHILDREN WITH FOOD ALLERGIES AND THEIR FAMILIES

Raising a child with food allergies is challenging. Parents must ensure strict food avoidance, vigilantly read food labels, and always be prepared to treat a reaction. Perhaps the greatest challenge a parent faces is finding the balance between safety and social normalcy. The balance works well until it is time to share the care of that child with others. It is at this time that the balance often shifts and parents must work to reestablish it.

Parents of children with food allergies have crafted ways to keep their children safe in a world filled with food allergens. As their children grow and their world expands, so do the demands for

parents to readjust their own thinking and strategies for maintaining a normal but safe environment for their children. The threat to this balance is never greater than when a child begins school. What had worked so well in their own home is now being given to unfamiliar people, some knowledgeable about food allergies and supportive of parents, others not. Some schools may have adequate infrastructure whereas others have little ability to deal with medical emergencies. Some schools are well staffed, while others have limited staffing with school environments containing the very foods that parents have worked so diligently to avoid.

Parents are faced with the reality that their child may very well experience an allergic reaction at school. As a result, it is important for parents to play an active, collaborative role in their child's food allergy management at school by sharing their knowledge and expertise with appropriate school staff. With this approach, schools can help parents and their children make the very necessary transition of moving from the safety of their home environment into the expanding world of a school. When done well, this is one of the greatest lessons a child can learn; they are safe in a world outside of their own home.

Schools can provide invaluable resources to children with food allergies and their families by helping children feel accepted within the school community. They can teach children to:

- keep themselves safe
- ask for help
- trust others
- develop healthy and strong friendships
- acquire social skills
- accept more responsibility
- improve their self-esteem
- increase their self confidence



PLANNING

I. PLANNING FOR THE INDIVIDUAL STUDENT: ENTRY INTO SCHOOL

A. Individual Health Plan (IHP)

Prior to entry into school (or, for a student who is already in school, immediately after the diagnosis of a life-threatening food allergy), the parent/guardian should meet with the school nurse assigned to the student's building to develop an IHP and complete the required HISD documentation.

The parent/guardian should work with the school to create a strategy for management of a child's food allergy (See in Appendix A "Responsibilities of the Parents" for more detail).

The parent/guardian shall provide the following via HISD documentation:

- A Food Allergy Action Plan signed by the child's physician
- Physician Request for Special Dietary Accommodations (if the child will participate in a federally-funded breakfast or lunch program)
- Licensed provider documentation of food allergy
- The type of allergies (e.g., to milk, tree nuts, etc.)
- Description of the student's past allergic reactions, including triggers and warning signs
- A description of the student's emotional response to the condition and need for support
- HISD medication form: Licensed provider order for epinephrine by auto-injector (e.g. EpiPens®/Twinject®) as well as other medications needed. Medication orders must be renewed at least annually
- Parent/guardian's signed consent for medication administration
- Parent/guardian's signed consent to share information with other school staff
- A minimum of two up-to-date epinephrine auto-injectors (EpiPens®/Twinject®) (More may be necessary based on the student's activities and travel during the school day.)
- Name/telephone number of the student's primary care provider and/or specialist, along with hospital preference when applicable.
- Method to reach parent/parent designee should an emergency occur, e.g., telephone, cell-phone, beeper
- Age-appropriate ways to involve the student in his/her own food allergy management
- Assessment for self-administration (It is important that students take more responsibility for their food allergies as they grow older and are developmentally ready to accept responsibility.)

- Parent/guardian's interest in participating in the training/orientation in the student's classroom and also with other faculty and staff

The school nurse will:

- Initiate an Individual Health Plan based on the information provided by the parent, as well as the nurse's assessment. The plan shall include the student's name, method of identifying the student, specific offending allergens, warning signs of reactions, emergency treatment and who is trained in administering epinephrine. The plan should also include, but is not limited to, risk reduction and emergency response at the following times: (a) travel to and from school, (b) the school day, and (c) before and after school programs, and field trips. The IHP should be signed by the parent, school nurse, and if possible, by the student's physician.
- Initiate a Food Allergy Action Plan (FAAP) within the Individualized Health Plan, which, with the parent's permission, will be with the student at all times and appropriate adults should know where the FAAP is located (e.g., in the classroom, cafeteria, etc.) The FAAP should include the student's photo (if possible), the student's name, specific offending allergens, warning signs of reactions and emergency management, including medications and names of those trained to administer. The FAAP should be signed by the parent, physician, and school nurse (see Appendix G, Sample Food Allergy Action Plan Form adapted from the Food Allergy and Anaphylaxis Network).
- Facilitate communication between the family, teacher, and the Food Services Department regarding Special Dietary Menus as it relates to First Class Breakfast program and school lunch in the cafeteria.
- Obtain a completed medication administration form.
- Review special policies and procedures including field trips or short-term special events, where epinephrine shall be stored, and manufacturer's policy regarding heat sensitivity.
- Monitor expiration date. (The medication form, as well as treatment forms and Special Dietary Menus/meals shall be in accordance with HISD Food Services and HMS Policies.)
- Based on the student's age, class, etc., identify who will be part of the multidisciplinary team approach. (These may include, but not be limited to, the principal or designee, classroom teacher(s), student, food services dieticians, counselor, school physician, physical education teacher, cafeteria personnel, custodian, bus driver, local EMS, etc.)
- Assess the student for his/her ability to self-administer epinephrine. Criteria may include the student's capabilities and the safety of other students. (It is important that students assume more responsibility for their food allergies as they grow older and are more developmentally ready.)
- Provide information on the availability of a medical alert bracelet.

B. Multi-Disciplinary Team Approach

1. The school nurse, collaborating with the building principal, student's physician, and parent/guardian, shall determine the best way to promote a multi-disciplinary approach to plan for the care of the student with a life-threatening allergic condition. The school nurse may meet individually with staff members to assist them in preparing for their responsibilities. If a meeting is scheduled, prior to the meeting the nurse will share those parts of this document that pertain to each staff member, e.g., Introduction, What Is a Food Allergy, Role of Specific Staff, etc.

The team may include but is not limited to:

- Administrative representative
- Food service dietician/ cafeteria personnel
- Teachers and specialists (e.g., – art, music, science, computer, family and consumer sciences)
- School counselor
- Coaches and physical education teachers
- Custodian
- Bus driver
- Local EMS
- Other learning support staff and aides based on the student's curriculum and activities
- Student with food allergy (if age appropriate).

The school nurse may meet individually with staff members to assist them in preparing for their responsibilities.

2. The school nurse gives an overview of the food allergies, anaphylaxis and the student's Individual Health Plan and Food Allergy Action Plan.
3. The team should discuss the prevention and management of life-threatening food allergies. (Refer to Appendix C: Prevention and Management of Allergic Reactions, and Appendix D: Response to Emergencies.)

The following questions should be considered, and responsibility for implementation should be assigned:

Cafeteria Protocols/Guidelines

- What is the process for identifying students with life-threatening allergies?
- Is there a need for an allergen-free table?
- Which personnel will have the responsibility for cleaning the tables, trays, etc?
- What type of cleaning solution should be used? (Appropriate cleaning solutions include:

Plain water, Formula 409 cleaner, Lysol sanitizing wipes, and Target brand cleaner with bleach)

Who will provide training for cafeteria and custodial staff?

- Have all personnel serving as cafeteria monitors been informed and trained?
- Have the students been taught proper hand-washing techniques before and after eating? The following have been shown to be effective in washing adult's hands (small children may need help in washing hands effectively): Tidy Tykes wipes, Wet Ones antibacterial wipes, liquid and bar soap. Hand sanitizer is NOT effective in removing food allergens.

Classroom Protocols/Guidelines

- Have all teachers, aides, volunteers, substitutes and students been educated about food allergies?
- Have all parents/guardians of students in the class been notified that there is a student with a life-threatening food allergy and what foods must not be brought to school?
- Are there guidelines for allowable foods for breakfast, lunch, snacks, parties etc?
- If not, who shall establish these guidelines?
- Is there an allergen free table/desk in the student's classroom?
- What are the cleaning protocols for this area?
- What type of cleaning solution should be used?
- Is there an understanding that classroom project materials containing the allergen may not be used?
- Have the students been taught proper hand-washing techniques before and after eating?

Environmental Protocols/Guidelines

- What is the school policy for the presence of animals?
- Is there an awareness of multiple and related allergies, e.g., latex?
- What are the cleaning protocols for various areas of the school where allergens may be found?

Field Trip/School Bus Protocols/Guidelines

- How will the school nurse be notified about field trips in a timely manner?
- How will the IHP including the Food Allergy Action Plan be communicated to responsible personnel on field trips, the school bus and after school programs? *(All issues relating to the classroom and environment should be reviewed as appropriate for these situations.)*
- Is the location of the field trip appropriate for the student with allergies?
- Who will be trained to administer the epinephrine should an emergency occur? Is there a need for a registered nurse or aide to accompany the student?
- Who will maintain the epinephrine during the field trip and where will it be stored (note that epinephrine is temperature sensitive.)
- Should the student with allergies be seated near the driver, teacher or advisor?
- Is there a no-food policy for the bus? Is it enforced?
- Do personnel have a system for communicating (cell phone, walkie-talkies, etc.)?
- Do personnel have the proper medical authorizations and emergency contact information?

Custodial Protocols/Guidelines

- What cleaning solution is used?
- How often are the surfaces where food is consumed cleaned, including classroom, cafeteria and other school areas?

Emergency Response Protocols/Guidelines

- Have all school personnel received education on life-threatening allergic conditions?
- What specific personnel will be trained in the administration of epinephrine?
- Who will do the training?
- Will the parents/student be involved in the training?
- When will this training occur?
- What is the content of training? (*Please refer to the training curriculum provided by the Health and Medical Services Department.*)
- How often will the training be repeated during the school year?
- Where will the list of trained personnel be kept?
- Have local emergency medical services been informed and has planning occurred to ensure the fastest possible response?
- Does the local EMS carry epinephrine and are they permitted to use it?
- When and how often are drills a part of the school-wide emergency response plan?
- Have you included a drill in the Campus Emergency Plan?
- Have you listed on the HISD Medication Form and trained a back-up person to administer epinephrine in your absence?
- Has the parent supplied a back-up supply of epinephrine?
- Is it appropriate for this student to carry his/her injectable epinephrine? Is there documentation for Self Carry and Self Administration of his/her injectable epinephrine?

The team should refer to Appendix C: Suggested Components of a School Policy on the Management of Students with Life Threatening Allergies (LTAs), to further develop the questions for the team meeting.



IMPLEMENTATION

II. IMPLEMENTING THE PLAN

A. Prevention

- Classroom
- School Field Trips
- School Bus
- Gym and Recess
- After School Activities
- Food Services/Cafeteria

Protecting a student from exposure to offending allergens is the most important way to prevent life-threatening anaphylaxis. Most anaphylactic reactions occur when a child is accidentally exposed to a substance to which he/she is allergic, such as foods, medicines, insects and latex.

Schools are understandably high risk settings for food-allergic reactions due to such factors as a large number of students, increased presence of food allergens, as well as cross contamination of tables, desks, and other surfaces. Other high risk areas and activities for the student with food allergies include: the cafeteria; food in the classroom; food sharing; hidden ingredients; craft, art and science projects; bus transportation; fundraisers; bake sales; parties and holiday celebrations; field trips; and substitute teaching staff being unaware of the food allergic student.

Ingestion of the food allergen is the principal route of exposure; however, reactions caused by touch/contact and inhalation are also possible. The amount of food needed to trigger a reaction depends on multiple variables. Each food-allergic person's level of sensitivity may fluctuate over time. Not every ingestion exposure will result in anaphylaxis, though the potential always exists. In addition, the symptoms of a food allergy reaction are specific to each individual. Milk may cause hives in one person and anaphylaxis in another.

Success in managing food allergies depends on allergen avoidance techniques. Scrupulous interpretation of ingredient statements on every item with every purchase is vital to prevent accidental exposure. Unfortunately, this is difficult due to manufacturing processes and limits to current food allergen labeling laws currently in effect. Accidental exposure often occurs due to cross contamination of equipment, omission of ingredients from the ingredient statement, substitution of ingredients, scientific and technical terminology (e.g., sodium caseinate for milk protein), nonspecific food terminology (e.g., natural ingredients) and disregarding precautionary allergen statements, such as "may contain."

Procedures shall be in place at school to address food allergy issues in the classrooms and gym, food services/cafeteria, for art, science and mathematics projects, crafts, outdoor activity areas, school buses, field trips and before and after school activities.

CLASSROOMS

- Teachers must be familiar with the student's IHP and FAAP.
- Copies of a student's FAAP should be kept at the teacher's desk.
- In the event of an allergic reaction (including one where there is no known allergic history), the Emergency Response Plan shall be activated, the school nurse should be called, and emergency medical services should be called immediately.
- The classroom should have an effective and readily available communication device to contact the school nurse (intercom, walkie-talkie or cell phone).
- Teachers should try to minimize the use of food allergens in classroom activities, including art/craft projects, science experiments, cooking activities, parties, and celebrations.
- All students and their parents, teachers, aides, substitutes, and volunteers should be educated about the risk of food allergies.
- For rewards, non-food items should be used instead of candy.
- For birthday parties and celebrations, consider the use of non-food items.
- Teachers should keep a supply of "safe snacks" on hand (in a separate snack box or chest) for a child with food allergy. The child's parent will provide this supply.
- If a student inadvertently brings a restricted food to the classroom, he/she will not be allowed to eat that snack in the classroom.
- Tables should be washed with soap and water in the morning if an event has been held in the classroom the night before.
- Sharing or trading food in the class should be prohibited.
- Proper hand washing technique by adults and children should be taught and required before and after the handling/consumption of food.
- Classroom animals can be problematic on many levels. If an animal is present in the classroom, special attention must be paid to the ingredients in their food as many animal feeds contain peanuts.
- In classrooms used for meals in schools with no central cafeteria:
 - A. An "allergen-free" table or space should be established and maintained as an option for students with food allergies. These tables or spaces should be designated by a universal symbol and it will be the responsibility of the principal or designee to take reasonable steps so that these areas are not contaminated.
 - B. Other LTA (Life Threatening Allergen) -free tables should be provided and maintained as needed.

First Class Breakfast:

- A First Class Allergen Chart is posted online to inform parents, students, and school personnel of any major allergens present in the breakfast food items.
- Food Service will provide special dietary accommodations for students with life threatening allergies, based on dietary orders from the student's physician.
- Hand-washing, or the use of hand wipes, should be encouraged after consuming food.

The following have been shown to be effective in washing adult's hands (small children may need help in washing hands effectively): Tidy Tykes wipes, Wet Ones antibacterial wipes, liquid and bar soap. Hand sanitizer is NOT effective in removing food allergen.

- Hand wipes should be used to clear the student's desk / eating surface at the conclusion of breakfast.

FAAN lists the following as appropriate cleaning solutions:

Plain water, Formula 409 cleaner, Lysol sanitizing wipes, and Target brand cleaner with bleach)

- Students, with or without life threatening allergies, will be provided with an appropriate substitute for First Class Breakfast if the medical condition listed on the physician's request deems necessary.
- If a student has a life-threatening allergy and cannot be around the allergens; it is recommended that the entire class consume breakfast outside of the classroom. The school principal, with the help of the school nurse, will identify at-risk students and determine the best location for the class to eat breakfast. Food Service recommends the alternative eating area for breakfast be the cafeteria.
- Teachers should be familiar with the risks associated with cross contamination and contact /topical allergic reactions that may be related to food residue on work surfaces and classroom surfaces.

SCHOOL FIELD TRIPS

- The school nurse shall use all available resources to assess the safety needs of students with life-threatening allergies on field trips. This information includes assessment of the location of the field trip, medication storage and handling, and epinephrine administration in the event of a reaction. It is important to note that epinephrine is temperature sensitive.
- Keep in mind that students cannot be excluded from a field trip due to their food allergy.
- Whenever students travel on field trips for school, the name and phone number of the nearest hospital will be part of the chaperone's emergency plan.
- Medications including epinephrine auto-injector(s) and a copy of the student's FAAP must accompany the student.
- A cell phone or other communication device must be available on the trip for emergency calls. The chain of communication (parent, school bus personnel or teacher, school nurse) will be determined prior to the field trip.

- Make sure that the field trip includes appropriate adult staff or chaperone(s) responsible for carrying and administering medications. Inviting the parent/guardian of the child with food allergy to attend the field trip can be an option.
- Hand wipes should be used by students and staff before and after consuming food.

The following have been shown to be effective in washing adult's hands (small children may need help in washing hands effectively): Tidy Tykes wipes, Wet Ones antibacterial wipes, liquid and bar soap. Hand sanitizer is NOT effective in removing food allergen.

SCHOOL BUS

- Eating food shall be prohibited on school buses.
- School bus drivers shall be trained by appropriate personnel in risk reduction procedures, recognition of allergic reaction, and implementation of bus emergency plan procedures.
- With parental permission, school bus drivers will be provided with the Food Allergy Action Plan of all students with life-threatening allergies. (See Appendix G.)
- The school bus must have a cell phone or other means of communication for emergency calls.

GYM AND RECESS

- Teachers and staff responsible for gym or recess should be trained by appropriate personnel to recognize and respond to exercise-induced anaphylaxis, as well as anaphylaxis caused by other allergens.
- Staff in the gym, playground and other sites used for recess should have a walkie-talkie, cell phone or similar communication device for emergency communication.
- If for safety reasons medical alert identification (i.e. ID bracelet) needs to be removed during specific activities, the student should be reminded to replace this identification immediately after the activity is completed.
- A current epinephrine auto-injector should be readily accessible, and an adult staff member onsite should be trained in its use, for previously diagnosed students in schools.

AFTER- SCHOOL ACTIVITIES

- Post instructions for accessing EMS in all activity areas.
- After-school activities sponsored by the school must be consistent with school policies and procedures regarding life-threatening allergies.
- Identify who is responsible for keeping epinephrine auto injector during sporting events and after-school activities.
- If for safety reasons medical alert identification, (ID bracelet) needs to be removed during specific activities, the student should be reminded to replace this identification immediately after the activity is completed.

- With written parental permission, the coach or adult staff member in charge will be provided with the Food Allergy Action Plan (FAAP), of students who have life-threatening allergies. (See Appendix G).
- A current epinephrine by auto-injector should be readily accessible, and an adult staff member onsite should be trained in its use, for previously diagnosed students in schools.
- The staff member (or his/her designee) should maintain a current epinephrine auto-injector to be used by designated trained school personnel for previously diagnosed students. Additional care as to the location of the first aid kit should be taken to insure timely access to epinephrine and also proper temperature controls as epinephrine has sensitivity to heat and cold.
- If food products are sold on school grounds or outside of the cafeteria, consideration should be given to students with life threatening allergies. Food should be individually sealed in packaging that includes printed ingredients labels. The display table should be washed after use.

FOOD SERVICES/CAFETERIA

Responsibilities of the Food Service Dietitian

- Participate in the development of an Individualized Health Plan for students that have been diagnosed with a life-threatening allergy.
- Be prepared to discuss: menus (breakfast, lunch and after school snack); a la carte items; vending machines; recipes; food products and ingredients; food handling practices; cleaning and sanitation practices; and responsibility of various staff (or additional contract employees at individual school).
- Establish communications and training for all school food service staff and related personnel at the student's school.
- Be prepared to make food ingredient lists available.
- Maintain food labels from each food served to a child with allergies for at least 24 hours following service in case the student has a reaction from a food eaten in the cafeteria.
- Maintain contact information with vendors and purveyors to access ingredient information.
- Be prepared to provide special accommodations on an individual basis to students that have been diagnosed with a food allergy and have provided the proper physician statement.
- Require students in need of special dietary accommodations to submit a physician's request on the HISD Physician's Request for Special Dietary Accommodations form which must be updated each school year. The form is located on the Food Service website.
- School nurses are to act as a liaison between the parents and/or physician and the dietitian.
- Request any further information or clarifications necessary from the school nurse.
- Meet with the child, parents, and school nurse as needed.
- Schools are not to make any accommodations without permission from the dietitian.

For students with food allergies, the dietitian will:

- Post an alert in P.O.S. (An alert system for the cashier) of the food items to be avoided;
- Communicate with the cafeteria manager, school nurse, and area manager notifying them of accommodations needed;
- Provide a copy of the physician’s request form to the cafeteria manager to keep on file in the school cafeteria;
- Create a special allergen-free menu if necessary;
- Communicate the menu to the nurse to obtain parent approval (Parents must sign off on the menu and submit to the school nurse);
- Once the dietitian receives confirmation of parent approval, a notification will be sent to the cafeteria manager, school nurse, and area manager with the menu and accommodations needed;
- Provide a copy of the physician’s request form to the cafeteria manager to keep on file in the school cafeteria;
- Understand the laws protecting students with food allergies as they relate to food services (see Appendix H).

Food Label Reading

- **Read all food labels and recheck with each purchase for potential food allergens. (Manufacturers can change ingredients.)**
- **See Appendix B: Guidelines on Reading Food Labels.**

There are eight major food allergens: milk, eggs, peanuts, tree nuts (such as walnuts and almonds), soy, wheat, fish, and shellfish. These eight foods are the most common food allergens and account for approximately 90 percent of all food allergic reactions. However, individuals can be allergic to any food. Some children may be allergic to more than one food.

Reading food labels to identify these allergens is an essential and ongoing process. As food manufacturers continuously refine and improve food products, food labels must be read for every product each time it is purchased.

Many food manufacturers have consumer response departments to provide information about their products. If there are any questions about a product ingredient, call the consumer hot line number listed on most products food labels. Be specific. (For example, "Does your product include peanuts? Is there a risk of cross-contamination with peanuts in your food manufacturing process?" etc?)

For more information about reading food labels, refer to Appendix B: *Guidelines on Reading Food Labels*.

Food Handling

- Cross contamination of a food allergen poses a serious risk to a child with food allergies.
- Training for all food service personnel about cross contamination should be a part of the regularly scheduled sanitation program.
-

Cross Contamination

Cross contamination can occur when an allergen is transferred from one cooking item (utensils, pots, pans, countertops, etc.) to another. When preparing and serving food, it is critical to make sure that food preparation and serving utensils are not exposed to allergens and then used to prepare another food. Food production surface areas should be cleaned before, during and after food preparation. Some examples of cross contamination would be:

- Lifting peanut butter cookies with a spatula and then using the same spatula to lift sugar cookies.
- Using a knife to make peanut butter sandwiches, wiping the knife and then using that same knife to spread mustard on a peanut allergic child's cheese sandwich.

Cleaning and Sanitation

Any surfaces used for the preparation and service of meals need to be properly cleaned and sanitized. For preparation areas, the work surface and all utensils and pots and pans need to be washed with hot soapy water (soap is used because it helps remove the protein that causes the allergy). The work surface areas, counters and cutting surfaces, need to be cleaned thoroughly between uses. The use of a color-coded cutting board system implemented for food safety can also help minimize the risk of cross contamination.

- After using a food slicer to slice cheese, the slicer must be cleaned thoroughly before being used to slice other foods to prevent contamination with milk/dairy protein.
- Wash trays or cookie sheets after each use as oils can seep through wax paper or other liners and contaminate the next food cooked on the sheet or tray.

In the Cafeteria

- Consider creating an allergen-free table or space.
- Train cafeteria monitors to take note of the situation surrounding a child with allergies and intervene quickly to help prevent trading of food or bullying.
- All students eating meals in the cafeteria should be encouraged to wash their hands before and after eating so that no traces of allergens will be left on their hands.
- After each meal service, all table and chairs should be thoroughly cleaned.
- Use separate cloths and a separate cleaning solution to avoid cross contamination.

Food for Field Trips

- Clearly specify any special meals needed before the field trip.
- Avoid meals that contain allergens.
- Package meals appropriately to avoid cross-contamination.
- Provide three hand wipes with each meal (for cleaning the eating surface, and for cleaning hands before and after meals).



EMERGENCY

RESPONSE TO EMERGENCIES

Every school shall include in its emergency response plan a written plan outlining emergency procedures for managing life threatening allergic reactions. This plan shall identify personnel who will (see also HISD Emergency Preparedness Plan, 2008):

- Remain with the student.
- Assess the emergency at hand.
- Activate the emergency response team (building specific, system-wide).
- Refer to the student's Food Allergy Action Plan.
- Notify the school nurse.
- Notify the emergency medical services.
- Administer the epinephrine.
- Notify the parent/guardians.
- Notify school administration.
- Notify student's primary care provider and/or allergist.
- Attend to student's classmates.
- Manage crowd control.
- Meet emergency medical responders at the school entrance.
- Direct emergency medical responders to the student.
- Accompany student to the emergency care facility.
- Assist student's re-entry into school.

Practice drills should be conducted periodically as part of the district's emergency response plan.

RETURNING TO SCHOOL AFTER A REACTION

Students who have experienced an allergic reaction at school need special consideration upon their return to school. The approach taken by the school is dependent upon the severity of the reaction, the student's age and whether their classmates witnessed it. A mild reaction may need little or no intervention other than speaking with the student and parents and re-examining or establishing the Individual Health Plan (IHP) and Food Allergy Action Plan (FAAP).



In the event that a student has a moderate to severe reaction, the following actions should be taken.

- Obtain as much accurate and updated information as possible about the allergic reaction including any revised medication management and consent forms for medication administration.
- Identify those who were involved in the medical intervention and those who witnessed the event.
- Meet with the adults to discuss what was seen and dispel any rumors.
- Provide factual information. Although the school may want to discuss this with the parents, factual information that does not identify the individual student can be provided to the school community without parental permission (e.g., a letter from the principal to parents and teachers that doesn't name names but reassures them the crisis is over, if appropriate.)
- If an allergic reaction is thought to be from a food provided by the school food service, request assistance of the Food Service Dietitian to ascertain what potential food item was served/consumed. Review food labels from Food Service Dietitian and staff.
- Agree on a plan to disseminate factual information and review knowledge about food allergies to schoolmates who witnessed or were involved in the allergic reaction, after both the parents and the student consent.
- Explanations shall be age appropriate (resources available at www.foodallergy.org)
- Review the FAAP described in the IHP, or if a student does not have an IHP then initiate one.
- Amend the student's FAAP and/or the emergency response plan to address any changes that need to be made.
- Do not assign blame.

SPECIAL CONSIDERATION FOR THE STUDENT

The student and parent(s) shall meet with the nurse/staff who were involved in the allergic reaction and be reassured about the student's safety, what happened, and what changes will be made to prevent another reaction.

If a student demonstrates anxiety about returning to school, checking in with the student on a daily basis is recommended until his/her anxiety is alleviated. If a child has a prolonged response to an anaphylactic event, strategies should be reviewed and clinical intervention may be recommended. Collaboration with the student's medical provider would be indicated to address any medication changes.

It is important to keep in mind that a student will continue to need help if another allergic reaction should occur; therefore, make sure a student feels comfortable enough to seek help if needed. You do not want a student to withhold information out of embarrassment or because of intimidation. Other students with food allergies in the school system may be in particular need of support.

IN THE EVENT OF A FATAL ALLERGIC REACTION

In the rare but plausible event of a fatal reaction, the school's crisis plan for dealing with the death of a student should be implemented. Adults with knowledge of food allergies should be on hand to answer questions that may come up about food allergies. Organizations such as Asthma and Allergy Foundation of America (AAFA) and Food Allergy & Anaphylaxis Network (FAAN) may be able to provide resources.

APPENDIX A

ROLES OF SPECIFIC INDIVIDUALS IN THE MANAGEMENT OF STUDENTS WITH LIFE-THREATENING ALLERGIES.

- Students with Food Allergies
- Parent of a Student with Food Allergies
- School Nurse
- School Administrators
- Classroom Teacher/Specialist
- Food Service Personnel
- School Bus Transportation Department
- Coaches and other Onsite Persons in Charge of Running School Activities



RESPONSIBILITIES OF THE STUDENT WITH FOOD ALLERGIES/ANAPHYLAXIS

- Take as much responsibility as possible for avoiding allergens.
- Do not trade or share foods.
- Wash hands before and after eating.
- Learn to recognize symptoms of an allergic reaction.
 - Promptly inform an adult as soon as accidental exposure occurs or symptoms appear.
 - Take more responsibility for your allergies as you get older (refer to parent responsibilities outline).
 - Develop a relationship with the school nurse and/or another trusted adult in the school to assist in identifying issues related to the management of the allergy in school.
 - When managing your own epinephrine, keep it with you at all times and maintain it in a responsible manner consistent with school policy.



RESPONSIBILITIES OF THE PARENTS/GUARDIANS OF A STUDENT WITH FOOD ALLERGIES

- Inform the school nurse of your child's allergies prior to the opening of school (or as soon as possible after a diagnosis).
- Provide the school with a way to reach you (cell phone, beeper, etc.).
- Provide a list of foods and ingredients to avoid.
- Consider providing a medical alert bracelet for your child.
- Provide the school nurse with current medication orders from the licensed provider including any changes which may occur after doctor visits or emergency care.
- Participate in developing an Individual Health Plan and Food Allergy Action Plan with the school nurse.
- Provide the school nurse with at least annual updates on your child's allergy status.
- Provide the school with up-to-date epinephrine auto-injectors.
- Discuss with the school nurse HISD policies on medication administration and who will be the trained unlicensed persons to administer medications when the school nurse is not available.
- Decide if additional epinephrine auto-injectors will be ordered by the health care provider to be kept in the school, per HISD policy.
- Provide the school nurse with the licensed provider's statement if student no longer has allergies.
- **Participate in team meetings or communicate with all staff members who will be in contact with the child (preferably before the opening of school or immediately after a diagnosis of food allergy) to:**
 - Discuss implementation of IHP and Food Allergy Action Plan.
 - Provide the school nurse with the Physician Request for Special Dietary Accommodations.
 - Establish an emergency/ prevention plan.
 - Periodically (halfway through the year) review prevention and emergency action plans with the team.
 - Help decide upon an "allergy-free" eating area in the classroom and/or cafeteria.
 - Leave a bag of "safe snacks" in your child's classroom so there is always something your child can choose from during an unplanned special event.
 - Provide a non-perishable lunch to keep in school, in case your child forgets lunch one day.
 - Be willing to provide safe foods for special occasions, e.g. bring in a treat for the entire class so that your child can participate.
 - Be willing to go on your child's field trips if possible and if requested.

Periodically teach your child to:

- Recognize the first symptoms of an allergic/anaphylactic reaction.
- Know where the epinephrine auto-injector is kept and who has access to the epinephrine.
- Notify an adult as soon as she/he feels a reaction is starting.
- Check on school policy regarding self-administration and carrying his/her own epinephrine auto-injector.
- Not share breakfast, snacks, lunches, or drinks.
- Understand the importance of hand-washing before and after eating.
- Report teasing, bullying and threats to an adult authority.
- Take as much responsibility as possible for his/her own safety.

It is important that children take on more responsibility for their food allergies as they grow older and are developmentally ready. Consider teaching them to:

- Communicate the seriousness of the allergy.
- Communicate symptoms as they appear.
- Read labels.
- Check with school policy regarding self- carrying/self-administering guidelines for the epinephrine auto-injector.
- Administer own epinephrine auto-injector and be able to train others in its use.

Remember – the ultimate goal is that our children eventually learn to keep themselves safe.



RESPONSIBILITIES OF THE SCHOOL ADMINISTRATION (or delegate)

- Include in the school's emergency response plan a written plan outlining emergency procedures for managing life-threatening allergic reactions. Modify the plan to meet special needs of individual students. Consider risk reduction for Life Threatening Allergies.
- Support faculty, staff and parents in implementing all aspects of the IHP and FAAP.
- Provide training and education for faculty and staff regarding:
 - Foods, insect stings, medications, latex.
 - Risk reduction procedures.
 - Emergency procedures.
 - How to administer an epinephrine auto-injector in an emergency.
- Be aware of any special training for food service personnel provided by a dietitian.
- Provide emergency communication devices (two-way radio, intercom, walkie-talkie, cell phone) for all school activities, including transportation, that involve a student with life-threatening allergies.
- A fulltime nurse should be available in every school with students with life-threatening allergies.
- Inform parent/guardian if any student experiences an allergic reaction for the first time at school.
- Make sure a contingency plan is in place in case of a substitute teacher, nurse or food service personnel.
- Have a plan in place when there is no school nurse available.
- Ensure that the student is placed in a classroom where the teacher is trained by the school nurse to administer an epinephrine auto-injector.



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 parent/guardian and develop an Individual Health Plan (IHP) for the student.
- Provide guardian with HISD documentation: Physician Request for Special Dietary Accommodations.
- Assure that the Food Allergy Action Plan (FAAP) includes the student’s name, photo (as feasible), allergens, symptoms of allergic reactions, risk reduction procedures, emergency procedures, and required signatures.
- Place information on Chancery as a “Medical Alert.”
- Arrange and convene a team meeting (preferably before the opening of school) to develop the plan with all staff who come in contact with the student with allergies, including the principal, student’s physician, teachers, specialists, food service personnel, aides, physical education teachers, custodians, bus drivers, local EMS, and etc.
- Familiarize teachers with the IHPs and FAAPs of their students by the opening of school, or as soon as the plans are written. Other staff members who have contact with students with Life Threatening Allergies should be familiar with their IHPs and Food Allergy Action Plans on a need-to-know basis.
- After the team meeting remind the parent to review prevention plans, symptoms and emergency procedures with their child.
- Provide information about students with life-threatening allergies and their photos (if consent given by parent) to all staff on a need-to-know basis (including bus drivers).
- Conduct in-service training and education for appropriate staff regarding a student’s life-threatening allergens, symptoms, risk reduction procedures, emergency procedures, and how to administer an epinephrine auto-injector (refer to Appendix E).
- Implement a periodic anaphylaxis drill similar to a fire drill as part of the periodic refresher course.
- Educate new personnel as necessary.
- Track in-service attendance of all involved parties to ensure that they have been trained.
- Introduce yourself to the student and show him/her how to get to the nurse’s office.
- Post school district’s emergency protocol and have available all IHPs and FAAPs in the nurse’s office. Post location of epinephrine auto-injector. Epinephrine auto-injectors, which will be stored per HISD guidelines.
- List the staff member(s) who have been trained to administer the epinephrine auto-injector.
- Periodically check medications for expiration dates and arrange for them to be current.
- Discuss with parents the HISD policies regarding epinephrine auto-injector administration, storage, and back-up personnel.
- Discuss with parents the field trip policies. This auto-injector can be taken on field trips by trained personnel as designated by the school nurse. Parents can attend field trips and should be directed to the teacher regarding this.
- Arrange periodic follow-up on semi-annual basis, or as often as necessary, to review effectiveness of the IHCP.
- Make sure there is a contingency plan in place in the case of a substitute school nurse.
- Meet with parents on a regular basis to discuss issues relating to plan implementation.

- Communicate with local EMS about location of student and type of allergy. Assure the local EMS carry epinephrine and have permission to use it.

RESPONSIBILITIES OF THE CLASSROOM TEACHER/SPECIALIST

- Receive the FAAP of any student(s) in your classroom with life-threatening allergies.
- Request that the classroom has a functioning intercom, walkie-talkie or other communication device for communication with the school nurse.
- Participate in a team meeting for the student with life-threatening allergies and in-service training regarding:
 - (1) Allergens that cause life-threatening allergies (such as foods, insect stings, medications, latex).
 - (2) Steps to take to prevent life-threatening reactions and accidental exposures to allergens.
 - (3) How to recognize symptoms of the student's life-threatening allergic reaction.
 - (4) Steps to manage an emergency.
 - (5) How to administer an epinephrine auto-injector.
- Keep accessible the student's FAAP with photo in classroom or keep with lesson plan.
- Be sure volunteers, student teachers, aides, specialists and substitute teachers are informed of the student's food allergies and necessary safeguards (see Appendix D).
- Leave information in an organized, prominent and accessible format for substitute teachers.
- Coordinate with parent on providing a lesson plan about food allergies for the class and discuss anaphylaxis in age appropriate terms, with student's permission.
- Educate classmates to avoid endangering, isolating, stigmatizing or harassing students with food allergies. Be aware of how the student with food allergies is being treated; enforce school rules about bullying and threats.
- Work with the school nurse to educate other parents about the presence and needs of the child with life-threatening allergies in the classroom. Enlist their help in keeping certain foods out of the classroom (see Appendix D).
- Inform parents of any school events where food will be served.
- Participation with the planning for student's re-entry to school after an anaphylactic reaction.
- Never question or hesitate to act if a student reports signs of an allergic reaction.

A. BREAKFAST/SNACKS/ LUNCHTIME

- In the classroom, establish procedures to ensure that the student with life-threatening food allergies eats only what she/he brings from home or the menu that has been approved by the dietitian.
- Prohibit students from sharing or trading snacks.
- Encourage parents/guardians to send in 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.
- For the student's safety, encourage the student to take advantage of an eating area in the classroom that is free of the food to which she/he is allergic.
- Avoid cross-contamination of foods by wiping down eating surfaces with soap and water before and after eating in the classroom. Tables should also be washed with soap and water in the morning if an after-school event has been held in the classroom the day before.

- Reinforce hand-washing before and after eating.

B. 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 stickers, pencils or other non-food items as rewards instead of food.

C. FIELD TRIPS (refer to Appendix F).

Collaborating with the school nurse, prior to planning a field trip to:

- Ensure epinephrine auto-injectors and instructions are taken on field trips.
- Ensure that functioning two-way radio, walkie talkie, cell phone or other communication device is taken on field trip.
- Review plans for field trips; avoid high risk places. Consider eating situations on field trips and plan for prevention of exposure to the student's life-threatening foods.
- Know where the closest medical facilities are located, 911 procedures and whether the ambulance carries epinephrine.
- Invite parents of a student at risk for anaphylaxis to accompany their child on school trips, in addition to the chaperone. However, the student's safety or attendance must not be conditioned on the parent's presence.
- One to two people on the field trip should be trained in recognizing symptoms of life-threatening allergic reactions, trained to use an epinephrine auto-injector, and trained in emergency procedures.
- Consider ways to wash hands before and after eating (e.g. provision of hand wipes, etc.).
- Recognize that hand sanitizer is not an effective way to eliminate food allergens after eating.



RESPONSIBILITIES OF THE FOOD SERVICES STAFF

- Attend the team meeting with appropriate members at the time of the student's registration for entry into school.
- Post the student's Food Allergy Action Plan with consent of parent(s).
- Review the legal protections for a student with life threatening allergies.
- Receive training from the food service dietitian on food allergens.
- Train all food service staff and their substitutes to read product food labels and recognize food allergens.
- Review and follow sound food handling practices to avoid cross contamination with potential food allergens.
- Strictly follow cleaning and sanitation protocol to avoid cross-contamination.
- Understand the Food Services policies for the cafeteria regarding food allergic students.
- Create specific areas that will be allergen safe.
- Train monitors.
- Thoroughly clean all tables, chairs and floors after each meal.
- Follow directives from the dietitian regarding appropriate substitutions or modifications for meals served to students with food allergies.
- Plan ahead to have safe meals for field trips with the approval from the dietitian.
- Avoid the use of latex gloves by food service personnel. Use non-latex gloves instead.
- Provide advance copies of the menu to parents/guardian and notification if menu is changed.
- Have a functioning intercom, walkie-talkie or other communication device to support emergencies.
- Take all complaints seriously from any student with a life-threatening allergy and report complaints to school nurse, area manager, and dietitian.
- Be prepared to take emergency action.



RESPONSIBILITIES OF THE CUSTODIAL STAFF

- Thoroughly clean all tables, chairs and floors after each meal.

RESPONSIBILITIES OF THE SCHOOL TRANSPORTATION DEPARTMENT

- Provide a representative from the transportation department for team meetings to discuss implementation of a student's IHP.
- Provide training for all school bus drivers on managing life-threatening allergies (provide own training or contract with school).
- Provide functioning emergency communication device (e.g., cell phone, two-way radio, walkie-talkie or similar).
- Know local Emergency Medical Services procedures.
 - Adhere to HISD policy regarding not eating food on school buses.
 - Speak to and educate bus drivers regarding particular students with food allergy.

RESPONSIBILITIES OF COACHES AND OTHER ONSITE PERSONS IN CHARGE OF CONDUCTING AFTER SCHOOL ACTIVITIES

- Participate in Team meetings to determine how to implement students Individual Health Plan and Food Allergy Action Plan.
- Conduct training activities in accordance with all school policies and procedures regarding life threatening allergies.
- With parent's consent, keep a copy of the Food Allergy Action Plan and photo of students with life threatening allergies.
- Make certain that emergency communication device (e.g. walkie-talkie, intercom, cell phone, etc.) is always present.
- At least one staff member who has been trained to administer an epinephrine auto-injector should be present.
- Maintain a current epinephrine auto-injector in a location that is readily accessible.
- Establish emergency medical procedures with EMS.
- Check HISD policy regarding maintaining a current epinephrine auto-injector in the first aid kit. Notify parents of school policy, so that parents can make informed decisions regarding type of transportation that would be safest.
- Clearly identify who is responsible for keeping the first aid kit.
- If for safety reasons medical alert identification needs to be removed during specific activities, the student should be reminded to replace this identification immediately after the activity is completed.



APPENDIX B

READING FOOD LABELS

Knowing how to read a food label will help to avoid food allergy problems caused by ingredients in foods. The following terms are "labels" for common foods. You may find it helpful to keep these lists handy when you order foods. The lists are updated frequently. Contact The Food Allergy Network for current lists.

Terms that indicate the presence of cow's MILK:

Artificial butter flavor
 Butter, butter fat, butter oil
 Buttermilk
 Casein
 Caseinates (ammonium, calcium, magnesium, potassium, sodium)
 Cheese
 Cream
 Cottage cheese
 Curds
 Custard
 Ghee
 Half & Half[®]
 Hydrolysates (casein, milk protein, protein, whey, whey protein)
 Lactalbumin, lactalbumin phosphate
 Lactoglobulin
 Lactose
 Lactulose
 Milk (derivative, powder, protein, solids, malted, condensed, evaporated, dry, Whole, low-fat, non-fat, skimmed and goat's milk)
 Nougat
 Pudding
 Rennet casein
 Sour cream, sour cream solids
 Sour milk solids
 Whey (in all forms, including sweet, delactosed, protein concentrate)
 Yogurt

The letter "D" on the front label of a product indicates the product may contain cow's milk protein.

Terms that may indicate presence of MILK protein:

Chocolate

High protein flour

Luncheon meat, hot dogs, sausages

Margarine

Natural and artificial flavoring: Simplese®

Terms that indicate the presence of EGG protein:

Albumin

Egg (white, yolk, dried, powdered, solids)

Egg substitutes

Egg Nog

Globulin

Livetin

Lysozyme (used in Europe)

Surimi

Macaroni

Mayonnaise

Meringue

Ovalbumin

Ovomucin

Ovomucoid

Simplese®



Terms that indicate the presence of PEANUT protein:

Beer nuts

Cold pressed, expelled, or extruded

peanut oil

Ground nuts

Mixed nuts

Monkey nuts

Nu-Nuts®

Nut pieces

Peanuts

Peanut butter

Peanut flour

Terms that may indicate the presence of PEANUT protein:

African, Chinese, Indonesian, Thai and Vietnamese dishes	Hydrolyzed vegetable protein
Marzipan	Baked goods
Natural and artificial flavoring	Candy
Egg rolls	Chocolate (candies, candy bars)
Hydrolyzed plant protein	Nougat
	Sunflower seeds

Terms that indicate the presence of SOYBEAN protein:

Edamame	Soy sauce
Hydrolyzed soy protein	Soybean (granules, curds)
Miso	Tamari
Shoyu Sauce	Tempeh
Soy (albumin, flour, grits, milk, nuts, sprouts)	Textured vegetable protein (TVP)
Soy Protein (concentrate, isolate)	Tofu

Terms that may indicate the presence of SOYBEAN protein:

Hydrolyzed protein	Vegetable gum
Natural and artificial flavoring	Vegetable starch
Vegetable broth	

Terms that indicate the presence of WHEAT protein:

Bran	Gluten
Bread crumbs	Seitan
Bulgur	Semolina
Cereal extract	Spelt
Couscous	Vital gluten
Cracker meal	Wheat
(bran, germ, gluten, malt, starch)	



Durum, durum flour	Whole wheat berries
Farina	Whole wheat flour
Flour (all purpose, enriched graham, high gluten, high protein, pastry, soft wheat)	

Terms that may indicate the presence of WHEAT protein:

Gelatinized starch	Modified starch
Soy sauce	Natural and artificial flavoring
Starch	Vegetable gum
Hydrolyzed vegetable protein	Vegetable starch
Modified food starch	

Terms that indicate the presence of SHELLFISH protein:

Abalone	Mussels
Clams (cherrystone, littleneck, pismo, quahog)	Octopus
Oysters	Cockle (periwinkle, sea urchin)
Prawns	Crab
Scallops	Crawfish (crayfish, ecrevisse)
Shrimp (crevette)	Mollusks
Snails (escargot)	Lobster (Langouste, langousine, scampo, Coral, tomalley)
Squid (calamari)	

Terms that may indicate the presence of SHELLFISH:

Bouillabaisse

Fish stock

Natural and artificial flavoring

Seafood flavoring (such as crab or clam extract)



Surimi

Terms that indicate the presence of CORN protein:

Baking powder

Corn

Corn alcohol

Corn flour

Cornstarch

Corn sweetener

Food starch

Vegetable gum

Corn syrup solids

Cornmeal

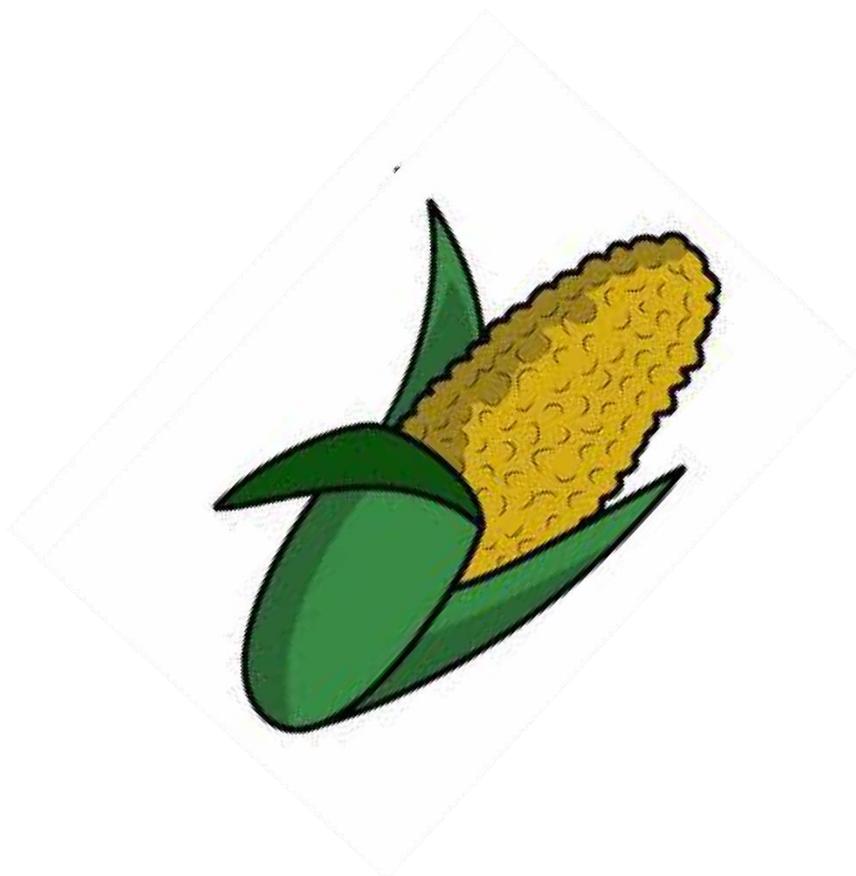
Grits

Hominy

Maize

Modified food starch

Vegetable starch



APPENDIX C

Campus/Clinic Forms

- HISD has in place forms that are to be used to identify and case manage any student at risk for Food Allergy Reactions.
- These forms allow for monitoring these students from admission throughout enrollment
- **Admissions packet forms**
 - Health Inventory
 - Provides opportunity for parent to report health concerns
 - Provided in English, Spanish and Vietnamese:
 - Request for Food Allergy Information
 - Allows for the collection of information specific to FoodAllergy
 - Provided in English, Spanish and Vietnamese:
- **Campus/Clinic Forms**
 - Physician Request for special dietary accommodations
 - Request for performance of treatment at school
 - Request for Self Administration of Emergency Medication...
 - Food Allergy Action Plan
 - IHP (only campuses with School Nurse)
 - Emergency Plan

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



REQUEST FOR FOOD ALLERGY INFORMATION

Dear Parent:

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

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

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

No information to report.

Food	Nature of allergic reaction to food	Life-Threatening?

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

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

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

Parent/Guardian Name: _____

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

Parent/Guardian Signature: _____ Date: _____

Date form received by Campus: _____



Physician's Request for Special Dietary Accommodations

All sections must be **completely** filled out before form will be accepted.

Date: _____

Part I (To be completed by Parent/Guardian)

Name of Students (Last): _____ (First): _____ Date of Birth: ___/___/___
 School Attended: _____ Grade: _____ Student ID#: _____
 Which meals will the child eat at school (please circle)? Breakfast Lunch After School Snack
 School Nurse/ Nurse Consultant: _____ Contact Information: _____
 Parent/Guardian: _____ Phone Number: _____ Email: _____

I give Health Services/ Food Services permission to speak with the below named Physician or Authorized Medical Authority to discuss the dietary needs described below.

Parent/Guardian Signature Date

Part II (To be completed by School Nurse or Physician)

Does the child have a disability? Yes No

Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990, a "person with a disability" is any person who has a physical or mental impairment that substantially limits one or more life activities, has a record of such an impairment or is regarded as having such an impairment.

If yes, please describe the major life activities affected by the disability: _____

Does the child have a life-threatening food allergy? Yes No

If yes to any of the above questions, Part III must be completed and signed by a Licensed Physician.
 If no to both questions, Part III may be completed and signed by a Licensed Physician or Recognized Medical Authority.

Part III (To be completed by Licensed Physician or Recognized Medical Authority [i.e. Physician Assistant or Advanced Practice Nurse])

Medical Diagnosis: _____

Foods to be omitted:

Fluid Milk All dairy products All milk protein (casein, whey, etc.) Soy protein
 Wheat Gluten Eggs All egg protein (albumin, etc.)
 Seafood Corn (as major ingredient) All corn additives (dextrin, caramel color, etc.)
 Peanuts All Nuts All foods produced in a facility with nut containing products
 Other (please be specific): _____

Foods to be substituted: _____
 (For non-disabled students who cannot have fluid milk, food services will choose the most appropriate milk substitute.)

Texture Modification: ___ soft ___ minced ___ pureed other (specify) _____

HISD Formulary - Please choose from the following list:
 Boost Kid Essentials 1.0 Nutren Jr. Nutren Jr. with Fiber Peptamen Jr. 1.5
 Peptamen 1.5 Nutren 1.5
 *Supplements not on the formulary list will take up to 6 weeks to be processed

Supplement dosage per meal:
 ___ Breakfast ___ Lunch ___ After School Snack Program (if offered)

Will the student eat a regular meal along with receiving a supplement? Yes No

Name of Medical Authority (please print): _____
 Signature: _____ Date: _____
 Phone: _____ Fax: _____
 Mailing Address: _____

Send completed forms to school nurse/nurse consultant. Physician requests must be renewed each school year. Any change of treatment must be requested in writing by the physician. To ensure that the request is processed prior to the first day of school, submit the request no later than one month prior to the first day of school.



Houston Independent School District Health and Medical Services

Policies Governing Self-Administration of Prescription Emergency for Treatment of Asthma Medication and Life Epinephrine while on School Property or a School-related Activity

House Bill (HB) 1688 passed by the 79th Legislature and signed into law, allows a student with asthma to possess and self-administer prescription asthma medicine.

HB 1688 creates an exception to the HISD medication policy that all medications are to be kept in a locked area in the nurse's office and to the mandatory discipline provision in Chapter 38 of the Texas Education Code related to possession and usage of a controlled substance.

Physician's Request for Self-Administration of Prescription Asthma Medicine or Epinephrine while on School Property or a School-related Activity

To the principal of : _____ School Date: _____

Name of child: _____ Birthdate: _____

Diagnosis: _____

Name of medication: _____

Form of medication: oral inhalation injection other (specify): _____

Purpose of medicine: _____

Prescribed dosage: _____

Frequency/time or circumstance under which the medicine may be administered: _____

Period for which the medicine is prescribed: _____

A new medication permit is required for each school year.

Facility Name

Physician's/Advanced Practice Nurse Signature

Physician's/Advanced Practice Nurse Name (print or type)

Telephone

My signature indicates consent for my child to self-administer the medication as requested by the physician. I understand that I am giving consent for the school nurse to discuss any concerns regarding this medication with the healthcare provider whose signature appears on this document in order to monitor the healthcare needs of my child.

Parent's Signature Date

Telephone

The physician's statement must be kept on file in the office of the school nurse or the principal of the campus the student attends.

	<p>HOUSTON INDEPENDENT SCHOOL DISTRICT</p> <p>HEALTH INVENTORY</p>
---	--

SCHOOL _____ DATE _____

TEACHER _____ SCHOOL LAST ATTENDED _____

Please fill in this form and return to the teacher or nurse. The information given on this form will help the school staff to have a better understanding of your child's health needs:

Name _____ Sex _____ Birthdate _____ Birth weight _____

Address _____ Phone _____

Have you ever been told by a doctor that your child had:

	Age First Identified	Under Doctor's Care?		Age First Identified	Under Doctor's Care?
Asthma			Bone/Joint Problem		
Allergies			Rheumatic Fever		
Blood Disorder			Surgery/Fractures		
Diabetes			T. B. Disease		
Epilepsy/Seizures			Hearing Loss		
Heart Disease			Vision Loss		
Kidney Disorder			Severe Menstrual Cramps		
Cancer			Eating Disorder		

Please check if you have observed any of the following in your child:

_____ Tires easily	_____ Earaches	_____ Wheezing, shortness of breath with exercise
_____ Frequent headaches	_____ Difficulty making friends	_____ Nail Biting
_____ Fainting	_____ Coughs frequently at night	_____ Restlessness

Has your child been seen by a doctor for any of the above? Yes No

Is your child on any kind of medication? Yes No

If so, what? _____

For what condition? _____

Further comment _____

What type of medical insurance do you carry for this child?

CHIP Medicaid HCHD Private Insurance None

Please see the School Nurse (or School Principal) if your child has other needs or is:

- A pregnant or parenting teen
and/or
- Has a severe life-threatening food allergy

Signature _____

	DISTRITO ESCOLAR INDEPENDIENTE DE HOUSTON INVENTARIO DE SALUD
---	--

ESCUELA _____ FECHA _____

MAESTRO(A) _____ ÚLTIMA ESCUELA A LA QUE ASISTIÓ _____

Favor de completar esta forma y regresarla al **maestro(a) o enfermero(a)**. La información de este formulario ayudará al personal de la escuela a comprender mejor las necesidades de salud de su hijo(a):

Nombre _____ Sexo _____ Fecha nac. _____ Peso al nacer _____

Dirección _____ Teléfono _____

¿Alguna vez el doctor le dijo que su hijo(a) tiene:

	Edad identificado	¿Está bajo cuidado médico?		Edad identificado	¿Está bajo cuidado médico?
Asma			Problemas de los huesos/articulación		
Alergias			Fiebre reumática		
Trastorno sanguíneo			Cirugía/fracturas		
Diabetes			Enfermedad T. B.		
Epilepsia/ataques			Pérdida de la audición		
Enfermedad del corazón			Pérdida de la visión		
Trastornos del riñón			Calambres menstruales severos		
Cáncer			Trastornos de la alimentación		

Marque si ha observado algo de lo siguiente en su hijo(a):

Se cansa fácilmente Dolor de oído Silbido o poco aliento cuando hace ejercicio
 Dolor de cabeza frecuente Dificultad para hacer amigos Se come las uñas
 Desmayos Tose frecuentemente por la noche Inquietud
 ¿El doctor ha examinado a su hijo(a) por alguna causa mencionada arriba? Sí No

¿Su hijo(a) toma algún medicamento? Sí No
 ¿Cuál? _____
 ¿Para qué condición? _____
 Otro comentario _____

¿Qué tipo de seguro médico tiene su hijo(a)?
 CHIP Medicaid HCHD Seguro médico privado No tiene

Favor de visitar a la enfermera (o director(a)) si su hijo(a) es:

- Una adolescente embarazada o con hijos
y/o
- Tiene alergia mortal a ciertos alimentos

Firma _____

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.

Student May Carry and Self Administer Epinephrine Dose.

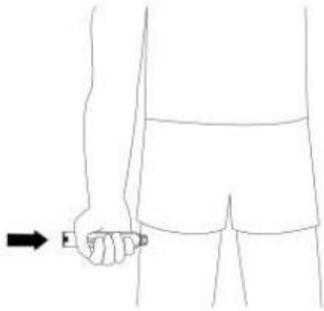
Physician/Healthcare Provider Signature _____ Date _____ Parent/Guardian Signature _____ Date _____

EpiPen® (epinephrine) Auto-Injector Directions

- First, remove the EpiPen® (epinephrine) Auto-Injector from the plastic carrying case
- Pull off the blue safety release cap



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



- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds.

Remove EpiPen® (epinephrine) Auto-Injector and massage the area for 10 more seconds.

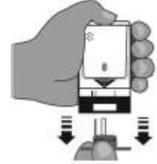


EpiPen®, EpiPen 2-Pak®, and EpiPen Jr 2-Pak® are registered trademarks of Mylan Inc. licensed exclusively to its wholly-owned subsidiary, Mylan Specialty L.P.

Auvi-Q™ (epinephrine injection, USP) Directions

Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.

Pull off RED safety guard.



Place black end against outer thigh, then press firmly and hold for 5 seconds.



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Adrenaclick® 0.3 mg and Adrenaclick® 0.15 mg Directions



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



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

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

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

Contacts

Call 911 • Rescue squad: () - Doctor: Phone: () -
 Parent/Guardian: Phone: () -

Other Emergency Contacts

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

Individual Health Care Plan

Student Name: _____ Grade: _____
 Teacher/Staff Contact Person: _____ Date of IHP: _____ Review Date: _____
 Secondary Health Concerns: _____

Sample Individualized Healthcare Plan – Food Allergy Management

Goal: Student will have an integrated appropriate allergy management regimen during the school day with a focus on prevention. School personnel will be prepared and trained to respond in an emergency medical situation.

INTERVENTIONS	IMPLEMENTED DATE & INITIAL	EVALUATION or OUTCOME INDICATORS (Circle & Date)																														
<p>Food Allergy Management at School</p> <ul style="list-style-type: none"> • Food Allergen – Signs and Symptoms <ul style="list-style-type: none"> ○ Assist student to recognize symptoms of an allergic reaction and encourage him/her to access appropriate care and medications when needed. Show respect for self-management and self-determination. • Maintain individual school health record to note allergy information from healthcare provider and exposure at school <ul style="list-style-type: none"> ○ Document original diagnosis ○ Document each episode of allergic reaction ○ Document any medications given • Provide instruction to student and staff on prevention measures and emergency response <ul style="list-style-type: none"> ○ Provide appropriate guidance in creating a safe classroom and school environment to minimize the risk of exposure to food allergens. <ul style="list-style-type: none"> • Alert classroom teacher to request alternative snacks from parent ○ Provide faculty with presentation related to food allergy management. ○ Work with Food Service personnel <ul style="list-style-type: none"> • Determine if food allergic food is served 		<p>Student Health Needs and Responses</p> <p>Parent participation in health needs – Provider for child's physical needs provides needed medical information, medical orders and medication to school</p> <table border="1" data-bbox="933 1134 1015 1585"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>Never demonstrated</td> <td></td> <td></td> <td></td> <td>Consistently demonstrated</td> </tr> </table> <p>Student self-care - Student recognizes symptoms and self-manages food allergy well</p> <table border="1" data-bbox="787 1134 868 1585"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>Never demonstrated</td> <td></td> <td></td> <td></td> <td>Consistently demonstrated</td> </tr> </table> <p>The following records are up to date, accurate and legible:</p> <ul style="list-style-type: none"> • Cumulative Health Record, Student Visit Record • Allergy Action Plan (Emergency Care Plan) • Medication Record <table border="1" data-bbox="609 1134 690 1585"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>Never</td> <td></td> <td></td> <td></td> <td>Consistently</td> </tr> </table> <p>Prevention measures that allow student to fully access educational program</p> <ul style="list-style-type: none"> • Faculty and staff has been trained to reduce accidental exposures to allergens • Faculty and staff is willing and has been trained to respond to an anaphylactic emergency • Faculty and staff has alternative foods in classroom for curricular and celebration use 	1	2	3	4	5	Never demonstrated				Consistently demonstrated	1	2	3	4	5	Never demonstrated				Consistently demonstrated	1	2	3	4	5	Never				Consistently
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1	2	3	4	5																												
Never				Consistently																												

Individualized Healthcare Plan written by: _____ © National Association of School Nurses 2011 Page 1 of 3

Individual Health Care Plan p.2

Student Name: _____ Grade: _____
 Teacher/Staff Contact Person: _____ Date of IHP: _____ Review Date: _____
 Secondary Health Concerns: _____

<ul style="list-style-type: none"> in cafeterias <ul style="list-style-type: none"> • Avoid cross-contamination with allergen • Establish safe environment for all students ○ Develop emergency protocols (and initiate care as needed) that include: accessing emergency care at school, as well as EMS as needed, medication protocols (including orders from healthcare provider) <ul style="list-style-type: none"> • Check medications for dosage and expiration dates • Counsel student if self-carrying medication ○ Develop student specific Emergency Care Plan that outlines emergency care to school staff, including teachers, support staff, food service staff, custodial staff, transportation staff <ul style="list-style-type: none"> • Instruct staff in epinephrine administration as appropriate. <ul style="list-style-type: none"> ○ Follow student's Emergency Care Plan at onset of symptoms ○ Address specific issues that may be present for field trips and other educational activities that occur at an off campus location including box lunches, food options. ○ Have plan in place in the event that the nurse is not available • Implement organizational changes to facilitate shared decision making for self-management of chronic illnesses. 																									
	<p>Faculty has been instructed in food allergy management</p> <table border="1"> <tr> <td>Never</td> <td>Consistently</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>3</td> <td>4</td> </tr> <tr> <td>5</td> <td>5</td> </tr> </table> <p>Food Service Personnel make appropriate accommodations for student with food allergy</p> <ul style="list-style-type: none"> • Substitutions are available as needed • Accommodations are made to prevent cross-contamination during food preparation • Student is protected from exposure in cafeterias while not being socially isolated <table border="1"> <tr> <td>Never demonstrated</td> <td>Consistently demonstrated</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>3</td> <td>4</td> </tr> <tr> <td>5</td> <td>5</td> </tr> </table> <p>Policies and procedures are in place in school to address the following concerns:</p> <ul style="list-style-type: none"> • Emergency medication availability, storage and administration • Student may self-carry if student is responsible and policy is in place • Accommodations necessary on field trips or during extra-curricular activities • Plan in place in the event that the nurse is not available <table border="1"> <tr> <td>Not in place</td> <td>Consistently employed</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>3</td> <td>4</td> </tr> <tr> <td>5</td> <td>5</td> </tr> </table>	Never	Consistently	1	2	3	4	5	5	Never demonstrated	Consistently demonstrated	1	2	3	4	5	5	Not in place	Consistently employed	1	2	3	4	5	5
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Not in place	Consistently employed																								
1	2																								
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Anaphylaxis Event and/or Epinephrine Administration Review

Houston Independent School District

Name of School: _____

Student _____

Gender: M F Diagnosis/history of asthma: Yes No

Date/Time of occurrence: _____ Known allergen(s): _____

Trigger that precipitated this allergic episode: _____

Initial Vital Signs: Pulse _____ Respiratory Rate: _____ BP _____

Skin or Mouth Itching/Rash: Yes No Nausea, Abdominal cramps or pain, vomiting: Yes No Shortness of breath, labored breathing, wheezing or stridor: Yes No

Other Symptoms: _____ Location

of student when symptoms developed: _____ Location of student

when Epinephrine Auto-injector administered: _____ Epinephrine Auto-injector

administered by: _____

First Dose: Location of injection: Right Thigh Left Thigh Dose: 0.3mg 0.15mg

Time: _____

Second Dose: Location of injection: Right Thigh Left Thigh Dose: 0.3mg 0.15mg

Time: _____

Antihistamine Administered? Yes No Name/Dose: _____ Time: _____CPR performed: Yes No

Approximate time between onset of symptoms and administration of Epinephrine: _____

Section completed by: _____ Date: _____
(Please print)**Disposition:**Transferred to ER: Yes No Discharged after _____ hours.Hospitalized: Yes No Discharged after _____ days.**Outcome:**

Recommendations for changes/improvements to current policy or procedures:Debriefing meeting? Yes No Section completed by: _____ Date: _____
(Please print)

APPENDIX D

SAMPLE LETTERS

Sample Food Allergy Letter for Classmates and Parents

- With consent from the parent of the child who suffers from Food Allergy a letter may be sent home to the parents of classmates to alert them of that child condition..
- The letter should be on school stationary be signed by the nurse or principal designee and include an acknowledgement signature line.

SAMPLE

Date:

Dear Parents,

This letter is to inform you that a student in your child's classroom has a severe peanut/nut allergy. Strict avoidance of peanut/nut products is the only way to prevent a life threatening allergic reaction. We are asking your assistance in providing the student with a safe learning environment.

If exposed to peanuts/nuts the student may develop a life-threatening allergic reaction that requires emergency medical treatment. The greatest potential for exposure at school is to peanut products and nut products. To reduce the risk of exposure, the classroom will be peanut/nut free. Please do not send any peanut or nut containing products for your child to eat during snack in the classroom. Any exposure to peanuts or nuts through contact or ingestion can cause a severe reaction. If your child has eaten peanut or nut prior to coming to school, please be sure your child's hands have been thoroughly washed prior to entering the school.

Since lunch is eaten in the cafeteria, your child may bring peanut butter, peanut or nut products for lunch. In the cafeteria there will be a designated peanut-free table or space where any classmate without peanut or nut products can sit. If your child sits at this table with a peanut or nut product, s/he will be asked to move to another table. This plan will help to maintain safety in the classroom while allowing non allergic classmates to enjoy peanut/nut products in a controlled environment. Following lunch, the children will wash their hands prior to going to recess (or returning to the class.) The tables will be cleaned with soap, water and paper towels after each lunch.

We appreciate your support of these procedures. Please complete and return this form so that we are certain that every family has received this information. If you have any questions, please contact me.

X _____
Signature of Principal/Teacher/Nurse

I have read and understand the peanut/nut free classroom procedures. I agree to do my part in keeping the classroom peanut and nut free.

Child's Name: _____

Parent's Signature: _____

Date: _____

Sample Letter for Substitute Teachers, Volunteers, etc.

Substitute teachers are an important link in the school staff. They must be included in the information chain regarding safety measures designed to protect the students with food allergies they supervise.

Substitute teachers must receive written information that the students with food allergies are in the class, information about peanut-free tables or other special modifications, and the resources available if a student has an allergic reaction. Here is a sample letter which teachers can leave with their lesson plans for the substitute:

Dear Substitute Teacher,

The students listed below in this class have severe life-threatening food allergies.

Please maintain the food allergy avoidance strategies that we have developed to protect these students.

Should a student ingest, touch or inhale the substance to which they are allergic, (the allergen), a severe reaction (anaphylaxis) may follow requiring the administration of epinephrine (Epi-pen® /TWINJECT®).

The Food Allergy Action Plan, which states who has been trained to administer epinephrine, is located _____ . Epinephrine is a life-preserving medication and should be given in the first minutes of a reaction.

Student

Allergies

Please treat this information confidentially to protect the privacy of the students. Your cooperation is essential to ensure their safety. Should you have any question please contact the school nurse, or the principal.

Classroom teacher

APPENDIX E

PART I

OUTLINE OF TRAINING PROGRAM FOR UNLICENSED SCHOOL PERSONNEL TO ADMINISTER EPINEPHRINE BY AUTOINJECTOR IN LIFE-THREATENING SITUATIONS

PURPOSE: To provide unlicensed school personnel with basic knowledge and skills to administer epinephrine by auto-injector in a life-threatening situation.

INSTRUCTOR: School Nurse or Physician

TIME: Two hours

OBJECTIVES: Upon completion of the training the participants will 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 the epinephrine is prescribed;
- accurately read and interpret the IHP, Food Allergy Action Plan, and emergency medication administration plan;
- correctly follow directions on the medication administration plan;
- accurately read the epinephrine label and follow directions from the label;
- administer epinephrine by auto-injector;
- safely handle epinephrine in an auto-injector;
- accurately describe the school's plan for responding to emergencies;
- access resources appropriately, including emergency medical services, school nurse, parents and physician.

CONTENT: School nurse and parents, if possible, shall meet with the selected unlicensed school personnel to explain:

- (a) the student's allergy;
- (b) past reactions and associated symptoms; and
- (c) measures taken to reduce exposure to the allergens in the school setting and off-campus activities. (See Part II for introduction to the student.)

Describe common causes of allergic emergencies.

Explain use of epinephrine.

How it works: Epinephrine is the treatment of choice for allergic emergencies because it quickly constricts blood vessels, relaxes smooth muscles in the lungs to improve breathing, stimulates the heartbeat, and works to reverse hives and swelling around the face and lips.

Effects of the injection begin to wear off after 10 to 20 minutes; therefore immediate activation of the emergency medical system (911 or, if not available, the local community's emergency medical response system) is essential.

How to handle and store epinephrine: The auto-injector is quite durable, but may be damaged if mishandled. It is stable at room temperature until the marked expiration date. It should not be refrigerated, frozen or exposed to extreme heat or sunlight; light and heat cause it to oxidize and go bad, turning brown. Before using, make sure the solution is clear and colorless; if brown, replace immediately. NOTE: Accidental injection into the hands or feet may result in loss of blood flow to the affected area and will require immediate treatment in the Emergency Room.

After use, place auto-injector in an impermeable container, if available, and give to Emergency Medical personnel to take to the Emergency Room. Inform them of the time of injection.

HOW TO ADMINISTER:

Check to identify: right student (e.g., use photo on student's emergency plan)
 right medication*
 right dose*
 right route
 right time (based on student's symptoms, e.g., hives spreading over the body, wheezing, difficulty swallowing or breathing, swelling in face or neck, tingling/swelling of tongue, vomiting, signs of shock such as extreme paleness/gray color, clammy skin, loss of consciousness or any other child specific known symptoms).

PLEASE NOTE: Epinephrine is available in two different dosages: 0.3mg (1: 1000) and 0.15mg (1: 2000)

Practice with the specific auto-injector trainer that corresponds with the auto-injector provided by the specific student. Refer to specific manufacturer's instructions.

CAUTION: Accidental injection into the hands or feet may result in loss of blood flow to the affected area. Seek treatment immediately in the nearest Emergency Room.

Review emergency plan of school

Emergency telephone numbers and where posted (EMS, student's parent/guardian, student's physician); emphasize the need to activate immediately in order for student to be further evaluated in an Emergency Room.

Be familiar with names of CPR-certified personnel and where located. Plan for field trips: Trained personnel must take the epinephrine auto-injector on all field trips in which the student is participating. Make sure phone is close by if needed. Keep epinephrine at room temperature.

Question/answer session

School nurse shall complete the competency skill check list for each person trained.

PART II

DEVELOPMENT OF A PARTNERSHIP BETWEEN THE TRAINED UNLICENSED SCHOOL PERSONNEL AND THE STUDENT WITH AN ALLERGIC CONDITION

PURPOSE: To provide the student and unlicensed trained school personnel with an opportunity to develop a relationship prior to an emergency situation and to encourage the student to begin to learn responsibility for managing his/her own health care. This process will continue to engage the parent and student as working partners in the health team.

TIME: One hour.

OBJECTIVES: Upon completion of the introductory session and appropriate to his/her developmental level, the student will:

1. Have met the trained school personnel and they will know how to identify each other; have an opportunity to identify to the unlicensed school personnel what allergens precipitate a reaction and the symptoms experienced and understand:
 - (a) the support system available to him/her.
 - (b) the responsibility for alerting the teacher/classmates of symptoms.
 - (c) the importance of using Medic-Alert bracelets.
 - (d) and explore possibilities for developing a "buddy system" within his/her class.

CONTENT: Collaborating with the parent and student, as appropriate, the school nurses should:

- facilitate the comfort level of the parent and student, recognizing the importance of such individual factors as:
 - (a) whether the family has understood and accepted the student's condition,
 - (b) age of the student,
 - (c) level of anxiety/fear, and
 - (d) relationship with the school nurse and trained unlicensed personnel;
- review the location of the auto-injectors and back-up supplies;
- Identify and discuss the symptoms; (Based on the age of the student, a picture or word showing the foods or insects precipitating an allergic reaction may be given to the student to wear so that a visual connection may be made.)
- Explore the possibility of teaching the student's classmates and teacher about allergic responses and developing a "buddy system" for responding to an emergency.

OTHER SUGGESTIONS:

Training:

Provide a periodic refresher course, at a minimum of twice a year, for any unlicensed staff trained to administer epinephrine by auto-injector in a life-threatening allergic reaction.

Implement a periodic anaphylaxis drill similar to a fire drill as part of the periodic refresher course. (During the anaphylaxis drill a student may be identified as theoretically having a life-threatening allergic reaction and staff will be expected to take the appropriate actions, e.g., locating the epinephrine, describing how they would give it in an emergency, describing whom they would notify, including the number for the emergency response team, etc.)

Storage:

If the epinephrine auto-injector is to be useful in the time of an emergency, it needs to be stored in a clearly visible location and have the student's name on it or it may be carried by the student if appropriate. The location of the auto-injector and back-up auto-injector should be written in the health care plan. All staff trained in its use should know exactly where it is located.

The location should be determined based on the anticipated needs of the student. A plan must be in place stating who obtains it while the trained staff member stays with the student.

Key staff members such as the teacher, principal, cafeteria staff, etc., should know where the auto-injector is stored even if they are not trained to administer it.

Emergency Response Preparation:

Suggested numbers of school staff trained in cardio-pulmonary resuscitation (CPR) include a minimum of 2 per school building.

Names of CPR-trained staff members should be available to all faculties in the school. Inform local emergency medical respondents of the possible need for their rapid response to students at risk for life-threatening allergic reactions. Provide EMS personnel with the address and the location of school entrances. Identify a school staff member to be responsible for meeting EMS at entrance and leading them to the student with the reaction. Clearly mark telephones with emergency response phone numbers as well as how to access an outside line. (E.g. 9-911)

Training Materials:

The School Food Allergy Program includes a video, training manual, poster, etc. (The cost is \$75.00 plus \$9.50 shipping and handling.) It may be ordered from The Food Allergy Network, 10400 Eaton Place, Suite 107, Fairfax, VA 22030 (1-800-929-4040). Other booklets and videos about food allergies ("Alexander: The Elephant Who Couldn't Eat Nuts" and "It Only Takes One Bite") are available.

EpiPen Trainers, EpiPen Brochures are available at no cost from:

Dey Laboratories
2751 Napa Valley Corporate Drive
Napa, CA 94558
(1-800-755-5560) or (1-800-869-9005)

TwinJect Trainers, TwinJect Brochures are available at no cost from:

Shionogi Pharma, Inc.
5 Concourse Pkwy.
Suite 1800
Atlanta, Georgia 30328
(800) 461-3696

EPINEPHRINE COMPETENCY SKILL CHECK LIST

Name and Title of Staff Person: _____

The following competencies have been demonstrated by staff person:

States the responsibilities of the school nurse for training and supervision _____

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 _____

Identify 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 emergency medical services, school nurse, student's parents (or other persons), student's physician _____

Comments:

Signatures: Supervised by _____ RN

Staff Person _____

Date: _____

APPENDIX F

Medication Administration and Emergency Care

Pupils who are not contagious, on long-term preventive medication, or medication for a prolonged period of time, which cannot under any arrangement be administered other than during school hours, may take medication in school under the following restrictions:

A physician must state in writing the diagnosis, whether the pupil is infectious and that the pupil should have a certain medication during school hours. He/she should describe the type of preparation, color, quantity, and frequency of administration. The appropriate form (SAP 1211 or SAP 317) must be signed by the physician and parent and on file before any medication may be given. This form must be renewed at the beginning of each school year.

- A. The school principal will designate the person to administer medication; the assigned school nurse must in-service those persons as to the specific mode of administration and toxicity of the drug.
- B. Parent consent signature must be available and on file.
- C. Physician's orders may not be altered in any way by school personnel without written permission of the physician. Discontinuation of the medication is permissible upon verbal order of the physician.
- D. A record of administration of each dose by school personnel must be documented and on file.
- E. Medication shall not be administered for school personnel. (5-14-81)7-11-91 [Texas Education Code 21.905]
- F. The medication should be brought to the school in the original container by the parent. The student should not carry the medication with him/her or administer it to himself/herself except as allowed by SPM 6302.2. Medication must be counted when received or returned.
- G. All medications must be kept in a locked place that is not easily accessible either to students or to others in the building. **Exception:** anaphylaxis medication must be accessible, secure, and unlocked. See also "Self Administration of Prescription Asthma or Anaphylaxis medication – Appendix G.

- H. Each student's medication should have affixed a prescription label including the name, the name of the medication, and the directions concerning dosage. Instructions about the duration of the medication period should be included.
- I. The school nurse should give at least the first dose of any medication and explain to teachers possible side effects.
- J. When the duration of medication is completed, unused portions of the drugs should be returned to the parent. The medication is counted when returned.
- K. At the end of the school year, all medication should be returned or destroyed. If unable to locate a parent due to moving or etc., a witness must observe and witness the destroying of the medication.
- L. All medication dispensing must be renewed each school year with (written) permission from the physician and the parents, and a new permission form signed.
- M. Injectable medications may be given at school only when the family physician addresses a written request for this service to the Director of Health and Medical Services, giving detailed information concerning the administration of the medication and follow-up. Parents shall be instructed to furnish sterile, disposable syringes and needles which will be returned to the parent for disposal after use.

Before any medication can be given, form 1211 (Policies Governing Administering Medication during School Hours) or 317 (Policies Governing Self-Administration of Prescription Asthma Medicine while on School Property or a School Related Activity) must be on file. If all required information is received and signed by the physician it may be attached to this form and sent to the parent for signature. A record must be kept of every medication dispensed and the supervising person should initial the record. Such a record may be kept in a notebook or in a sheet attached to the wall where the medication is stored. Any mistake duplication of dosage will thus be avoided.

See HISD Board Policy FFAC [legal] and local- Medical Treatment pertaining to the administration of medication.

APPENDIX G

UNDERSTANDING THE LAW AS IT RELATES TO STUDENTS WITH FOOD ALLERGIES

§ 38.015. Self-Administration of Prescription Asthma or Anaphylaxis Medicine by Students

In 2006, the Texas Legislature passed a law, entitled “Self-Administration of Prescription Asthma or Anaphylaxis Medicine by Students.” See TEX. EDUC. CODE § 38.015 (Vernon’s 2008).

Under this statute, a student may carry, and self-administer, a prescribed epinephrine auto-injector device.

The statute is as follows:

(a) In this section:

- (1) “Parent” includes a person standing in parental relation.
- (2) “Self-administration of prescription asthma or anaphylaxis medicine” means a student's discretionary use of prescription asthma or anaphylaxis medicine.

(b) 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:

(C) 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 for 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.

(c) The physician's statement must be kept on file in the office of the school nurse of the school the student attends or, if there is not a school nurse, in the office of the principal of the school the student attends.

(d) This section does not:

(1) waive any liability or immunity of a governmental unit or its officers or employees; or

(2) create any liability for or a cause of action against a governmental unit or its officers or employees.

(e) The commissioner may adopt rules and prescribe forms to assist in the implementation of this section.

§38.0151 Policies for Care of Certain Students at Risk for Anaphylaxis

In 2011, the 82nd Texas Legislature passed a law, entitled "Policies for Care of Certain Students at Risk for Anaphylaxis." See TEX. EDUC. CODE §38.0151.

The law relates to policies of school districts and open-enrollment charter schools for the care of certain students at risk for anaphylaxis.

The Statute is as follows:

Senate Bill 27 was enacted during the 82nd Texas Legislative Session requiring each school district and the governing open-enrollment charter school to adopt and administer a policy for the care of students with a diagnosed food allergy at risk for anaphylaxis based on guidelines developed by an ad hoc committee appointed by the commissioner of state health services.

Legal Concerns and Liability

Federal Law entitles students with disabilities have the same rights and privileges, and the same access to benefits, such as school meals, as nondisabled students. Consequently, schools which

do not make appropriate program accommodations for students with disabilities could be found in violation of federal civil rights laws.

School administrators and nutrition staff should be aware of two issues involving liability: (1) the school's responsibility for providing program accommodations for students with disabilities and (2) the question of personal responsibility in cases of negligence. These two issues are discussed below.

A. School Responsibility to Make Accommodations

Section 504 - Rehabilitation Act of 1973

Section 504 of the Rehabilitation Act of 1973 specifically mandates that

“...no otherwise qualified individual with a disability shall solely by reason of his or her disability be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”

This mandate has been incorporated in 7 CFR Part 15b, USDA regulations implementing this law, as well as the Department of Education's Section 504 regulation at 34 CFR Part 104. Thus, schools receiving Federal funding must make accommodations to enable students with disabilities to participate in the child nutrition programs.

B. Individuals with Disabilities Education Act

The Individuals with Disabilities Education Act (IDEA) assists States and school districts in making a “**free appropriate public education**” available to eligible students.

Under IDEA, a “free appropriate public education” means special education and related services provided under public supervision and direction, in conformity with an individualized education program, at no cost to parents.

A student who has a food allergy and who is making effective educational progress in the regular education program, does not need a special education evaluation, an IEP, or special education services. Whether such a student is in regular education or special education, however s/he has the right to have the school make reasonable accommodations for his/her disability, under section 504 (discussed above) and the ADH (discussed next page).

American with Disabilities Act - Title II

Title II of the Americans with Disabilities Act (ADA), enacted in 1990, prohibits discrimination against qualified individuals with disabilities in state and local government programs and services, including public schools.

In this respect, the ADA tracks the requirements of Section 504, prohibiting discrimination on the basis of disability by programs receiving Federal funding, such as reimbursement under the school meal programs.

Title II of the ADA does not impose any major new requirements on school districts because the requirements of Title II and Section 504 are similar. Virtually all school districts receive Federal financial assistance and have been required to comply with Section 504 since the 1970's.

Americans with Disabilities Act - Title III

Title III of the ADA extends requirements for public accommodations to privately owned facilities.

Thus, all private schools participating in the federally funded child nutrition programs must make accommodations to enable children with disabilities to receive school meals.

USDA Federal Regulation - 7 CFR 210.10

(1) Exceptions for medical or special dietary needs. Schools must make substitutions in lunches and afterschool snacks for students who are considered to have a disability under 7 CFR part 15b and whose disability restricts their diet. Schools may also make substitutions for students who do not have a disability but who cannot consume the regular lunch or afterschool snack because of medical or other special dietary needs. Substitutions must be made on a case by case basis only when supported by a statement of the need for substitutions that includes recommended alternate foods, unless otherwise exempted by FNS. Such statement must, in the case of a student with a disability, be signed by a physician or, in the case of a student who is not disabled, by a recognized medical authority.

Texas Education Code Section 22.0511- Immunity from Liability

(a) A professional employee of a school district is not personally liable for any act that is incident to or within the scope of the duties of the employee's position of employment and that involves the exercise of judgment or discretion on the part of the employee, except in circumstances in which a professional employee uses excessive force in the discipline of students or negligence resulting in bodily injury to students.

The definition of "Professional Employee" in reference to legal immunity can be found on line at (<http://www.statutes.legis.state.tx.us/Docs/ED/htm/ED.22.htm#22.0511>) and is defined by the Texas Constitutions and Statutes as:

Sec. 22.051.DEFINITION; OTHER IMMUNITY. (a) In this subchapter, "professional employee of a school district" includes:

- (1) a superintendent, principal, teacher, including a substitute teacher, supervisor, social worker, counselor, nurse, and teacher's aide employed by a school district;
- (2) a teacher employed by a company that contracts with a school district to provide the teacher's services to the district;
- (3) a student in an education preparation program participating in a field experience or internship;
- (4) a school bus driver certified in accordance with standards and qualifications adopted by the Department of Public Safety of the State of Texas;
- (5) a member of the board of trustees of an independent school district; and
- (6) any other person employed by a school district whose employment requires certification and the exercise of discretion.

Sample Responses to Address Possible Situations Involving Students with Life-Threatening Food Allergies Situation:

Situation: A child has a life-threatening allergy that causes an anaphylactic (allergic) reaction to peanuts. The slightest contact with peanuts or peanut derivatives, such as peanut oil, could be fatal. To what lengths must the food service go to accommodate the child? Is it sufficient for the school food service to avoid obvious foods, such as peanut butter, or must school food service staff research every ingredient and additive in processed foods or regularly post all of the ingredients used in recipes?

Response: The school has the responsibility to provide a "safe" non-allergic meal to the student if it is determined that the condition is disabling. To do so, school food service staff must make reasonable efforts to ensure that all food items offered to the student with allergies must meet prescribed guidelines and are free of foods that are suspected of causing the allergic reaction.

This means that the food labels or food specifications need to be checked to ensure that they do not contain traces of such ingredients. In some cases, the labels will provide enough information to make a reasoned judgment possible. If they do not provide an obvious answer, school food service should take due care to obtain the necessary information so that no allergic substances are present in the food served.

In some cases, it may be necessary to contact the supplier or the manufacturer. Private organizations, such as the Food Allergy and Anaphylaxis Network, may also be consulted for information and advice. It is also wise to check with parents about certain foods and even provide them with advance copies of menus.

The general rule in these situations is to exercise caution at all times. Do not serve foods to students at risk for anaphylactic reactions if you do not know what is in the foods. It is important to recognize that a student may be provided a meal that is equivalent to the meal served to other students, but not necessarily the same meal.

Sometimes it will be advisable to prepare a separate meal "from scratch" using ingredients that are allowed on the special diet rather than serving a meal using processed foods.

RESOURCES

Food Allergy Resource Books

"**The Peanut Allergy Answer Book**," by Michael C. Young, M.D. Fair Winds Press 2001.

"**Caring for Your Child with Severe Food Allergies**," Lisa Cipriano Collins. John Wiley&Sons, 2000.

"**The Parents Guide to Food Allergies**," Marianne S. Barber. Henry Holt and Company, 2001.

Food Allergy & Anaphylaxis Network - FAAN (offers a variety of pamphlets, books, school and daycare programs, and videos. e-mail faan@foodallergy.org or www.foodallergy.org Tel # (800)929-404. (FAAN is now FARE)

"**Special Diet Solutions**" and "Special Diet Celebrations," Carol Fenster, Ph.D. Savory Palate, Inc 1999.

"**No Nuts for Me**," Aaron Zevy. Tumbleweed Press, 1995 Food Allergy Resources

Food Allergy Resources

Food Allergy Research and Education (formerly FAAN)

11781 Lee Jackson Hwy, Suite 160
Fairfax, VA 22030-2208
Phone: (800) 929-4040 Fax: (703) 691-2713
<http://www.foodallergy.org>

American Academy of Allergy, Asthma, and Immunology (AAAAI)

611 Wells St.
Milwaukee, WI 53202
Phone: (414) 272-6071 Toll Free: (800) 822-2762 Fax (414) 272-6070
Web Site: www.aaaai.org

American College of Asthma, Allergy and Immunology

85 West Algonquin Rd
Arlington Heights, IL 60005
Phone: (847) 427-1200
Web site: <http://allergy.mcg.edu>

American Academy of Pediatrics

141 Northwest Point
Elk Grove Village, IL 60007
Phone: (847) 434-4000 Fax: (847) 434-8000
<http://www.aap.org>

MedicAlert

2323 Colorado Ave

Turlock, CA 95382

Phone: (800) 4325378

<http://www.medicalert.org>**Texas Department of State Health Services**

Child Health and Safety Branch

School Health Program

1100 West 49th Street

Austin, Texas 78756-3199

Website: www.dshs.state.tx.us/schoolhealth/default.shtm

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TASK FORCE

The Life-Threatening Food Allergies in Schools Task Force:

A collaboration of Houston Independent School District, Massachusetts Department of Education, The Asthma and Allergy Foundation of America/New England Chapter, the Massachusetts School of Nurse Organization, the Massachusetts Committee of School Physicians, and the parents of children with food allergies.

Ms. Evelyn Henry, CRN, MSN, Director of Houston Independent School District Health and Medical Services

Mr. Michael Lade, FAAN Board of Directors Member and parent of a food allergic child

Dr. Carla M. Davis, M.D., Texas Children's Hospital, Baylor College of Medicine, Department of Pediatrics

Ms. Melody Hall, R.N., M.S.N., Nurse Consultant

Ms. Teresa W. Blake, R.N., M.P.H, Asthma Project Manager

Ms. Jennifer Ochoa-Vela, Public Health Educator, C.H.E.S.

Ms. Kelly Swanzy, R.D., L.D., Manager of Nutrition Services

Ms. Amanda Ocegüera, R.D., L.D., Dietician

Ms. Gwen Johnson, R.N., M.ED., Nurse Manager of Houston Independent School District Health and Medical Services

Ms. Sandra Shaw-Austin, R.N., M.ED., Nurse Manager of Houston Independent School District Health and Medical Services