

F O R T   B E N D   I N D E P E N D E N T   S C H O O L   D I S T R I C T

# GUIDELINES | for the Care of Children with Food Allergies At-Risk for Anaphylaxis

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**Fort Bend ISD Guidelines for the Care of Children  
With Food Allergies at Risk for Anaphylaxis**

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## **Fort Bend Independent School District Food Allergy Management Plan**

### **PURPOSE**

The Fort Bend Independent School District School Health Services Food Allergy Management Plan will enable all staff to participate and collaborate with students, family members, and primary care providers to provide best practice standards for the care of students with severe food allergies. This document will be reviewed annually to remain current as new information is provided, treatments change, and new management plans are developed. The management of students with severe food allergies, while in the school setting, will include allowing the student to participate in academic, non-academic and extracurricular school activities. Although the school cannot guarantee a food allergen-free environment, attempts as outlined in this document will be made to allow for safety throughout the day.

### **OBJECTIVES**

1. To comply with state and federal laws that protect children with severe food allergies, including but not limited to:

A. State Legislation

- Texas Education Code:
  - a. Chapter 22, Section 22.052
  - b. Chapter 25, Section 25.0022
  - c. Chapter 38, Section 38.015
  - d. Chapter 38, Section 38.0151
  - e. Chapter 38, Section 38.017
- Texas Family Code, Chapter 32, Section 32.001-32.003
- Texas Administrative Code Title 4, Part 1, Chapter 26, Subchapter A (Texas Public School Nutrition Policy).



B. Federal Legislation:

- Section 504 of the Rehabilitation Act of 1973, which is enforced by the Office for Civil Rights (OCR) in the US Department of Education
- The Americans with Disabilities Act Amendments of 2008 Individuals with Disabilities Education Act
- United States Department of Agriculture Public Law 111-296
- FERPA Family Educational Rights and Privacy Act of 1974 (20 U.S.C. Section 1232)
- The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy and Security Rules

2. To share district-wide, a set of practices, to ensure a safe learning environment for students with anaphylaxis.

3. To ensure all staff are made aware of severe food allergies, recognize signs and symptoms in a timely manner and respond appropriately.

4. To identify students with severe food allergies by requesting food allergy disclosure from parent/guardian upon enrollment.

5. To initiate planning after the identification of a student with severe food allergies. Once identification of the student with severe allergies is made, the school nurse will initiate the process of coordinating the development of a plan, communication with parent, health care professionals, staff who have contact with student, transportation, implementation of plan, and training.

6. To ensure independence as determined by the health care professional, parent, student, and school nurse. The student may carry and self-administer epinephrine, provided District medication protocols are followed. The student must show proper technique and maturity level needed to carry and self-administer epinephrine. All parties must be in agreement and a physician's order for student to carry and administer epinephrine must be on file and current. The [Permit to Carry Asthma and Anaphylaxis Emergency Medication](#) form is available on the Fort Bend ISD website or from the school nurse.

7. To provide ongoing development of best practice by providing a review of all procedures in the event anaphylaxis occurs.

8. To ensure a positive learning environment, free of interruption or ridicule due to food allergy diagnosis. Bullying issues will be addressed by the counselor and administrative staff.

## BACKGROUND

In response to the increase in students with diagnosed food allergies at risk for anaphylaxis, Senate Bill 27 (2011, 82<sup>nd</sup> Legislative Session) amends Chapter 38 of the Texas Education Code by adding Section 38.0151. This section requires the board of trustees of each school district to adopt and administer a policy for the care of students with **diagnosed food allergies** at risk for anaphylaxis. This policy requires each school district to develop and implement a student food allergy management plan which includes training for employees on allergies and anaphylaxis, general strategies to reduce the risk of exposure to common food allergens, methods for requesting specific food allergy information from parents of students with diagnosed food allergies, implementation of food allergy action plans, and an annual review of the district's management plan.

## INTRODUCTION

A *food allergy* is an abnormal response to a food, triggered by the body's immune system (What Is Food Allergy?, 2010). Symptoms of a food induced allergic reaction may range from mild to severe and may become life threatening. Reactions vary with each person making the severity of an allergic reaction to each exposure unpredictable. Eight foods account for over 90 percent of allergic reactions in affected individuals: *milk, eggs, peanuts, tree nuts, fish, shellfish, soy, and wheat* (Sampson, 2004; Sicherer, 2002). Although most allergic reactions are attributed to these eight foods, any food has the potential of causing a reaction. In addition, school settings may contain non-food items such as arts and crafts materials, which contain trace amounts of food allergens. There is no cure for a food allergy. Strict avoidance of the allergens and early recognition and management of allergic reactions are important to the safety of children with food allergies at risk for anaphylaxis.

Children spend up to 50 percent of their waking hours at school, and foods containing allergens are commonly found in schools. Thus, the likelihood of allergic reactions occurring in schools is high (Sheets, 2004). Studies show that 16-18 percent of children with food allergies have had allergic reactions to accidental ingestion of food allergens while in school. Moreover, food-induced anaphylaxis data reveals that 25 percent of anaphylactic reactions in schools occur among children without a previous food allergy diagnosis (Sicherer S. , 2010; Nowak-Wegrzyn, 2001).

**Anaphylaxis** is defined as “a serious allergic reaction that is rapid in onset and may cause death” (Simons, 2008). Anaphylaxis includes a wide range of symptoms that can occur in many combinations and is highly unpredictable. The signs and symptoms of an allergic reaction (anaphylaxis) usually involve more than one body system. The mouth, throat, nose, eyes, ears, lung, stomach, skin, heart, and brain can all be affected. **The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock, which is potentially fatal.**

**Treatment of Anaphylaxis** – Epinephrine is the first-line treatment in cases of anaphylaxis. It is a quick acting hormone that helps to reverse symptoms of an allergic reaction by opening airways, improving blood pressure, and accelerating heart rate. In approximately one third of anaphylactic reactions, the initial symptoms are followed by a delayed wave of symptoms two to four hours later. Therefore, it is imperative that following the administration of epinephrine, the student be transported to a hospital even if symptoms appear to have resolved.

With the increasing prevalence of food allergies in the past two decades, care of students with life-threatening allergies has become a major issue for school personnel (Sheets, 2004). Currently, management of food allergies consists of educating children, parents, care givers, and school personnel in strict avoidance of the food allergen. Education also includes recognizing the signs and symptoms of an allergic reaction, and initiating emergency treatment in case of an unintended ingestion or exposure. In order to address the complexities of food allergy management in schools, it is important that students, parents/caregivers, and school personnel work cooperatively to create a safe and supportive learning environment (National School Boards Association, 2011).



## DEFINITIONS

1. In accordance with state guidelines, and for the purpose of these procedures, the following definitions will apply.
  - A. ALLERGIC REACTION - An immune-mediated reaction to a protein. Allergic reactions are not normally harmful.
  - B. SEVERE FOOD ALLERGY - An allergy that might cause an anaphylactic reaction.
  - C. ANAPHYLACTIC REACTION - A serious allergic reaction that is rapid in onset and may cause death.
  - D. FOOD ALLERGY MANAGEMENT PLAN (FAMP) - A plan developed and implemented by the District that includes general procedures to limit the risk posed to students with food allergies and specific procedures to address the care of students with a diagnosed food allergy who are at risk for anaphylaxis.
  - E. FOOD ALLERGY ACTION PLAN (FAAP) - A personalized emergency plan written by a health-care provider that specifies the delivery of accommodations and services needed by a student in the event of a food allergy reaction.
  - F. EMERGENCY ACTION PLAN (EAP) - A personalized emergency plan written by a health-care provider that specifies the delivery of accommodations and services needed by a student in the event of a food allergy reaction.
  - G. INDIVIDUALIZED HEALTHCARE PLAN (IHP) – A plan written by the school nurse based on orders written by a health-care provider, which details accommodations and/or day to day nursing care for managing the student’s food allergy.

## ORGANIZATION

Each campus will have a food allergy management team (FAMT). The campus registered nurse is the point of contact for the management of students at risk for anaphylaxis and will work in collaboration with the FAMT to reduce the risk for students with the potential for anaphylaxis. Members of the team may include, but are not limited to:

- The School Nurse
- Campus Administrator
- Campus Counselor
- Classroom Teacher
- Cafeteria Manager
- Head Custodian
- Transportation Representative





## General Guidelines for the Care of Children with Severe Food Allergies

### IDENTIFICATION OF A STUDENT WITH SEVERE FOOD ALLERGIES

In accordance with Texas Education Code (TEC) Chapter 25, Section 25.0022, Fort Bend ISD requests to be notified by the parent or guardian when a student has been diagnosed with a food allergy, especially those allergies which could result in dangerous or possibly life-threatening reactions either by inhalation, ingestion, or skin contact with a particular food. The district can promote the safety of students with food allergies at risk for anaphylaxis when provided with this information. The [Request for Food Allergy Information](#) form is available on the Fort Bend ISD website or from the school nurse.

- The form includes student's name, allergen, and nature of reaction.
- The information will be reviewed by the school nurse.
- The form is stored in the student's permanent record.
- The diagnosis of a severe food allergy is not documented in the student health history until documentation from a health care provider is received.
  
- The United States Department of Agriculture regulations (Texas Department of Agriculture, 2011) require substitutions or modifications in school meals for children whose disabilities restrict their diets. The Fort Bend ISD Child Nutrition Department in collaboration with the parents and school nurse will follow their policy for medical documentation for dietary modifications or substitutions. Any request for dietary modifications or substitutions requires a signed physician's statement for a diagnosed food allergy and must be completed by the parent /guardian with the Child Nutrition staff. The statement must identify:
  - The student's disability;
  - An explanation of why the disability restricts the student's diet;
  - The major life activity affected by the disability; and
  - The food or foods to be omitted from the student's diet and the food or foods that must be substituted.
- The [Diet Change Request Form](#) is available on the Fort Bend ISD website, from Child Nutrition, or the school nurse.
- Site-based Food Service Managers will flag the student's account through the point-of-sale system.

## DEVELOPMENT, IMPLEMENTATION, COMMUNICATION, AND MONITORING OF ALLERGY ACTION PLAN AND/OR INDIVIDUALIZED HEALTHCARE PLAN

When the student's severe food allergy, risk of anaphylaxis and/or prescribed epinephrine is disclosed by the parent or guardian, the [Food Allergy Action Plan](#) (FAAP/EAP) should be completed by the **parent and student's physician** and submitted to the school nurse. Parents and guardians can access the FAAP/EAP through the Fort Bend ISD website or school nurse.

*The FAAP/EAP should include:*

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

Upon receipt of the completed *FAAP/EAP*, the school nurse will:

- Meet with the student's parent/guardian to review the *FAAP/EAP* and confirm all consent forms are signed for the administration of medications, including self-administration. Whenever possible this meeting should occur prior to the first day of school, after diagnosis of a severe food allergy, after returning to school following an absence related to the food allergy, and any time there are changes to the student's *FAAP/EAP*.
- Provide the parent with Fort Bend ISD documentation form: Diet Change Request form or direct them to the form located on the Fort Bend ISD website.
- Develop an Individualized Healthcare Plan (IHP) for the student outlining daily care needed in the management of the allergy and emergency care in the event of an allergic reaction.
- Provide and familiarize all appropriate staff having contact with students with life-threatening food allergies a copy of the student's *FAAP/EAP*.
- Conduct in-service training and education for appropriate staff regarding a student's life-threatening food allergy.
- Track in-service attendance of all involved parties to ensure they have been trained.
- Enter the disclosed allergy as a "Health Condition" in the electronic health record and add an electronic alert in the "Alert Box" area as needed in Skyward.
- Collaborate with the campus Section 504 or Special Education representative to determine if need exists.
- Notify the campus cafeteria manager of disclosed food allergies.

## TRAINING FOR STAFF ON FOOD ALLERGIES, ANAPHYLAXIS, AND EMERGENCY RESPONSE

- All staff will receive annual *Level I* general awareness training through web based training and/or an individual campus nurse. This training will cover the following subjects:
  - Most common food allergens
  - The difference between a food allergy and food intolerance
  - Signs and symptoms of a food allergy and anaphylactic response
  - Importance of environmental controls
  - How to implement the *Food Allergy Action Plan*
  - Proper technique for administering an epinephrine auto-injector.
    - The nurse will conduct a skills check on each employee identified as “Designated Staff.”
  - Notification of the local EMS
- An annual, more comprehensive *Level II* training will be provided for “Designated Staff” by the school nurse. **Designated staff includes any staff member who is responsible for the direct care of a student with severe food allergies.** This training will cover the following subjects:
  - More comprehensive Level I information
  - Identifying students at risk for anaphylaxis
  - Proper technique for the administration of an epinephrine auto-injector
  - Planning for students who do not have epinephrine at school
  - Implementation of *Food Allergy Action Plan*
  - Environmental control factors, including hand washing
  - Emergency protocol
  - Post exposure review

## **REDUCING THE RISK OF EXPOSURE THROUGH ENVIROMENTAL CONTROLS**

Children at risk for anaphylaxis should not be excluded from classroom based activities based on their food allergies. Therefore, it is important to identify areas in the school and implement strategies to limit exposure to food allergens.

The FAMT will develop campus, classroom, and individual strategies that promote safety for children with food allergies at risk for anaphylaxis in the following areas, including, but not limited to:

- The cafeteria
- Classrooms
- Hallways
- Common areas
- On the bus
- Off campus
- Before and after school events

Environmental controls may include consideration of the following:

- Limit, reduce or eliminate allergy food from the classroom or other areas.
- Notify and educate school staff and parents of the need to limit foods as needed on campus, in the classroom or at school sponsored events.
- Notify substitute teacher of identified student's food allergy and any measures for emergency care in the teacher substitute folder.
- Notify parents of the severe food allergy in reference to parent provided snacks and school related events/parties where food will be served.
- Place identification of "food allergy" in high risk areas if deemed appropriate by parents, school nurse, principal and other involved staff.
- Educate students regarding food allergies and the importance of not sharing food, snacks, drinks or utensils.
- Reinforce proper hand washing techniques before and after eating using soap and water.
- Assign trained staff in epinephrine use to be present in the food service area as appropriate.
- Provide ready access to epinephrine in an accessible, secure unlocked area.
- Review transportation, exposure at extracurricular activities, field trips, during after school programs and sporting events. Eliminate or minimize possible exposure sources with the same measures used above.
- Reinforce rules and expectations about bullying.



- Follow appropriate cleaning protocols on campuses, with special attention to identified high-risk food allergy areas (e.g., cafeteria tables).
- Student prescribed epinephrine auto-injectors will be taken on field trips and school sponsored off-campus activities. Emergency procedures will be followed during these activities.
- The Fort Bend ISD Transportation Department strictly prohibits students from eating or drinking on regularly scheduled routes. Exceptions are made only to accommodate special needs under federal or state law or district policy (e.g., foods needed for life-threatening health conditions) Drinking water in plastic containers is allowed during extremely hot weather. Drivers should not eat, drink, or have food or drink visible when students are onboard.
- The Fort Bend ISD Child Nutrition Department does not serve products containing nuts or products manufactured in a plant that produces products containing nuts on elementary campuses.
  - To ensure safe handling and services, the Child Nutrition Department follows standard operating procedures found in the *Hazard Analysis and Critical Control Points*. The Department provides ongoing training and reinforcement of standards of operation. These include but are not limited to:
    - Cross contamination possibility during food preparation and food service.
    - Proper hand washing techniques before and after handling food and food preparation equipment
    - Safe storage of food
    - Proper sanitization protocols
    - Review of proper temperature control of food

## Post Anaphylaxis Reaction Review

- A post exposure review will be held if an anaphylactic event occurs. Information included in this review should include:
  - Identifying, if possible, the source of the allergen exposure and take steps to prevent future exposures.
  - Reviewing accurate and updated information on the allergic reaction, including any new medication(s) which would require new consent forms to be signed by the parents.
  - Identifying and interviewing those involved in the emergency care of the student and those that witnessed the event.
  - Meeting with the FAMT to review administrative procedures.
  - Providing factual information to parents of other classroom students that complies with FERPA law and does not identify individual student.
  - If the allergic reaction is thought to be from food provided by the school food service, working with the school food service department to ascertain what potential food item was served, how to reduce risk in the cafeteria by reviewing food labels, minimizing cross contamination, and other strategies.
  - Reviewing the FAAP/EAP, IHP, and/or the Section 504 plan and amend to address any changes that were made by the student's healthcare provider.
  - If an epinephrine auto-injector was used during the reaction, ensure the parent replaces it with a new one.
  - In the rare event of a fatal reaction, the Fort Bend ISD Crisis Team will be activated to assist the school community in dealing with the death of a student.

**Information concerning the Fort Bend ISD Food Allergy Management Plan will be included in the student-parent handbook and will be available on the Fort Bend ISD Health Services webpage.**

## **APPENDIX A: Guidelines for Family, School, and Student Roles**

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

### **Family Role**

- Notify the school of the child's allergies in accordance with TEC, Chapter 25, Section 25.0022.
- Work with the campus Food Allergy Management Team (FAMT), to review the FAAP/EAP/EAP (provided by the physician or healthcare provider) and discuss accommodations the child will need throughout the school day, including the classroom, the cafeteria, in after-school programs sponsored by the school, during school-sponsored activities, and on the school bus.
- Provide written documentation, instructions, and medications as directed by the physician, using the FAAP/EAP as a guide. Include a photo of the child on a written form.
- Provide properly labeled medications and replace medications after use or on expiration.
- Educate the child in the self-management of their food allergy including:
  - Safe and unsafe food
  - Strategies for exposure to unsafe food
  - Symptoms of allergic reactions
  - How and when to tell an adult they may be having an allergy-related problem
  - How to read food labels (age appropriate)
  - If age appropriate, the importance of carrying and administering their personal asthma and anaphylaxis medications as prescribed
- Review policies/procedures with the school staff, the child's physician, and the child (if age appropriate) after a reaction has occurred.
- Provide emergency contact information and update when needed.
- Provide medical alert identification for student (e.g., bracelet).

## School Role

- Be knowledgeable about and follow applicable federal laws including ADA, IDEA, Section 504, and FERPA and any state laws or district policies that apply.
- Review notification and health records submitted by parents and the physician.
- Include food-allergic students in school activities. Students should not be excluded from school activities solely based on their food allergy.
- Identify a Food Allergy Management Team (FAMT). Members of the team may include, but are not limited to, the school nurse, campus administrator, campus counselor, classroom teacher, cafeteria manager, head custodian, and transportation representative to work with parents and the student to establish a risk reduction plan. Changes to the risk reduction plan should be made in collaboration with the Food Allergy Management Team by campus participation.
- Assure that all staff who interact with the student on a regular basis understands food allergy; can recognize symptoms of an allergic reaction; knows what to do in an emergency, and works with other school staff to eliminate the use of food allergens in the allergic student's meals, educational tools, arts and crafts projects or as incentives.
- Practice the Food Allergy Action Plan before an allergic reaction occurs to assure the efficiency/effectiveness of the plans.
- Coordinate with the school nurse making sure the child's medications are properly stored in an accessible but unlocked cabinet in case of emergency.

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

1. The prescription medicine has been prescribed for that student
2. The student has demonstrated to the student's physician or other licensed health care provider and the school nurse, the skill level necessary to self-administer the prescription medication, including the use of any device required to administer the medication.
3. The self-administration is done in compliance with the prescription or written instructions from the student's physician or licensed health care provider, and
4. A parent of the student provides to the school:
  - a. A written authorization, signed by the parent, for the student to self-administer the prescription medicine while on school property or at a school-related event or activity and
  - b. A written statement from the student's physician or other health care provider, signed by the physician or provider, that states:



### **School Role (continued)**

- i. That the student has asthma or anaphylaxis and is capable of self-administering the prescription medicine;
  - ii. The name and purpose of the medicine;
  - iii. The prescribed dosage of the medicine;
  - iv. The times at which or circumstances under which the medicine may be administered, and
  - v. The period for which the medicine is prescribed.
- Work with the district transportation administrator to assure that the school bus driver training includes symptom awareness and what to do in an emergency should a food allergy reaction occur.
  - Recommend that all buses have communication devices for use in case of emergency.
  - Enforce “no eating” policy on school buses with exceptions made only to accommodate special needs under federal or state law, or district policy.
  - Discuss field trips with the family to decide appropriate strategies for managing the food allergy while the student is on a field trip.
  - Take threats or harassment against any child seriously, including those with a food allergy.

### **Student Role**

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

## **Appendix B: Guidelines for Staff Roles and Responsibilities**

### **School Administration or Designee Role**

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

## **School Nurse Role**

- Develop an Individualized Healthcare Plan (IHP) for the student outlining daily care needed in the management of the allergy and emergency care in the event of an allergic reaction.
- Assure that the FAAP/EAP includes the student's name, photo, allergens, and symptoms of an allergic reaction, risk reduction procedures, emergency procedures and required signatures.
- Arrange and convene a campus food allergy management team meeting (preferably before the opening of school) to develop the plan with all staff who come in contact with the student with food allergies. Members of the team may include, but are not limited to, the principal, teachers, food services personnel, aides, physical education teacher, custodian, and bus driver.
- Familiarize teachers with the FAAP/EAP of their students. Other staff members who have contact with the students should be familiar with their FAAP/EAP on a need-to-know basis
- After the campus food allergy management team meeting, remind parents to review the FAAP/EAP, symptoms and emergency procedures with their child.
- Provide information about students with life-threatening food allergies and their photos (if consent given by parent) to all staff on a need-to-know basis (including bus drivers).
- Conduct training and education to appropriate school staff regarding a student's life-threatening allergens, symptoms, risk reduction procedures, emergency procedures, and how to administer epinephrine auto-injector.
- Implement a periodic anaphylaxis drill
- Educate new personnel and substitute personnel as necessary.
- Track in-service attendance of all involved parties to assure they have been trained.
- Introduce yourself to the student and show him/her how to get to the nurses office.
- Post district's emergency protocol and have available all FAAP/EAP and IHPs in the nurse's office. Post location of auto-injectors. Auto-injectors shall be stored according to Fort Bend ISD guidelines.
- Periodically or at least annually, check medications for expiration dates and notify parents to obtain new medications.
- Discuss with parents the possibility of keeping epinephrine auto-injector in the classroom. This auto-injector can be used on field trips.

### **School Nurse Role (continued)**

- Discuss with parents the possibility of student carrying his/her auto-injector during the school day.
- Arrange for periodic follow-up on a semi-annual basis, or as often as necessary, to review the FAAP/EAP/EAP and IHP.
- Make sure there is a contingency plan in place in the case there is a substitute school nurse.
- Meet with parents on an as needed basis to discuss issues related to plan implementation.
- Instruct staff that a student suspected of experiencing an allergic reaction is to be accompanied by a trained adult to the clinic.
- Provide health education to the food allergic student as needed.

### **Classroom Teacher/Specialist Role**

- Review the FAAP/EAP of any student(s) in your classroom with life-threatening food allergies.
- Develop communication plan with the campus office and/or school nurse.
- Participate in the campus food allergy management team meetings and in-service trainings.
- Keep the student's FAAP/EAP with photo accessible in classroom.
- Be sure volunteers, student teachers, aides, specialists, and substitute teachers are informed of the child's food allergy and take necessary safe guards.
- Leave student information in an organized, prominent and accessible format for substitute teachers and other appropriate staff.
- Coordinate with parent and school nurse to discuss severe food allergies with the class and discuss anaphylaxis in age appropriate terms, with students' and parents' permission.
- Educate classmates to avoid endangering, isolating, stigmatizing, or harassing students with food allergies. Be aware of how the student with food allergies is being treated; enforce school rules on bullying and threats.
- Work with the school nurse to educate other parents about the presence and needs of students with life-threatening food allergies in the classroom (e.g., send parent letter home with students who are in the same class as students having severe food allergies).



### Classroom Teacher/Specialist Role (continued)

- Inform parents and school nurse of any school events where food will be served.
- Consider eliminating or limiting food in classrooms and other learning environments.
- Participate with the planning for student's re-entry into school, after having an anaphylactic reaction.
- Avoid isolating or stigmatizing a student with food allergies and adhere to the district's policy on bullying.
- Consider providing appropriate accommodations to ensure classroom learning is not impacted
- Ensure that a student suspected of experiencing an allergic reaction is accompanied by an adult to the clinic. Do not put a student on the bus if there are any signs or symptoms of an allergic reaction.

### Snack time/Lunch time

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

## **Classroom Teacher/Specialist Role (continued)**

### **Classroom Activities**

- Avoid use of foods for classroom activities (e.g., arts and crafts, counting, science, projects, parties, holidays and celebrations, cooking, and 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 foods.

### **Field Trips**

Collaborate with the school nurse prior to planning a field trip to:

- Ensure FAAP/EAP/ and epinephrine auto-injectors are taken on field trips and outings.
- Ensure functioning two way radio, walkie-talkie, cell phone, or other communication device is taken on field trips.
- Collaborate with parents of students with food allergies when planning field trips.
- Review plans for field trips; avoid high risk places. Consider eating situations on field trips and plan for reduction of exposure to a student's life-threatening food allergy.
- Know emergency procedures
- Invite parents of students at risk for anaphylaxis to accompany their child on school trips, and/or act as a 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 signs and symptoms of life-threatening allergic reactions, trained in use of epinephrine auto-injector and trained in emergency procedures.
- Consider ways to wash hands and encourage hand washing before and after eating (e.g. provision for hand wipes, etc.)

### **Food Service Manager Role**

- Attend the campus food allergy management team meetings.
- Post the FAAP/EAP (with photo of child) in prominent areas of the food service line, with parent permission.
- Review the legal protections for students with life-threatening allergies and ensure that students with severe food allergies that participate in the federally-funded school meal programs are given safe food items as outlined by the physician's signed statement.
- Read all food labels and recheck routinely for potential food allergens.
- Train all food service staff and their substitutes to read product food labels and recognize food allergens.
- Maintain contact information for manufacturers of food products (Consumer Hotline).
- Review and follow sound food handling practices to avoid cross-contamination with potential food allergens.
- Strictly follow cleaning and sanitation protocol to avoid cross-contamination.
- Set up procedures for the cafeteria regarding food allergic students aligning them to the district food allergy management plan.
- After receiving notice from healthcare provider, make appropriate substitutions or modifications for meals served to students with food allergies.
- Plan ahead to have safe meals for field trips.
- Avoid the use of latex gloves by food service personnel. Use non-latex gloves instead.
- Provide advance copies of the menu to parents/guardians of students with food allergies and notification of menu changes. Consider how to provide specific ingredient to parents upon request.
- Take all complaints seriously from any student with life-threatening allergies.
- Be prepared to take emergency action for a student in the cafeteria in the event of an allergic reaction.

### **Custodial Staff Role**

- Thoroughly clean all tables, chairs and floors after each meal using dedicated cleaning supplies.
- Participate in trainings on the identification of allergic reactions to food and emergency response procedures.
- Clean desks, tables and chairs and other surfaces with special attention to designated areas for students with food allergies at risk for anaphylaxis.
- Be aware that individual 504 plans or IHPs may require special cleaning.

### **Transportation Department Role**

- Provide a representative to serve on the campus food allergy management team to discuss implementation of a student's FAAP/EAP.
- Provide training for all bus drivers on identifying the symptoms of life-threatening food allergies.
- Provide functioning communication device for use on the bus or during transporting children with life-threatening food allergies.
- Know local EMS procedures.
- Maintain policy of no consumption of food or drinks on the buses.

### **Coaches and Other On-Site Persons in Charge of Conducting School-Sponsored Activities Role**

- Participate in campus food allergy team meetings to determine how to implement the student's FAAP/EAP.
- Conduct training activities in accordance with school policies and procedures regarding life-threatening food allergies.
- With parent's consent, keep a copy of the FAAP/EAP with a photo of the student with a life-threatening food allergy in an easily accessed place.
- Make certain that an emergency communication device (e.g., walkie-talkie, intercom, cell phone, etc.) is always present.
- At least one or two staff members who have been trained to administer an epinephrine auto-injector should be present.
- Maintain a current auto-injector in a location which is easily accessible.
- Establish emergency medical procedures with EMS
- Clearly identify who is responsible for keeping the auto-injectors and FAAP/EAP for students with life-threatening food allergies.
- If for safety reasons medical alert identification needs to be removed during specific activities, the student should be reminded to place the identification back on immediately after the activity is complete.

## **Appendix C: Resources**

## **Food Allergy Resources**

### **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

[www.aaaai.org](http://www.aaaai.org)

### **American College of Asthma, Allergy and Immunology**

85 West Algonquin Rd

Arlington Heights, IL 60005

Phone: (847) 427-1200

<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>

### **Texas Department of State Health Services**

Guidelines for the Care of Children with Food Allergies At-Risk for Anaphylaxis Phone: (512)

776-7111 or 1-888-963-7111

<https://www.dshs.state.tx.us>

### **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://foodallergy.org>

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