



**CARE FOR THE STUDENT
WITH FOOD ALLERGY
AT-RISK FOR ANAPHYLAXIS
IN THE SCHOOL SETTING**

***Food Allergy Management Plan,
Policy and Procedure***

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Texas Education Code

In response to students with diagnosed food allergies at-risk for anaphylaxis, Chapter 38 of the Texas Education Code, Section 38.0151, requires the Board of Trustees of each school district and the governing body or appropriate officers to adopt and implement a plan for the care of students with diagnosed food allergy at risk for anaphylaxis based on “Guidelines for the Care of Students with Food Allergies At-Risk for Anaphylaxis” as developed by the Commissioner of State Health Services.

School Health Services

New Frontiers Public Schools (NFPS) School Health Services strives to provide its students with quality and comprehensive health care services in the school setting. School Health Service staff are sensitive to the various needs of their students, including those with Food Allergies. It is our goal to provide the students of NFPS with a safe and nurturing environment that will facilitate their learning and support a positive learning environment.



Definition of Food Allergy and Anaphylaxis

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

Signs and Symptoms of an Allergic Reaction

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

SYMPTOMS OF AN ALLERGIC REACTION

The severity of symptoms during an allergic reaction can vary widely. Some of the symptoms of an allergic reaction include:

- Itchy, watery eyes
- Itchy, runny nose
- Sneezing
- Runny nose
- Rashes
- Hives (a rash with raised red patches)
- Stomach cramps
- Vomiting
- Diarrhea
- Bloating
- Swelling
- Redness
- Pain
- Tongue swelling
- Cough
- Throat closing
- Wheezing (a whistling sound when you breathe)
- Chest tightness and losing your breath
- Feeling faint, light-headed or "blacking out"
- A sense of "impending doom"

Some of these symptoms can be sign of a **LIFE-THREATENING ALLERGIC REACTION**.

Chart Source: Allergy and Asthma Foundation of America, www.aafa.org, 2017

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

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

Treatment of Anaphylaxis

Epinephrine is the first-line treatment in cases of anaphylaxis. Other medications have a delayed onset of action. Epinephrine is generally prescribed as an auto-injector device that is relatively simple to use. Anaphylaxis can occur immediately or up to two hours following exposure to an allergen. In approximately one third of anaphylactic reactions, the initial symptoms are followed by a delayed wave of symptoms two to four hours later. This combination of an early phase of symptoms followed by a late phase of symptoms is defined as a biphasic reaction. While initial symptoms respond to epinephrine, the delayed biphasic response may not respond to epinephrine and may not be prevented by steroids.

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

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

FOOD ALLERGY MANAGEMENT PLAN

for the School Setting

Components:

Section I. Policy and Procedure

Section II. Identification of Students with Food Allergies
At-Risk for Anaphylaxis

Section III. The Food Allergy Management Team:
Development, Implementation, Communication and Monitoring of
Emergency Care Plans, 504 plans, and/or Individualized
Health Care Plans for Students with Food Allergies
At-Risk for Anaphylaxis.

Section IV. Reducing the Risk of Exposure Within the School Setting

Section V. Training for School Staff on Anaphylaxis and
Emergency Response to Anaphylactic Reactions

Section VI. Post Anaphylaxis Reaction-Review of Policies and Procedures

Section I. Policy and Procedure

New Frontiers Public Schools has established the following Policy and Procedures in accordance with Chapter 38 of Texas Education Code to address the Care of Students with Food Allergies At-Risk for Anaphylaxis in the school setting. Policy and procedure has been developed to provide guidelines for the care of students with food allergies and to help ensure a safe and nurturing environment that would facilitate a positive learning environment.

Section II. Identification of Students with Food Allergies At-Risk for Anaphylaxis

In accordance with Texas Education Code Chapter 25, Section 25.0022, NFPS will request from all parents or guardians of enrolling/enrolled students, disclosure of whether or not their child has a food allergy or food allergies. Opportunity to disclose the requested information will be provided at the beginning of each school year and is included on the district's Health Form.

- a. The Health Form will be included in the district's enrollment packet and/or distributed to each student with beginning of school year required documents packet (for students already enrolled).
- b. School/Campus Nurse will review the Health Form and identify students whose parent or guardian has indicated a food allergy/allergies for their child by checking the appropriate box on the Health Form.
- c. School/Campus Nurse will attempt to contact the parent or guardian to notify them of the district's Food Allergy Packet that will be sent home by the nurse, with the student or available for pick up in the school clinic. The Food Allergy Packet will inform parents of their responsibilities, the need for necessary medical documentation and provide information on accessing the school menu on the district website.
- d. The district Food Allergy Packet will include documentation which will require the signature of the parent or guardian of the identified student with food allergy/allergies. The document will be required to be returned to the school to verify receipt of the Food Allergy packet by parent or guardian.
- e. Three attempts will be made by the School/Campus Nurse to complete the verification process. The School/Campus Nurse will document and date all attempts appropriately. Should no verification be provided by parent or guardian after the three attempts, the School/Campus Nurse will document that all attempts have been made to verify receipt of the Food Allergy Packet.
- f. Upon identification of the student with food allergy/allergies, the School/Campus Nurse will notify appropriate school staff, i.e., student's teacher, school administrator, cafeteria staff and transportation staff (if applicable).

- g. Copies of the Health Form and/or the student's medical orders, which will include ONLY student's demographics and Food Allergy information will be provided by the School/Campus Nurse to the teacher, cafeteria staff, transportation staff (if applicable) and also be placed in the student's cumulative record (PRC).

Section III.

The Food Allergy Management Team: Development, Implementation, Communication and Monitoring of Emergency Care Plans, 504 plans, and/or Individualized Health Care Plans for Students with Food Allergies At-Risk for Anaphylaxis

Once a student has been identified as having a food allergy/allergies, the School/Campus Nurse will head up the formation of the Food Allergy Management Team (FAMT) for that particular student.

The FAMT will be comprised of the following school staff members:

1. School/Campus Nurse
2. Principal or other School/Campus Administrator and/or Counselor
3. Teacher(s)
4. Itinerant Support Staff (if applicable)
5. Cafeteria Manager and/or other cafeteria staff
6. Transportation Staff (if applicable)
7. Custodial Staff (if applicable)
8. Parent or guardian

The role of the FAMT will be to develop a plan of action for the student with food allergy/allergies that would provide a safe environment for attendance in school. The team will meet and address the following:

1. 504 plan of action (if applicable) to include reducing exposure risks, obtaining medical documentation and/or necessary medication(s), availability of medication(s), staff training in use of emergency medication(s), school meals and/or snacks, the classroom environment, field trips and transportation.
2. Individualized Health Care Plan (established and implemented by the School Nurse)
3. Food Allergy Action Plan (FAAP) in the case of exposure to the food allergen. This plan is to be reviewed at the beginning of each school year or prior to the first day of attendance.
4. Incident reports and follow-up and their documentation.
5. Medication storage (on a case-by-case basis), to support a student's right to self-carry and self-administer prescribed medications (**if authorized by the student's physician**). It is **highly recommended** for students who have proper authorization to carry and self-administer emergency medications for severe allergic reactions to keep a second set of properly labeled emergency medications in the clinic. This is to ensure that the student will have medication available in the event they are unable to locate their personal supply.

Section IV.

Reducing the Risk of Exposure Within the School Setting

When reviewing exposure risks in the school setting:

The Food Allergy Management Team (FAMT) will consider environmental controls to include the following:

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

Responsibilities of the School District:

- Implement appropriate cleaning protocols in the school, with special attention to identified high-risk areas.
- Provide training to the school food service department to reduce the risk of cross-contamination during food preparation and food service, as well as minimizing foods served in the cafeteria that may contain food allergens.
- Provide training on food allergy awareness to teachers and staff, annually.

Responsibilities of School Health Services Coordinator (administrative designee):

- Designee should serve as the point of contact for parents, healthcare providers, campus food allergy management team, if established by the campus, and other school staff.
- Designee should facilitate the development, implementation, and monitoring of comprehensive and coordinated administrative procedures by convening a multi-disciplinary team to develop the district food allergy management plan.
- Consider obtaining standing orders for stock epinephrine for emergency treatment of anaphylaxis.
- Support faculty, staff and parents in implementing the food allergy management plan.
- Coordinate the training and education for faculty and staff regarding:
 1. Food allergies and anaphylaxis
 2. Risk reduction procedures
 3. Emergency procedures
 4. How to administer epinephrine auto-injector in the event of an emergency
- Coordinate training for food service personnel.
- Have a plan in place when there is not a school nurse available.

- Have a plan in place if a child with a food allergy has an anaphylactic reaction and does not have epinephrine at school.

Responsibilities of the School/Campus Nurse:

- Post visual reminders promoting food allergy awareness.
- Prior to entry into school (or for a student who is already in school, immediately after the diagnosis of a life-threatening allergic condition), meet with the student's parents/guardian and develop an IHP and review FAAP.
- Assure that the FAAP includes the student's name, allergens, and symptoms of an allergic reaction, risk reduction procedures, emergency procedures and required signatures.
- Discuss with parents the possibility of student carrying his/her auto-injector during the school day and the need for an additional auto-injector to be kept in the campus clinic in the event the student cannot locate his/her own self-carried injector.
- Arrange and convene a campus food allergy management team (if established) meeting to develop the plan with all staff who come in contact with the student with food allergies, including, but not limited to: the principal, teachers, food service personnel, aides, physical education teacher, custodian, bus driver.
- After the campus food allergy management team (if established) meeting, remind parents to review the FAAP, symptoms and emergency procedures with their child.
- Conduct training and education to appropriate staff regarding a student's life threatening allergens, symptoms, risk reduction procedures, emergency procedures, and how to administer the epinephrine auto-injector.
- Familiarize teachers with the FAAP of their students. Other staff members who have contact with the students should be familiar with their FAAP and be able to intervene if needed.
- Provide information about students with life-threatening food allergies to all staff on a need-to-know basis, including bus drivers.
- Educate new personnel and substitute personnel as necessary.
- Post district's emergency protocol and have available all FAAP and IHPs in the nurse's office. Post location of auto-injectors. Auto-injectors should be placed in an accessible, secure and unlocked location.
- Introduce yourself to the student and show him/her how to get to the nurse's office.
- The RN, with the parents'/guardians' assistance, will assess the child's level of understanding regarding foods to avoid. The RN will reinforce the child's self-management of the food allergy with emphasis on the following:
 - safe and unsafe foods
 - strategies for avoiding exposure to unsafe foods
 - symptoms of an allergic reaction
 - reading food labels for ingredients (age appropriate).
- Provide health education to the food allergic student as needed.

- If a student with severe food allergies has a physician's order to carry their prescribed emergency medication and self-medicate and meets established district policies to do so, the RN will meet with the student to discuss proper management of an allergic reaction. The student must understand and agree to comply with the following:
 - The epinephrine auto-injector or other prescribed medications for a severe allergic reaction is to be kept in the student's or a trained adult's immediate possession (for early morning or late afternoon activities) while the student is on campus or at a school-related activity.
 - In the event the student self-administers an emergency medication or a trained adult administers the same, the RN will be notified immediately. The RN will notify EMS (911), the student's parents/guardians, the student's physician (if requested by the parents/guardians), and a campus administrator.
 - If the allergic reaction occurs during an extracurricular activity and the RN is not on campus, a designated adult will notify EMS (911), the student's parents/guardians, and a campus administrator.
 - The student must be escorted to the clinic by an adult after self-administration of the epinephrine auto-injector or prescribed emergency medication.
- Periodically or at least annually, check medications for expiration dates and notify parents to obtain new medications.
- Arrange periodic follow-up on a regular basis, to review the FAAP and IHP.
- Make sure there is a contingency plan in place in the case there is a substitute school nurse.
- Meet with parents on a regular basis to discuss issues related to plan implementation.
- Ensure that a student suspected of having an allergic reaction is accompanied by a trained adult.

***Please note, due to the Texas Nurse Practice Act, some of the activities below must be carried out by a Registered Nurse, as these activities are beyond the scope of practice of a Licensed Vocational Nurse (LVN).* www.bon.texas.gov/practice/position.html#15.27

LVN Scope of Practice

www.bon.texas.gov/practice/position.html#15.28

RN Scope of Practice

Responsibilities of the Teacher:

- Review the FAAP of any student(s) in your classroom with life-threatening food allergies.
- Develop communication plan with the campus office and/or school nurse.
- Participate in the campus food allergy management team (if established) meetings and in-service trainings.
- Keep accessible the student's FAAP in classroom.
- Be sure volunteers, student teachers, aides, specialists and substitute teachers are informed of the child's food allergy and take necessary safeguards.
- Leave information in an organized, prominent and accessible format for substitute teachers and other appropriate staff.

- Coordinate with parent and school nurse, if available, to provide a lesson plan for food allergies for the class and discuss anaphylaxis in age appropriate terms, with student's and parent's permission.
- Educate classmates to avoid endangering, isolating, stigmatizing or harassing students with food allergies. Be aware of how the student with food allergies is being treated; enforce school rules on bullying and threats.
- Work with the school nurse to educate other parents about the presence and needs of students with life-threatening food allergies in the classroom.
- Inform parents and school nurse, if available, of any school events where food will be served.
- Consider eliminating or limiting food in classrooms and other learning environments.
- Participate with the planning for student's re-entry into school after having an anaphylactic reaction.
- Avoid isolating or stigmatizing a student with food allergies and adhere to the school district's policy on bullying.
- Consider modifying the curriculum to ensure classroom learning is not impacted.
- Ensure that a student suspected of having an allergic reaction is accompanied by an adult. Do not put a student on the bus if there are any signs or symptoms of an allergic reaction.

Snack time/Lunchtime

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

Classroom Activities

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

Field Trips

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

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

Responsibilities of the Campus Administrator:

- Assign staff trained in the administration of epinephrine as monitors in the food service area, as appropriate.
- Reinforce rules and expectations about bullying, including bullying of students with food allergies.

Responsibilities of the Food Service Manager:

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

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

Responsibility of Transportation Department:

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

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

- Participate in campus food allergy management team (if established) meetings.
- Conduct the school sponsored activity in accordance with school policies and procedures regarding life threatening food allergies.
- With parent's consent, keep a copy of the FAAP for the student with a life-threatening food allergy in an easily accessed place.
- Make certain that an emergency communication device is always present.

- See that one to two people are present who are trained in emergency response and able to administer epinephrine auto-injectors.
- Maintain auto-injectors in a secure, unlocked yet easily accessible location where trained school staff can quickly access them and the child's FAAP.
- Establish emergency medical procedures with EMS.
- Clearly identify who is responsible for keeping the auto-injector(s) and FAAP for students with life threatening food allergies.
- If for safety reasons medical alert identification needs to be removed during specific activities, the student should be reminded to place the identification back on immediately after the activity is complete. If it is not required to be removed, medic alert jewelry can be covered utilizing tape or wrist bands.

Responsibilities of Custodial Staff:

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

Section V.

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

Education is key in identifying and supporting students with life-threatening food allergies in the school setting. Somerset ISD will conduct "Awareness Training" annually, for all campus staff (to include cafeteria staff, custodial staff and transportation staff) on potentially life threatening food allergies, methods to avoid the offending allergen, recognition of signs and symptoms of allergic reactions and the importance of timely treatment. Training will be documented appropriately. Awareness training is intended to give an overview of food allergies and anaphylaxis.

More comprehensive training may be conducted at the campus level with the Food Allergy Management Team (FAMT), interested parents or guardians, and other school staff responsible for the care of individual students. This training is more detailed and may include, but is not limited to, more indepth information on:

- Identifying students at-risk for anaphylaxis and planning for students that do not have epinephrine at school.
- Signs and symptoms of anaphylaxis.
- Implementing FAAPs, including training in the administration and storage of epinephrine.
- Development and implementation of IHPs/504 Plans.
- Communication procedures for initiating emergency protocols, including substitute staff.

- Environmental control measures, to reduce the risk of exposure to a food allergen, including safe food handling, handwashing, and cleaning procedures.
- Post anaphylaxis debriefing and monitoring of the food allergy management plans on the campus.

Specialized Training

Specialized training will be obtained by the district's School Health Services Coordinator and district nurses alike in the management of students with Food Allergies in the School Setting as information is updated and provided to school districts and medical professionals through ongoing medical research and continuing education courses for nurses.

Training will be documented appropriately.

Section VI.

Post Anaphylaxis Reaction Review of Policy and Procedures

Review of Policy and Procedures

In order to stay current with the management of food allergies in the school setting, Somerset ISD will review policies and administrative regulations and update if necessary, at least annually.

Review may include looking at the following information:

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

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

Post Anaphylaxis Reaction Review

For students who have experienced an allergic reaction at school, additional review will help in promoting safety upon the child's return to school.

Moderate to Severe Reaction

To prepare for the child's return to school, the District's School Health Service Coordinator, the Campus Administrator and/or the campus Food Allergy Management Team, if established, will collaborate with the student's parents in collecting and reviewing information and implementing the following activities in order to prepare for the child's return to the classroom:

- Identify, if possible, the source of allergen exposure and take steps to prevent future reactions.
- Review accurate and updated information on the allergic reaction including any new medication(s) which would require new consent forms to be signed by the parents.

- Identifying and interviewing those who were involved in the emergency care of the student and those that witnessed the event.
- Meeting with school staff to dispel any rumors and review administrative regulations.
- If the allergic reaction is thought to be from food provided by the school food service, work with the school food service department to ascertain what potential food item was served/consumed, how to reduce risk in the cafeteria by reviewing food labels, minimizing cross-contamination and other strategies.
- Review of the FAAP, IHP, and/or the 504 Plan and amend to address any changes that were made by the student's healthcare provider.
- If an epinephrine auto-injector was utilized during the reaction, ensure that the parent/guardian replaces it with a new one.

In the rare but plausible event of a fatal reaction (death of a student), appropriate school staff will be made available (i.e., Campus Administrator, Counselor and School Nurse) to answer questions, provide counseling and offer resources as needed.

ANAPHYLAXIS MANAGEMENT & ACTION PLAN

Patient's Name _____
DOB _____ Date Completed _____
Parents' Name _____
Permission to carry meds? yes no



Asthma and Allergy
Foundation of America*
TEXAS CHAPTER

9101 QUARTER HORSE LANE
FT. WORTH, TX 76123 * 817-297-3132 * 888-933-2232
INFO@AAFATEXAS.ORG * WWW.AAFATEXAS.ORG

ANAPHYLACTIC EMERGENCY PROCEDURES

___ My child has food, contact, medication or insect bite allergies that could require use of epinephrine This device is located _____

Child knows how to self-use: ___ yes ___ no

Food allergens:

Contact Allergens:

Insect Bite Allergens

Medications

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medical Contacts:

Physician's Name _____ Phone _____

Preferred Hospital _____ Address _____

Preferred Ambulance Service _____ Phone _____

Health Insurance _____ Policy # _____

Emergency Contact:

Name _____

Phone _____

Relationship _____

Parental Contact:

Home Address _____ City _____ Zip _____

Home Phone _____ Father's cell _____ Father's work phone _____

Mother's cell _____ Mother's work phone _____

Nearest relative: Name _____ Relation _____ Phone _____

ACTION PLAN

1) Assess signs of allergic reaction:

Mouth: itching & swelling of lips, tongue or the mouth

Throat: itching &/or tightening in throat, hoarseness, cough

Skin: itchy rash, hives, swelling in face or extremities

Gut: nausea, cramps, vomiting, &/or diarrhea

Lung: shortness of breath, repetitive coughing &/or wheezing

Heart: "thready" pulse, fainting

All or any of these symptoms can progress to life-threatening anaphylactic reaction. Monitor closely. If child also has asthma, a sudden onset of asthma symptoms may indicate allergic reaction if there was any indication of contact with their allergic allergens. If any of above symptoms appear upon contact or suspected contact with allergen, epinephrine must be administered immediately. Note: injecting epinephrine if not needed will not be harmful. Follow these procedures:

2) **Physician directs** that teacher or nurse gives epinephrine for any symptom beyond one or two hives: ___yes ___no Physician directs instead _____

A child may know how to use a device but in emergency may not be able to do so. Adult uses the auto-injector, injecting through clothing if required, into the thigh at finger tip level. Try to avoid the seam on jeans. Ask child to lie still, adult remain with child at all times.

3) **Physician directs**, after injection, adult gives Benedryl or other antihistamine: ___yes ___no Instead, _____. If child has asthma, physician directs to give 2 puffs of albuterol: ___yes ___no.

4) **After 5 minutes**, nurse or teacher reassess reaction. If not improving, inject second dose of epinephrine.

5) **Immediately when reaction occurs, another adult calls 911**, following emergency procedure plans. Call parents and tell them what hospital child will go to. Nurse or teacher remains with student at all times, accompanying them to hospital till parent arrives. Provide copy of emergency plan and contact info to medics. Take all their medications with you to hospital.

Special Instructions: _____

Physician's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____