

Wildorado Independent School District
School Health
Food Allergy Management Plan

A. Purpose

The Wildorado Independent School District (WISD) 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 an ever-changing document 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, all attempts as outlined in this document will be made to allow for safety throughout the day.

B. Objectives

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

A. State Legislation

- Senate Bill 27 from the 2011, 82nd Legislative Session which amended Chapter 38 of the Texas Education Code 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
 - f. Chapter 38, Section 38.0181
 - g. Chapter 38, Section 38.051
- 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 are enforced by the Office for Civil Rights (OCT) 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. WISD will ask parents to acknowledge on the student's Allergy Action Plan that the superintendent will designate a district employee to train an unlicensed employee, to carry out the student's health care provider orders in case of an anaphylactic reaction, by administering epinephrine and/or Benadryl as prescribed by the health care provider and initiating the emergency medical system. Three other campus employees besides the campus nurse will be trained to administer epinephrine in auto-injectable form. The school district will provide Epinephrine, syringes and Benadryl for the clinic. A registered nurse will be the only employee allowed to administer this form of epinephrine according to nursing licensure and delegation rules as applied. This form of treatment may be used for any student who has an anaphylactic reaction, whether or not a diagnosis has been made previously.

3. To ensure that all staff are made aware of severe food allergies, recognize signs and symptoms in a timely manner and respond appropriately. All staff will receive a yearly general training of food allergies, signs and symptoms of anaphylaxis and appropriate response. At least 3 other staff members besides the nurse will be trained with a more comprehensive training. This training can be web based and/or individual nurse taught training in the proper technique for epi-pen/twin jet administration. The nurse will conduct a skills check on each designated employee.

4. To identify students with severe food allergies by requesting severe food allergy disclosure from the parent/guardian upon enrollment. A disclosure form is part of the new student enrollment process. This form may also be found on the PISD parent website, under Health Services/allergies/anaphylaxis.

5. To initiate planning after identification of a student with severe food allergies. Once identification of a student with severe allergies has been 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 the student, FANS, transportation, implementation of the plan and training.

6. To ensure a safe learning environment, one recommendation would be to designate a table in the cafeteria that would allow the student to eat without the allergic food present. Although the district cannot guarantee an allergen free area, it is our goal to provide a clean and allergen safe area. This table will be cleaned between lunch periods with a designated solution provided by the custodial staff.

7. To ensure independence as determined by the health care professional, parent, student and school nurse. The student may carry and self-administer epinephrine, provided as the student is able to show proper technique and maturity to carry and self administer the medication. All parties must be in agreement, and the health care provider must sign a release allowing the student to carry and self give the medication.

8. To provide ongoing development of the best standard practice by conducting a review of all procedures in the case that anaphylaxis occurs. A post anaphylaxis report will be made and reviewed by the nurse, principal, any staff involved, and coordinator for district health.

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

C. Definitions – In accordance with state guidelines, and for the purpose of these procedures, the following definitions will apply.

1. **FOOD INTOLERANCE** - An unpleasant reaction to a food that, unlike a food allergy, does not involve an immune system response or the release of histamine. Food intolerance is not life-threatening.

2. **ALLERGIC REACTION** - An immune-mediated reaction to a protein. Allergic reactions are not normally harmful.

3. **SEVERE FOOD ALLERGY** - An allergy that might cause an anaphylactic reaction.

4. **ANAPHYLACTIC REACTION** - A serious allergic reaction that is rapid in onset and may cause death.

5. **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.

6. **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.

7. **EMERGENCY ACTION PLAN (EAP)** - A personalized plan written by a health-care provider that specifies the delivery of accommodations and services needed by a student with a food allergy and actions to be taken in the event of an allergic reaction.

8. INDIVIDUALIZED HEALTH-CARE PLAN (IHP) - A plan written by a school nurse based on orders written by a health-care provider, which details accommodations or nursing services to be provided to a student because of the student's medical diagnosis.

D. General Guidelines for the Care of the Student with Severe Food Allergies

1. Identification – Texas Education Code Chapter 25.0022

- Upon enrollment or as soon as possible after the diagnosis, a parent or legal guardian request form for disclosure of severe food allergy will be made available, either as part of the enrollment packet, from the school nurse or on the PISD parent section/Health Services/anaphylaxis and food allergy/forms <http://www.pisd.edu/parents/health/checklist.shtml> or the nurseweb.
- The disclosure form includes, name, allergen and nature of reaction.
- The nurse will review the information.
- This form is stored in the student's permanent record.
- The form is documented in TEAMS as having been received.
- The diagnosis of severe food allergy is not documented in the Student Health History until documentation from a health care provider is received.
- The FANS manager for the building is notified.
 - a. The information is documented in the cash register.
 - b. The United States Department of Agriculture regulations (Texas Department of Agriculture, 2011) requires substitutions or modifications in schools meals for children whose disabilities restrict their diets.
 - c. The school nutrition department must receive a signed statement by a licensed health care provider that identifies:
 - the child's disability;
 - an explanation of why the disability restricts the child's diet;
 - the major life activity affected by the disability; and
 - the food or foods to be omitted from the child's diet and the food or choice of foods that must be substituted.
- A general overview of information regarding anaphylaxis and signs and symptoms of anaphylaxis onset and proper procedure for initiating EMS will occur yearly.
 - Online training can be found on the PISD staff website under: [inside.pisd/hr/benefits and risk management/health services/anaphylaxis](http://inside.pisd/hr/benefits/riskmanagement/healthservices/anaphylaxis).
<http://inside.pisd/hr/benefits/Anaphylaxis.shtml>
 - The school nurse may also conduct the training during staff in-service.

- Bus Drivers, upon hire and annually, will view a video that contains an overview of severe allergies, signs, symptoms and response. This training is found on the PISD staff website under: [inside.pisd/human resources/benefits and risk management/health services/bus driver video](http://inside.pisd/humanresources/benefitsandriskmanagement/healthservices/busdrivervideo) <http://inside.pisd/hr/benefits/schoolhealth.shtml>.

2. Development, implementation, communication and monitoring of Allergy Action Plan and/or Individual Health Care Plans:

- Once a diagnosis is made by the health care provider, an action plan is made by the health care provider and parent/guardian. (See Plano ISD Allergy Action Plan)
- An IHP may be developed from the Action Plan if additional instructions are needed in order to provide a daily safe learning environment.
- Notification of all staff members who have a need to know will occur as soon as possible after diagnosis is disclosed to school.
- A planning meeting may occur with the parent, school nurse and any school employee who may need to participate in the student's food management plan. It is preferable that this meeting occur prior to the first day of class. The purpose of this meeting is to provide an opportunity to clarify the measures that will occur on the campus to promote safety, minimize exposure, recognize signs and symptoms, and provide emergency treatment as outlined in the Allergy Action Plan.
- In some instances, the school may also develop a 504 plan to address the health and learning needs of a student. Students at risk for anaphylaxis may be considered to have a disability and require services and program modifications so that the student with food allergies at-risk for anaphylaxis can safely participate in the learning environment.
- The transportation department will be notified of the student at risk for anaphylaxis and whether they will be carrying and are able to self administer the epinephrine. The action plan will be sent to the director for transportation.
- Notify the custodial staff of appropriate cleaning protocols with special attention to high risk areas.
- Periodic review throughout the year may be necessary to continue to provide a safe and least restrictive learning environment.

3. Reducing the Risk of Exposure through Environmental Controls which may include:

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

- 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.
- Notification of identified student's food allergy and any measures for emergency care included 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.
- If deemed appropriate by parents, school nurse, principal and other involved staff, place identification of "food allergy" in high risk areas.
- FANS department to review cross-contamination possibility during food preparation and food service.
- Educate students about 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 but 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.

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

- Yearly general awareness training will be made available to all staff through online training and/or through the school nurse.
- The general awareness training may provide an overview of food allergies and anaphylaxis, signs and symptoms of an allergic reaction, the hazards related to the use of food for instructional purposes and the importance of environmental controls in protecting the health of students at risk for food allergy related anaphylaxis.
- A yearly more comprehensive training may be provided for staff responsible for the care of the student with severe food allergies and could include but is not limited to: Identification of students at risk for anaphylaxis, signs and symptoms of anaphylaxis, training in the administration and storage of epinephrine, emergency protocol, environmental controls and post anaphylaxis debriefing.

5. Post Anaphylaxis Reaction Review of Policy and Procedures:

- Post anaphylaxis, the school nurse in coordination with the parent, principal, and involved PISD employees will review the plan and incident.
- In review, identification of the allergen exposure and take steps to prevent in future.

- Review updated information that may be received from the health care professional.
- Identify and interview those who may have been involved with the anaphylaxis incident.
- Meet with school staff to review administrative regulations.
- Provide factual information to parents of other classroom students that comply with FERPA law and does not identify the individual student.
- If the allergic reaction is thought to be from the food provided by the school food service, work with food service department to ascertain what potential food item served, how to reduce risk in the cafeteria by reviewing food labels, minimizing cross contamination and other strategies.
- Review Allergy Action Plan, IHP and/or 504 Plan and amend to address any changes that were done.
- If epinephrine auto-injector was utilized during the reaction, ensure that the parent/guardian replaces it with a new one.
- In the rare instance that a fatal reaction occurred, the school's crisis plan for dealing with death of a student should be implemented.

Medical Officer Signature: _____

Date: _____