

Policy and Procedure for the Care of Students with Food Allergies At-Risk for Anaphylaxis

Senate Bill 27



Introduction

The Commissioner of the Texas Department of State Health Services (DSHS) in consultation with the SB 27-Ad-Hoc Committee developed the following guidelines for use by local Boards of Trustees of school districts and governing bodies of open-enrollment charter schools. A *food allergy* is an abnormal response to a food, triggered by the body's immune system (NIAID, 2010). Symptoms of a food induced allergic reaction may range from mild to severe and may become life-threatening. Reactions vary with each person and each exposure to a *food allergen* and the severity of an allergic reaction is not predictable. Current estimates state that between 1 in 13 (Gupta, 2011) and 1 in 25 children are now affected with 40 percent reporting a history of severe reaction (CDC, 2012). There is no cure for food allergies. Strict avoidance of food allergens and early recognition and management of allergic reactions are important measures to prevent serious health consequences (U. S. Food and Drug Administration, 2008). Studies show that 16-18 percent of children with food allergies have had allergic reactions to accidental ingestion of food allergens while in school.

School personnel should be ready to effectively manage students with known food allergies and should also be prepared to recognize symptoms of an allergic reaction in both diagnosed and undiagnosed students in order to respond to the student's emergency needs. Caring for children with diagnosed food allergies at-risk for anaphylaxis in the school setting requires a collaborative partnership with the students, parents, healthcare providers and school staff.

Definitions

- Allergen - any substance, often a protein, that induces an allergy: common allergens include pollen, grasses, dust, food and some medications.
- Allergic reaction - An immune-mediated reaction to a protein that is not normally harmful.
- Anaphylaxis (Anaphylactic Reaction) - A serious allergic reaction that is rapid in onset and may cause death.
- Assignment - Refers to the actual duties a person has with a school district or other educational entity. (Texas Administrative Code, Chapter 153, Section 153.1021)
- Auto-injector - A pre-measured, spring-loaded pen-like device used to administer epinephrine and designed for ease of use by non-medical persons.
- Cross contamination - The process of a food, surface or object being inadvertently contaminated with food allergens other than those listed on the food label during the course of the food being handled, prepared, stored or served.
- Disability - Persons who have a physical or mental impairment that substantially limits one or more major life activities, or has a record of such impairment, or is regarded as having such an impairment.
- Emergency Action Plan (EAP) - A personalized emergency plan written by a healthcare provider that specifies the delivery of accommodations and services needed by a student in the event of a food allergy reaction.
- Epinephrine (adrenaline) - A medication that is utilized to counteract anaphylaxis. It is supplied in an auto-injector or vial.
- 504 Plan - A 504 Plan is developed to outline the modifications and accommodations that will be needed for a student to perform at the same level as their peers.
- Food Allergy - Food allergy is a group of disorders characterized by immunologic responses to specific food proteins. In the United States, the most likely common allergens in adults and children are cow's milk, eggs, peanuts, wheat, soy, fish, shellfish, and tree nuts.
- Food Allergy Action Plan (FAAP) - A personalized plan written by a healthcare 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.
- 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.
- Campus Food Allergy Management Team - A team of school personnel that assists families in the management of their child's food allergy. It may include, but is not limited to: the principal, teacher, school nurse, cafeteria personnel, bus drivers, and classroom teachers.
- Individualized Healthcare Plan (IHP) - A plan written by the school nurse that details accommodations and/or nursing services to be provided to a student because of the student's medical condition based on medical orders written by a health care provider in the student's medical home.
- School-Sponsored Activity - Any activity, event, or program occurring on or off school grounds, whether during or outside of regular school hours, that is organized and/or supported by the school.

A campus food allergy management team (*FAMT*) will be created at the campus.

Members of the campus FAMT will include:

1. AssistantPrincipal
2. Front Office Staff
3. Classroom teacher

Additional staff may be included when a student requires an individual care plan.

- The campus FAMT will:
 1. Assist in the development, implementation, and monitoring of the Campus FAMP.
 2. Be responsible for disseminating applicable Campus policies, procedures, and the FAMP.
 3. Ensure that specific food allergy information is requested from parents and students of the campus.
 4. Pursue ongoing, specialized training in the management of food allergies in the school setting.
 5. Ensure specialized training is received by any other employees responsible for development, implementation, and monitoring of the Campus FAMP.
 6. Provide general food allergy awareness training to employees.
 7. Implement general strategies for reducing exposure to common food allergens at campus facilities and activities.
 8. Implement the FAAP, EAP, IHP, and/or Section 504 plans, as applicable, for a student with a diagnosed severe food allergy.
 9. Develop and implement specific strategies to reduce the risk of exposure to a diagnosed allergen for a student with a severe food allergy.
 10. Collect and maintain incident reports after a student's anaphylactic reaction at school or at a school-related activity.
 11. Review individual student plans and procedures periodically and after an anaphylactic reaction by a student at school or at a school-related activity.

Identification of Students with Food Allergies At-Risk for Anaphylaxis

Due to an increase in prevalence of food allergies and the potential for a food allergic reaction to become more life-threatening, information needs to be shared with the school in order to promote safety for children with food allergies that are at-risk for anaphylaxis. It is important for parents to provide accurate and current health information when requested, in order to assist schools in obtaining information necessary to:

1. identify the child's food allergens;
2. specify the nature of the child's allergic reaction;
3. reduce risk of exposure to food allergens;
4. provide emergency treatment to the student during the school day and at school-sponsored activities in the event there is an unintended exposure to a food allergen; and
5. facilitate communication between the school and the student's healthcare provider.

Texas Education Code Chapter 25, Section 25.0022 states that upon enrollment of a child in a public school, a school district shall request, by providing a form or otherwise, that a parent or other person with legal control of the child under court order:

1. disclose whether the child has a food allergy or a severe food allergy that, in the judgment of the parent or other person with legal control, should be disclosed to the district to enable the district to take necessary precautions regarding the child's safety, and
2. specify the food to which the child is allergic and the nature of the allergic reaction.

Development, Implementation, Communication and Monitoring of Emergency Care Plans and/or Individualized Health Care Plans

- There are several types of adverse reactions that can occur with food. Adverse reactions can range from “food intolerance” to a food allergy that puts a child at risk for anaphylaxis (Sicherer 2011). Unlike a food allergy, a food intolerance does not involve the immune system and is not life threatening. A food allergy diagnosis requires a careful medical history, laboratory studies, and other diagnostic tests ordered by a licensed healthcare provider. Once the healthcare provider has made the medical diagnosis of food allergy, a FAAP(Food Allergy Action Plan)/EAP (Emergency Action Plan) will be developed by the healthcare provider in collaboration with the parents or legal guardians. The FAAP/EAP provides information about the child’s food allergy, outlines the care that the child will need in managing the food allergy, and outlines actions to be taken in case of an allergic reaction.
- To ensure a safe learning environment for the student with life-threatening food allergies, the parents and the student (when age appropriate) should plan to meet with the campus food allergy management team, if established, to review the FAAP/EAP. This meeting is 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 EAP.

Student's Responsibility

- 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.

Responsibilities of the Classroom

Teacher/Specialist

- 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 (if established) meetings and in-service trainings.
- Keep accessible the student's FAAP/EAP with photo 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.

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.

Anaphylaxis Incident Report Form

Student Name: _____ Date of birth: _____

Grade: _____

Date of incident: _____

If known, the location and source of the allergen exposure: _____

Emergency action taken: _____

Were emergency services contacted?

YES NO

Was an epinephrine auto-injector used?

YES NO

If yes, who administered the epinephrine?

Student

Staff (provide name and position title): _____

Other: _____

Are any changes to procedures recommended?

Signature: _____ Date: _____

Received by: _____ Date: _____

STEP 1: TREATMENT

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject® 0.3 mg Twinject® 0.15 mg

Antihistamine: give _____
Medication,/dose,/route

Other: give _____
Medication,/dose,/route

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

STEP 2: EMERGENCY CALLS

1. Call 911. State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Dr. _____ Phone Number: _____
3. Parent _____ Phone Number: _____
4. Emergency Contacts:

Name/Relationship	Phone Number
a. _____	1) _____ 2) _____
b. _____	1) _____ 2) _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/ Guardian's Signature _____ Date _____

Doctor's Signature(Required) _____ Date _____

Reducing the Risk of Exposure through *Environmental Controls*

- Current management of food allergies relies on strict avoidance of the food allergen, early recognition of symptoms, and prompt treatment when an allergic reaction occurs due to unintended exposure to the food. For children, dietary management in schools can be difficult, because food sharing, school projects using foods, parties, lack of onsite medical personnel, and other issues arise. (Young, 2009). Protecting students from exposure to allergens to which they are sensitive is the most important way to prevent life-threatening anaphylaxis.
- In order to promote safety, policies and administrative regulations should outline district-wide, campus-wide, classroom-wide and individual strategies that are to be utilized for managing children with food allergies at-risk for anaphylaxis. Consideration should be given in promoting safety in the following areas, including, but not limited to: any designated lunch area, all classrooms, hallways, common areas in the school, and during all school-sponsored activities, including field trips, on-campus, off-campus, and before and after school activities.

For students who have experienced an allergic reaction at school, additional review will help in promoting safety upon the child's return to school. The approach taken by the school is dependent upon the severity of the reaction, the student's age and whether it was witnessed by their classmates. In the event the child had a moderate to severe reaction, and to prepare for the child's return to school, the superintendent's designee and/or the campus food allergy management team, if established, may wish to 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.
- Providing factual information to parents of other classroom students that complies with FERPA law and does not identify the individual student.
- Review of the FAAP/EAP, 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.

REQUEST FOR FOOD ALLERGY INFORMATION

Dear Parent:

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

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

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

No information to report.

Food	Nature of Allergic Reaction to Food	Life-Threatening?

TO PROVIDE OTHER INFORMATION FROM YOUR DOCTOR ABOUT YOUR CHILD'S FOOD ALLERGY, YOU MUST CONTACT THE SCHOOL FRONT OFFICE.

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

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

Parent/Guardian Name: _____

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

Parent/Guardian Signature: _____ Date: _____

Date form received by Campus: _____

If the student is identified as having a severe food allergy, please have your physician or other licensed health-care provider fill out and sign the back of this form.

____ Copy to Front Office ____ copy to Teacher

Physician and/or Licensed Health Care Provider:

The United States Department of Agriculture regulations require substitutions or modifications in school meals for children whose disabilities restrict their diets. If a physician or other licensed health care provider determines that a child's food allergy may result in a severe life threatening (anaphylactic) reactions, then the child's condition will meet the definition of a disability, and the prescribed substitutions must be made by the District. In order to do so, the school nutrition program must receive a signed statement by the physician or other licensed health-care provider containing the following information:

The child's food allergy that constitutes a disability: _____

An explanation of why the disability restricts the child's diet: _____

The major life activity affected by the disability: _____

The food(s) to be omitted from the child's diet: _____

The food or choice of foods that must be substituted: _____

Physician Information:

Name: _____

Address: _____

Phone Number: _____

Physician signature: _____ Date: _____

Dear Parent,

Our records indicate that your child _____ has a potentially severe allergy that may require treatment at school. Attached to this letter are the forms, listed below, that will give us the necessary information and authorization to treat your child in an emergency.

1. Allergy Action Plan – Should be on file for every student with a severe allergy. Must be updated and signed by the doctor every school year.
2. Medication Authorization Forms (2) – One should be used for each medication sent to school.

Your child's supplies should include: Epi-pen with prescription label on it and antihistamine (such as Benadryl), if your child's plan calls for it. Please be alert to the expiration dates on these medications.

If we do not have these forms and supplies on hand and your child has a serious reaction, we may need to call 911 to assure your child's safety. Unfortunately, the cost is billed to the parent.

It is important for your child's safety that we have the proper authorizations and supplies on hand in order to respond in an emergency. We appreciate your help in our effort to provide the best care for your child.

Thank you,

Front Office

Estimado Padre de Familia,

Nuestros registros indican que su hijo _____ tiene una alergia con riesgo vital que puede requerir tratamiento mientras esté en la escuela. Adjuntamos a esta carta los formularios, enumerados a continuación, que nos darán la información y autorización necesarias para tratar a su hijo en un caso de urgencia.

1. Plan de Acción para Alergias - Deberá obrar en el expediente para cada alumno que tenga una alergia severa. Deberá ser actualizado y firmado por el doctor cada año escolar.
2. Formularios de Autorización para Medicamentos (2) - Se deberá usar uno para cada medicamento que se envíe a la escuela.

Los materiales de su hijo deberán incluir: Epi-pen con la etiqueta de receta y un antihistamínico (como Benadryl), si se requiere bajo el plan de su hijo. Favor de tener en cuenta las fechas de caducidad de estos medicamentos.

Si no contamos con estos formularios y materiales, y su hijo sufre una reacción grave, es posible que necesitemos llamar al 911 para garantizar la seguridad de su hijo. Lamentablemente, se cobra a los padres el costo.

Para la seguridad de su hijo, es importante que dispongamos de las autorizaciones y materiales adecuadas para poder responder a un caso de emergencia. Agradecemos su ayuda con nuestros esfuerzos para proveer a su hijo la mejor atención.

Gracias,