



BURLESON ISD

FOOD ALLERGY MANAGEMENT PLAN

CARE OF THE STUDENT WITH FOOD ALLERGIES AT RISK FOR ANAPHYLAXIS

PURPOSE:

To provide guidance in managing students with food allergies at risk for anaphylaxis at school.

BACKGROUND:

In response to the increase in students with diagnosed food allergies at risk for anaphylaxis, Senate Bill 27 (2011, 82nd 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 allergies, 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. Symptoms of a food induced allergic reaction may range from mild to severe and may become life-threatening. Reactions vary with each person. The severity of an allergic reaction to each exposure is not predictable. 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. There is no cure for a 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.

Children spend up to 50 percent of their waking hours in school, and foods containing allergens are commonly found in schools. Thus, the likelihood of allergic reactions occurring in schools is high (Sheetz, 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 students without a previous food allergy diagnosis (Sicherer, 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 system of the body. 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 (Adrenaline) is the first-line treatment in cases of anaphylaxis. Other medications have a delayed onset of action. Epinephrine is a quick acting hormone that helps to reverse symptoms of an allergic reaction by opening the 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 the 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 (Sheetz, 2004). Currently, management of food allergies consists of educating children, parents, caregivers, 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).

IDENTIFICATION OF A STUDENT WITH FOOD ALLERGIES AT RISK FOR ANAPHYLAXIS:

1. Notification of a food allergy:

- In accordance with Texas Education Code Chapter 25, Section 25.0022, BISD requests annual disclosure of all food allergies by the parent or guardian on the *Student Health History/Health Services form*. This form will be available online, in enrollment packets and from the school nurse. This form requests disclosure of a student’s food allergies, risk of anaphylaxis and/or prescribed injectable epinephrine (EpiPen) in order for the district to take precautions regarding the student’s safety.
- When a student’s severe food allergy, risk of anaphylaxis and/or prescribed Epi-pen is disclosed by the parent or guardian, then a *Emergency Action Plan for Severe Allergic Reaction* should be completed by the **parent and student’s physician** and be submitted to the school nurse. Parents and guardians are directed to the *Emergency Action Plan for Severe Allergic Reaction* from the link on the *Student Health History/Health Services form*.
- A *Special Diet Request* form must be completed by the **parent and physician** for any modifications or substitutions of meals purchased through BISD cafeterias due to food allergies. This form is available online or from the school nurse. Completed forms must be submitted to the school nurse. The nurse will then contact the campus cafeteria staff to initiate prescribed meal modifications.

2. Upon receipt of the completed *Emergency Action Plan for Severe Allergic Reaction*, the school nurse will: .

- Enter the disclosed allergy as a Health Condition in Skyward Health Record and add an electronic alert in the “Alert box” area as needed.
- Determine if the allergy requires additional accommodations not specified on the *Emergency Action Plan for Severe Allergic Reaction*. Initiate the 504 process, if appropriate.
- Notify the campus cafeteria manager of disclosed food allergies or completed *Special Diet Request forms*.

CREATING AN ALLERGEN-SAFE SCHOOL ENVIRONMENT; DISTRICT-WIDE PROCEDURES

- Campus staff will complete the *Food Allergy and Anaphylaxis Training* annually. This training will cover the following subjects:
 - Most common food allergens
 - Importance of environmental controls
 - Signs and symptoms of an anaphylactic reaction
 - Implementing an *Emergency Action Plan for Severe Allergic Reaction*
 - How to administer an EpiPen
 - Planning for students who do not have epinephrine at school
 - Working with EMS
- Pre-packaged food items with readable ingredient lists are encouraged for projects, activities and celebrations in elementary and middle school classrooms of children with food allergies at risk for anaphylaxis so potential food allergens can be identified. (Please refer to the BISD Student Handbook section on celebrations)
- Appropriate cleaning protocols will be followed on campuses, with special attention to identified high-risk food allergy areas (i.e. cafeteria tables).
- Non-prescription, oral antihistamine (Benadryl) will be provided by the district on all campuses for administration by trained staff to students with hives, an allergic reaction, anaphylaxis or on an emergency basis consistent with protocols established by the district’s medical advisor and parental consent given on the *Student’s Health History/Health Services* form
- Emergency life-saving prescription “stock” Epinephrine and Albuterol will be provided by the district on all campuses for administration by trained staff to a student presenting with signs/symptoms of anaphylaxis, wheezing or respiratory distress, pursuant to BISD standing orders and procedures.
- The district supplied “stock” emergency EpiPen will be retained on campus and not be taken on field trips and off-campus activities. ***Only student prescribed Epi-pens will be taken on field trips and school sponsored off-campus activities.*** Emergency 911 procedures will be followed during these activities.
- Designated staff will be trained in emergency medication administration for anaphylaxis in the nurse’s absence. This includes administration of district provided “stock” EpiPen administration.
- A post exposure conference will be held if an anaphylactic event occurs.
- Information concerning the BISD *Food Allergy Management Plan* will be included in the student handbook and will be available on the BISD Health Services webpage.

ACTIONS FOR ANAPHYLAXIS

Students with life-threatening allergies may require emergency assistance from any staff member!

POSSIBLE SYMPTOMS OF AN ALLERGIC REACTION:

SEVERE SYMPTOMS:

1. LUNG: Short of breath, wheeze, repetitive coughing
2. HEART: Pale, blue, faint, weak pulse, dizzy, confused
3. THROAT: Tight, hoarse, trouble breathing or swallowing, repetitive clearing of throat
4. MOUTH: Obstructive swelling (tongue or lips)
5. SKIN: Many hives over body
6. COMBINATION OF SYMPTOMS – from different body areas
SKIN: Hives, itchy rashes, swelling of eyes/lips
GUT: Vomiting, crampy pain

MILD SYMPTOMS:

1. MOUTH: Itchy mouth
2. SKIN: A few hives around mouth/face, mild itch
3. GUT: Mild nausea/discomfort

RESPONSE TO AN ALLERGIC REACTION

Any staff member who becomes aware that a student is having an allergic reaction

1. Stay with the student. **NEVER LEAVE STUDENT UNATTENDED**
2. Administer EpiPen (call for School Nurse or trained personnel immediately). ***It is important not to delay the administration of EpiPen.***
3. **Contact 911**
4. Contact the parents
5. If the student is not conscious, turn student on his/her side to keep the airway clear and prevent aspiration of fluids into the lungs
6. Allow the student to sit upright (or ease student to the floor, if necessary)
7. Loosen tight clothing and place something soft and flat under head
8. Move other students away from the area if possible
9. Document incident and give to School Nurse

Note: Effects of EpiPen last only 10-20 minutes. Emergency medical care (911) must be obtained immediately.

Responsibilities of Family & Student

- Notify the campus nurse of the student's allergies in accordance with TEC, Section 25.022. Use of the BISD *Student Health History/Health Services* form is the preferred method of notification, in

accordance with completion of the *Emergency Action Plan for Severe Allergic Reaction*. Both forms are available online at www.burlesonisd.net/parents/medicalforms or from the school nurse.

- Contact the school nurse to review the *Emergency Action Plan for Severe Allergic Reaction*. Discuss accommodations the student may need throughout the school day or during school-sponsored activities.
- **Inform school nurse of all school sponsored before/after school activities your student participates in (i.e. After School Program, athletics, , marching band, drama etc).** Collaborate with the school nurse regarding any needed accommodations the student may need during these before/after school activities.
- Provide properly labeled medications and replace medications after use or upon expiration.
- Continue to educate your child in the self-management of their food allergy including:
 - o Safe and unsafe foods
 - o Strategies for avoiding exposure to unsafe foods
 - o Symptoms of allergic reactions
 - o How and when to tell an adult they may be having an allergy-related problem
 - o How to read food labels (age appropriate)
 - o If age appropriate, the importance of keeping their emergency medication on them and administering their personal asthma and anaphylaxis medications as prescribed
 - o Importance of not sharing their medications with anyone (i.e. inhalers)
- Parent attendance on elementary field trips is strongly encouraged. Notify the school nurse if you are unable to attend a field trip with your student so preparation for emergency medications can be provided.
- Provide emergency contact information and update as needed.

The responsibilities of the student include:

- No trading of food with others.
- Avoid eating anything with unknown ingredients or known to contain any allergen.
- Be proactive in the care and management of their food allergy and reactions (as developmentally appropriate).
- Immediately notify an adult if they eat something they believe may contain a food to which they are allergic.

Responsibilities of Executive Director of Special Services, Nursing Program Supervisor or Superintendent Designee

- Coordinate the management of food allergies within the district.
- Serve as the point of contact for allergy management for parents, staff and healthcare providers etc.
- Coordinate training of administrators, staff and departments on food allergy management.
- Assist and support campus staff with implementing food allergy management strategies.
- Review BISD *Food Allergy Management Plan* annually and recommend any changes needed to ensure that the most current information is utilized in providing care for food allergic students and align with current statutes, rules and evidence-based practice.

- Coordinate with the BISD Medical Director as needed regarding district provided emergency allergy/anaphylaxis “stock” medications and orders.
- Coordinate post anaphylaxis conferences and implement any needed changes to the BISD *Food Allergy Management Plan* to increase student safety.

Responsibilities of Campus Administration

- Oversee the administration of the BISD *Food Allergy Management Plan* on the campus.
- Ensure that campus staff complete the *Food Allergy and Anaphylaxis Training* annually.
- Offer professional development for staff regarding confidentiality and compliance with FERPA to prevent open discussion of specific students.
- Communicate expectations to staff regarding treatment of students with food or other allergies. **A food-allergic student should not be referred to as “the peanut kid”, “the bee kid” or any other name related to the student’s condition.**
- Ensure that administrative staff, school nurse and nurse assistants, ASP administrative staff, athletic coaches/sponsors, PE teacher(s), marching band director(s), cheerleading coach(s), athletic trainers and student athletic trainers are current in CPR/AED certification.
- Designate staff who will to be trained by the school nurse to respond to exposure or allergic reactions, and/or administer Epipens or medications when a school nurse is not available (i.e. person who gives medications while nurse is at lunch).
- Ensure that a food-allergic student is included in all school activities (students should not be excluded from school activities solely based on their food allergy).
- Ensure that teachers have a plan in place and it is adhered to in notifying substitute teachers that they have a student with food allergies who is at-risk for anaphylaxis in their classroom.
- Ensure that an area is designated as allergy-free in the cafeteria if needed.
- Ensure that appropriate cleaning of allergy-free areas in cafeteria is being followed.

Responsibilities of the Registered School Nurse (RN)

- Implement the administration of the BISD *Food Allergy Management Plan* on the campus in consultation with the campus administrators, Executive Director of Special Services, Health Services Coordinator, prescribing physicians, special education staff and when appropriate, the 504 coordinator.
- Review submitted *Student Health History/Health Services* forms annually. Contact parents/guardians who have indicated their student has a food allergy and have not submitted a completed *Emergency Action Plan for Severe Allergic Reaction* for their student. Request completion of the action plan.
- Review submitted *Emergency Action Plan for Severe Allergic Reactions* of students (or completed Medication forms of those who haven’t submitted an allergy plan).
- Collaborate with the parents/guardians in reviewing *Emergency Action Plan for Severe Allergic Reaction/Medication Forms*.
- Email teachers on the student’s schedule, when a *Emergency Action Plan for Severe Allergic Reaction* has been added or modified for a student.

- Notify Child Nutrition and, if appropriate, the 504 coordinator of a student with a severe food allergy as needed and provide a copy of the *Emergency Action Plan for Severe Allergic Reaction* as appropriate.
- May administer life-saving district provided prescription Epinephrine (Epi-pen) if student has signs/symptoms of anaphylaxis, and/ or nebulized Albuterol for wheezing, anaphylaxis or respiratory distress pursuant with BISD's standing order procedures. May administer non-prescription oral antihistamine (Benadryl) for hives, allergic reactions, anaphylaxis or on an emergency basis consistent with BISD standing order procedures and parental consent given on the *Student's Health History/Health Services* form. Train principal-designated staff annually in responding to exposure or allergic reactions and administration of Epi-pen and/or medications when a school nurse is not available. Maintain documentation of trained staff via the *Epinephrine Administration Training Checklists*.
- Ensure that emergency life-saving medication (Epipen) is properly labeled and stored in an accessible but unlocked area, and dates have not expired.
- Request a list of students participating in the ASP program. Coordinate with ASP Campus Directors and parents for plan of care for student with severe allergies during the ASP program (elementary campuses).
- Request a list of students participating in athletics (secondary campuses). Coordinate with coaches/trainers on plans of care for students with severe allergies and access to any life saving medications for student.
- Ensure that a trained staff member attends field trips or school outings if parents are not in attendance.
- Participate in campus post anaphylaxis conference.

Responsibilities of the Classroom Teacher/Specialist

- Complete *Food Allergy and Anaphylaxis Training* annually.
- View students' *Emergency Action Plan for Severe Allergic Reaction* via hard copy or in Skyward Educator Access Plus as covered in the allergy training.
- Schedule time to complete training on how to administer an Epipen.
- Understand and implement the *Emergency Action Plan for Severe Allergic Reaction* for your student(s). Ask school nurse for any clarification needed regarding plan(s).
- Ensure that all substitute individuals, pull out teachers (Special Ed, interventions, Dyslexia, etc) are informed of the student's food allergy.
- Eliminate identified allergens in classroom of student with food allergies at risk for anaphylaxis.
- Send an administrator approved correspondence to parents/guardians of classmates of a food-allergic student who is at risk for anaphylaxis, explaining any restricted allergen foods in the classroom.
- Inform parents and campus nurse of any events where food will be served.
- Enforce district policy on bullying related to food or other allergens.
- Know the campus communication plan with the front office and/or campus nurse.
- Ensure that student suspected of having an allergic reaction is accompanied by an adult (preferable) or student to the clinic.
- Do not put a student on the bus if there are any signs or symptoms of an allergic reaction.

Classroom Activities:

- Ensure that a food-allergic student is included in all school activities. Students should not be excluded from school activities solely based on their food allergy.
- Allow only prepackaged food items with complete ingredients lists in the classrooms of students with food allergies at risk for anaphylaxis. This includes projects, activities and celebrations so that potential food allergens can be identified.
- Use non-food items such as stickers, pencils, etc. as rewards instead of food.

Snack time/Lunchtime:

- Assist students with life-threatening food allergies in monitoring that only foods from home or foods purchased in the cafeteria are consumed.
- Promote and monitor good hand washing practices before and after snacks and lunch and anytime potential allergens may have been touched. ***Alcohol-based hand sanitizers are NOT effective in removing allergens from hands.***
- Prohibit students from sharing or trading food.
- Encourage parents/guardians to send a box of “safe” snacks for their child.

Field Trips:

- Give the nurse at least a TWO day notice prior to field trips for necessary preparation. Ensure that the *Emergency Action Plan for Severe Allergic Reaction* and the student’s prescribed Epipen are taken on field trips. **(District supplied Epipen will not be taken on field trips)**. Call 911 if an allergic reaction occurs and/or Epipen is administered.
- Collaborate with parents of student with food allergies when planning field trips.
- Consider eating on field trips and plan for reduction of exposure to a student’s life threatening food allergy.
- Enforce BISSD procedure of no eating/drinking on the bus except for water. Special considerations may be given for trips of extended duration or unique circumstances involving meal schedules.
- Invite parents of students at risk for anaphylaxis to accompany their child on school trips, and/or to act as a chaperone. However, the student’s safety or attendance must not be a condition of the parent’s presence on the trip.
- Collaborate with the school nurse to ensure that 1 - 2 people on the field trip are trained in recognizing signs and symptoms of life-threatening allergic reactions and are trained to use an Epipen.
- Consider ways to wash hands and encourage hand washing before and after eating (e.g. provision for hand wipes, etc.).

Responsibilities of Child Nutrition /Food Service Director

- Monitor participation of the *Food Allergy and Anaphylaxis Training* for food service annually. Maintain documentation of trained staff.

- 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.
- Upon receipt of diagnosis of a food allergy from a healthcare provider, make appropriate substitutions or modifications for meals served to students with food allergies, as specified by the healthcare provider/prescribing physician.
- 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. Follow cleaning and sanitation protocol to avoid cross-contamination.
- Maintain current menus via the website with notifications of any menu changes. Provide specific ingredient lists to parents upon request.
- Be prepared to take emergency action for a student in the cafeteria in the event of an allergic reaction.

Responsibility of After School Program Director and Campus Directors

- Conduct the program in accordance with BISD policies and procedures regarding students with food allergies who are at risk for anaphylaxis.
- Provide *Food Allergy and Anaphylaxis Training* for all ASP staff annually. Maintain documentation of trained staff.
- Provide the school nurse with a list of students who are participating in the After School Program.
- Collaborate with school nurse to identify students in your care who have a *Emergency Action Plan for Severe Allergic Reaction*. Ask school nurse for any clarification needed regarding implementation of plan.
- Collaborate with the school nurse on having access to student emergency medications.
- Ensure staff member(s) have been designated and trained to administer emergency medication (Epipen) if students with life-threatening allergies attend the program
- Restrict the use of foods that are known allergens to students with food allergies at risk for anaphylaxis.
- Promote and monitor good hand washing practices before and after snacks and anytime potential allergens may have been touched. ***Alcohol-based hand sanitizers are NOT effective in removing allergens from hands.***

Responsibility of Head Coaches, Trainers, Sponsors and Other Persons in Charge of School-Sponsored Activities

- Conduct the program or school sponsored activity in accordance with BISD policies and procedures regarding students with food allergies who are at-risk for anaphylaxis.
- Ensure all coaches, trainers and student trainers are current in CPR/AED certification.
- Consult with school nurse to identify students in your care who have *Severe Allergy Action Plans*.
- Obtain a copy of the *Emergency Action Plan for Severe Allergic Reactions* of students in your care and ask campus nurse for any clarification needed regarding plan.

- Ensure all Coaches/Sponsors/ know if the student is self-carrying an Epipen and/or where the student's Epipen is located on the campus.
- Restrict the use of foods that are known allergens to students with food allergies at risk for anaphylaxis.
- Enforce BISD procedure of no eating/drinking on the bus except for water. Special considerations may be given for trips of extended duration or unique circumstances involving meal schedules.

Responsibility of Transportation Department

- Provide *Food and Allergy Training* to all bus drivers annually. Maintain documentation of trained staff.
- Ensure that bus drivers know how to contact EMS in the event of an emergency.
- Enforce no consumption of food /drink (other than water).
 - Special considerations may be given for trips of extended duration or unique circumstances involving meal schedules.
 - Special considerations may be given to students with medical accommodations (i.e. students with diabetes). Work with Executive Director of Special Services and Health Services Coordinator on plan for all students' safety if this issue occurs.

Responsibilities of Custodial Staff

- When a student or students are identified as having food allergies at risk for anaphylaxis on the campus, designated custodial staff will be provided the appropriate training, by campus administration or the school nurse, to ensure student safety.