



Borger 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. 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. 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.

Anaphylaxis is defined as "a serious allergic reaction that is rapid in onset and may cause death". 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. 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. 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).

SCHOOL DISTRICT PROCESS

1) Notification of a food allergy

- In accordance with **Texas Education Code**, Chapter 25, Section 25.0022, Borger ISD requests annual disclosure of all food allergies by the parent or guardian on the **Student Health History Form**, as well as the **Parent's Disclosure of Food Allergy Information form**. These forms are available online, in enrollment packets, as well as from the school nurse. This form, when completed, will provide information to the district of a student's food allergies, risk of anaphylaxis and/or prescribed injectables epinephrine (Epi-Pen) 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 **Food Allergy Action Plan** should be completed by the **parent and the student's physician**, then submitted to the school nurse. Parents and guardians are directed to the Food Allergy Action Plan from the link on the Student Health History Information form, or on the district website at www.borgerisd.net
- A **Physician Authorization for Self-Administration of Asthma and/or Anaphylaxis Medication** form will be given to the parent to be completed by the child's physician. The physician will authorize the child to carry and administer medication needed (such as Epi-Pen), in the event of a severe allergic reaction.
- A **Special Diet Request form** must be completed by the **parent and physician** for any modifications or substitutions of meals purchased through Borger ISD 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. In addition, the nurse will give a list to the Child Nutrition director of student(s), by campus, with severe food allergies at risk of anaphylaxis.

2) Upon receipt of the completed Food Allergy Action Plan, the school nurse will:

- Enter the disclosed allergy as a **"HEALTH CONDITION"** in **Nurse's Aide** and in **TxEIS** Health Record and add an electronic alert in the **"ALERT BOX"** as needed.
- Determine if the allergy requires additional accommodations not specified on the **Food Allergy Action Plan**.
- Notify the campus cafeteria manager of disclosed food allergies or completed **Special Diet Request forms**.

- Notify teachers and/or coaches, as necessary, with the of students in their class(es) who have a severe food allergy with a risk of anaphylaxis, using the [Notice of Student with a Diagnosed Severe Food Allergy](#) form.

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

- Campus staff will complete the **Food Allergy and Anaphylaxis Training** annually. This training will cover:
 - ***Most common food allergens***
 - ***Importance of environmental controls***
 - ***Signs and symptoms of an anaphylactic reaction***
 - ***Steps in implementing a Food Allergy Action Plan***
 - ***How to administer an Epi-Pen***
 - ***Planning for students who do not have epinephrine at school***
 - ***Working with EMS***
- Allergen foods will be eliminated from classrooms and other learning environments used by children with food allergies at risk for anaphylaxis at all campuses.
- 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 that can be administered by trained staff to students with hives, an allergic reaction, anaphylaxis or on an emergency basis consistent with protocols that are as directed on box/ and parental consent given on the [Student Health History Information form](#).
- **Only students' prescribed Epi-Pens will be taken on field trips and school-sponsored off-campus activities.** Emergency 911 procedures will be followed during these school activities.
- Designated staff will be trained in emergency medication administration for anaphylaxis in the nurse's absence. This includes the administration of prescribed Epi-Pens.
- A post-exposure conference will be held if an anaphylactic event occurs.
- Information concerning the [BORGER ISD Food Allergy Management Plan](#) will be included on the district web-page, under [Departments/Health Services](#)

ACTIONS FOR ANAPHYLAXIS

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

POSSIBLE SYMPTOMS OF AN ALLERGIC REACTION (see ADDENDUM A)

SEVERE SYMPTOMS	MILD SYMPTOMS
LUNGS: Shortness of breath, wheezing, repetitive coughing	MOUTH: Itchy mouth
HEART: Pale, blue, faint, weak pulse, dizzy, confused	SKIN: A few hives around mouth/face; mild itching
THROAT: Tight, hoarse, trouble breathing or swallowing, repetitive clearing of throat	GUT: Mild nausea / discomfort

MOUTH: Obstructive swelling of tongue or lips	
SKIN: Many hives over body	
COMBINATION OF SYMPTOMS from different body areas including hives; itchy rashes; swelling of eyes, lips; vomiting, crampy pain	

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. Call or send for School Nurse immediately to administer the Epi-Pen. It is important not to delay the administration of the Epi-Pen.
3. **Call 9-1-1.**
4. Contact the parents.
5. If the student is unconscious, turn student on his/her side to keep the airway clear and prevent aspiration of fluid 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 their head.
8. Move other students away from the area.
9. Document incident using the [Anaphylaxis Incident Report Form](#) and give to school nurse.

Note: The effects of Epi-Pen last only 10-20 minutes. Therefore, it is critical to call 9-1-1 immediately for emergency medical care.

RESPONSIBILITIES OF FAMILY & STUDENT

- Parent or guardian should notify the campus nurse of the student's allergies in accordance with TEC, Section 25.0022. Use of the [Student Health History Information form](#) is the preferred method of notification, in accordance with completion of the [Food Allergy Action Plan](#). Both forms are available online at www.borgerisd.net, under the Nurse's page, or from the school nurse.
- Contact the school nurse to review the [Food Allergy Action Plan](#) and to 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 in which your child participates** (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:
 - Safe and unsafe foods
 - Strategies for avoiding exposure to unsafe foods
 - Symptoms of allergic reactions
 - How and when to tell an adult they may be having an allergy-related problem
 - How to read food labels (age-appropriate)

- If age-appropriate, the importance of keeping their emergency medication on them and administering their personal asthma and anaphylaxis medications as prescribed
 - 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 child, so preparation for emergency medications can be provided.
- Provide emergency contact information and update as needed.

RESPONSIBILITIES OF THE STUDENT

- 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 HEALTH SERVICES COORDINATOR 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 the implementation of food allergy management strategies.
- Review [Borger ISD 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 practices.
- Coordinate post-anaphylaxis conferences and implement any needed changes to the [Borger ISD Food Allergy Management Plan](#) to increase student safety.

RESPONSIBILITIES OF CAMPUS ADMINISTRATION

- Oversee the administration of the [Borger ISD 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” or “the bee kid” or any other name related to the student’s condition.
- Ensure that administrative staff, school nurses, assistant principals, athletic and student athletic trainers, and any other select staff are current in CPR/AED certification.

- Designate staff who will be trained by the school nurse to respond to exposure or allergic reactions and/or administer Epi-Pens or medications when a school nurse is not available (i.e. a person who gives medications while nurse is at lunch or absent.)
- 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 adhered to) for notifying substitute teachers that they have a student in their classroom with food allergies who is at-risk for anaphylaxis.
- 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 SCHOOL NURSE (RN)

- Implement the [Borger ISD Food Allergy Management Plan](#) on the campus in consultation with the campus administrators, Director of Special Education, prescribing physicians, special education staff, the Transportation Director, and when appropriate, the 504 Coordinator.
- Review submitted ***Student Health History Information form*** annually. Contact parents/guardians who have indicated their child has a food allergy but have not submitted a completed ***Food Allergy Action Plan*** for their child. Request completion of the action plan.
- Review submitted Food Allergy Action Plans of students (or completed medication forms of those who haven't submitted an allergy plan.
- Collaborate with the parents/guardians in reviewing ***Food Allergy Action Plan/Medications*** forms.
- Email the student's teacher(s) when a ***Food Allergy Action Plan*** has been added or modified.
- Notify Child Nutrition, and if appropriate, the 504 Coordinator of a student with a severe food allergy and provide a copy of the ***Food Allergy Action Plan***.
- May administer life-saving student-provided prescription Epinephrine (Epi-Pen) if a student has signs/symptoms for anaphylaxis, and/or nebulized Albuterol for wheezing, anaphylaxis or respiratory distress pursuant to the district's medication procedures. May administer non-prescription oral antihistamine (Benadryl) for hives, allergic reactions, anaphylaxis or on an emergency basis with parental consent given on the ***Student Health History Information 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 [Epi-Pen Training Checklist](#).
- Ensure that student-supplied emergency life-saving medication (Epi-Pen) is properly labeled and stored in an accessible (but locked) area, and that the medication date has not expired.
- *(Elementary campuses)* Coordinate with teachers and parents for plans of care for students with severe allergies during the afterschool activities.
- *(Secondary campuses)* Request a list of students participating in athletics. Coordinate with coaches/trainers on plans of care for students with severe allergies and access to life-saving medications for a student.
- Ensure that a trained staff member attends field trips or school outings if parents are not in attendance.
- Participate in campus post-anaphylaxis conferences.

RESPONSIBILITIES OF CLASSROOM TEACHER

- Complete **Food Allergy and Anaphylaxis Training** annually.
- View students' **Food Allergy Action Plan** via hard copy or in TxEIS, as covered in the allergy training.
- Schedule time to complete training on how to administer an Epi-Pen.
- Understand and implement the **Food Allergy Action Plan** for your student(s). Ask school nurse for any clarification needed regarding plan(s).
- Ensure that all substitute individuals, pull out teachers (Special Ed., intervention, 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. (*Refrain from disclosing a student's name in the correspondence.*)
- 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 that involves the front office and/or campus nurse.
- Ensure that a student suspected of having an allergic reaction is accompanied by an adult (preferable) or student to the nurse's office.
- Do not put a student on the bus if there are any signs or symptoms of an allergic reaction.

Classroom Activities

1. Make sure a food-allergic student is included in all school activities. Students should not be excluded from school activities based solely on their food allergy.
2. Allow only pre-packaged food items with complete ingredient list 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.
3. Use non-food items, such as stickers, pencils, etc. as rewards, rather than food.

Snack Time/Lunch Time

1. Assist students with life-threatening food allergies in monitoring that only foods brought from home, or foods purchased in the cafeteria, are consumed.
2. 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.***
3. Prohibit students from sharing/trading food.
4. Encourage parents/guardians to send a box of "safe" snacks for their child.

Field Trips

1. Give the nurse at least a TWO-DAY notice prior to field trips for necessary preparation.
2. Collaborate with parents of student with food allergies when planning field trips.
3. When food is to be consumed on field trips, consider a plan for reduction of exposure to a student's life-threatening food allergy.

4. Enforce Borger ISD 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.
5. 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.
6. Consider ways to wash hands and encourage hand washing before and after eating (e.g. provision for hand wipes, etc.)
7. 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 Epi-Pen. **Call 9-1-1 if an allergic reaction occurs and/or an Epi-Pen is administered.**

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.
- 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 ACTIVITIES COORDINATORS/TEACHERS

- Collaborate with school nurse to identify students in your care who have a **Food Allergy Action Plan**. 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 (Epi-Pen) 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 any time 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 BORGER ISD 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 **Food Allergy Action Plans**.
- Obtain a copy of the **Food Allergy Action Plans** of students in your care and ask campus nurse for any clarification needed regarding the plan.
- Ensure all coaches/sponsors know if the student is self-carrying an Epi-Pen and where the student's Epi-Pen is located on the campus, or on the student's person (backpack, purse, etc.)
- Restrict the use of foods that are known allergens to students with food allergies at-risk for anaphylaxis.
- Enforce BORGER ISD procedures of "no eating or 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 Allergy and Anaphylaxis 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 the policy of "no consumption of food or drink (other than water)" while on the bus.
 - 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 the school nurse 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 who are at-risk for anaphylaxis on the campus, designated custodial staff will be provided the appropriate training, to ensure student safety.

Cardiovascular

Pale or blue skin color
Weak pulse
Dizziness or
lightheadedness
Shock or fainting

Respiratory

Coughing
Wheezing
Shortness of breath
Chest pain or tightness
Hoarse voice
Nasal congestion
Runny, itchy nose
Watery eyes
Sneezing
Trouble swallowing

Skin

May appear swollen
(especially the lips and eyes)
Itchy
Warm
Redness or rash
Hives (not always)

Gastrointestinal

Nausea
Pain
Cramping
Vomiting
Diarrhea

Other Concerning Signs

Anxiety
Feeling a sense of
impending doom"
Headache
Uterine Cramps
Metallic taste in the mouth

