
Note: Additional resources and supporting materials can be found on the [Texas Department of State Health Services \(TDSHS\) website](#).¹

Definitions

In accordance with state guidelines, and for the purposes of these procedures, the following definitions will apply:

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| 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. |
| Allergic Reaction | An immune-mediated reaction to a protein. Allergic reactions are not normally harmful. |
| Severe Food Allergy | An allergy that might cause an anaphylactic reaction. |
| Anaphylactic Reaction | A serious allergic reaction that is rapid in onset and may cause death. |
| 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. |
| Food Allergy Action Plan (FAAP) | 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. |
| Emergency Action Plan (EAP) | 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. |
| Individualized Health-Care Plan (IHP) | A plan written by a school nurse based on orders written by a health-care provider that details accommodations or nursing services to be provided to a student because of the student's medical condition. |

**District Food Allergy
Coordinator**

The Superintendent has designated the following staff person as the District food allergy coordinator for students:

Name: Keari Spence

Position: District RN

Address: 1338 W. Hwy 79, Rockdale, TX 76567

Telephone: 512-430-6200

Responsibilities

The District food allergy coordinator will:

1. Coordinate the development and ensure implementation of the District's FAMP.
2. Be responsible for disseminating applicable District policies, procedures, and the FAMP.
3. Develop, or assist in the development of, food allergy request, notice, and incident report forms, as well as District-approved forms for FAAPs, EAPs, and IHPs. [See FD, FFAC, and FFAF(EXHIBIT)]
4. Ensure that specific food allergy information is requested from parents and students of the District. [See FD and the student handbook.]
5. Pursue ongoing, specialized training in the management of food allergies in the school setting.
6. Ensure specialized training is received by any other employees responsible for development, implementation, and monitoring of the District's FAMP.
7. Provide general food allergy awareness training to employees. [See Training, below]
8. Develop general strategies for reducing exposure to common food allergens at District facilities and activities. [See Environmental Controls, below]
9. Coordinate the composition, responsibilities, and procedures of campus food allergy management teams (FAMTs), if applicable.
10. Ensure that employees and other individuals supervising a student with a diagnosed severe food allergy receive training, as necessary, regarding implementation of the student's FAAP, EAP, IHP, and/or Section 504 plan, as applicable, and

on specific strategies to reduce the risk of the student's exposure to the diagnosed allergen.

11. Develop procedures related to student self-administration of allergy medicine, including epinephrine auto-injectors prescribed to a student. [See FFAC]
12. Coordinate with the District's record management officer to develop and implement procedures for record retention. [See FD and FL]
13. Collect and maintain incident reports after a student's anaphylactic reaction at school or at a school-related activity.
14. Review individual student plans and procedures periodically and after an anaphylactic reaction by a student at school or at a school-related activity.
15. Review the FAMP and related District policies and procedures annually, including any recommendations from campus FAMTs or school health advisory councils (SHAC).
16. Develop procedures for response to fatal reactions.

Campus Food Allergy Management Teams (FAMT)

A campus food allergy management team will be created at each campus.

Composition

Members of the campus FAMT will include:

1. *Campus Principal*
2. *Campus Asst. Principal*
3. *Campus Nurse*
4. *Campus Counselor*
5. *Campus Food Service Manager*

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

Responsibilities

The campus FAMT will:

1. Assist in the development, implementation, and monitoring of the District's FAMP.
2. Be responsible for disseminating applicable District policies, procedures, and the FAMP.

3. Ensure that specific food allergy information is requested from parents and students of the campus. [See FD and the student handbook]
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 District's FAMP.
6. Provide general food allergy awareness training to employees. [See Training, below]
7. Implement general strategies for reducing exposure to common food allergens at campus facilities and activities. [See Environmental Controls, below]
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. Ensure that employees and other individuals supervising a student with a diagnosed severe food allergy receive training, as necessary, regarding implementation of the student's FAAP, EAP, IHP, and/or Section 504 plan, as applicable, and on specific strategies to reduce the risk of the student's exposure to the diagnosed allergen.
11. Implement procedures related to a student's self-administration of allergy medicine, including epinephrine auto-injectors prescribed to the student. [See FFAC]
12. Implement procedures for record retention developed by the *District food allergy coordinator* and record management of officer. [See FD and FL]
13. Create and submit incident reports to the *District food allergy coordinator* after a student's anaphylactic reaction at school or at a school-related activity.
14. Review individual care plans and procedures periodically and after an anaphylactic reaction by a student at school or at a school-related activity.
15. Review the FAMP and related District policies and procedures annually and provide input to the *District food allergy coordinator*.

16. Implement, if necessary, procedures for response to fatal reactions.

**Food Allergy
Management Plan**

General Procedures

Training

The District's FAMP will include the following components:

The District will provide specialized training to employees who are responsible for the development, implementation, and monitoring of the FAMP.

In addition, the District will provide general food allergy awareness training addressing:

1. The FAMP and applicable District policies and procedures;
2. General strategies to reduce the risk of exposure to common food allergens;
3. Signs and symptoms of food allergies;
4. Emergency response in the event of an anaphylactic reaction at school or at a school-related activity; and
5. Bullying awareness and response. [See FFI]

*Environmental
Controls*

The District's general procedures to reduce the risk of exposure to common food allergens will include:

1. Limiting, reducing, and/or eliminating food from classroom(s) and other learning environments used by students diagnosed with food allergies who are at risk for anaphylaxis.
2. Implementing appropriate cleaning protocols in the school, with special attention to identified high-risk areas.
3. Posting visual reminders promoting food allergy awareness.
4. Educating students about not trading or sharing food, snacks, drinks, or utensils.
5. Implementing hand washing protocols that emphasize the use of soap and water before and after meals.
6. Assigning staff members who are trained in the administration of epinephrine auto-injectors as monitors in the food service area, as appropriate.
7. Implementing appropriate risk reduction strategies for high-risk areas in the school, including, but not limited to, the cafeteria, classroom(s), and common areas; the school bus; extra-curricular activities; field trips; school-sponsored activities; and before- and after-school activities.

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| <i>Information Request</i> | <p>The District will use the following methods for requesting specific allergy information from the parent of a student with a diagnosed food allergy [see FD]:</p> <ol style="list-style-type: none">1. Request for information in enrollment packet and in online enrollment materials. |
| <i>Review</i> | <p>The FAMP and related District policies will be reviewed at least annually to ensure the District's materials remain consistent with the state-developed <u>Guidelines for the Care of Students With Food Allergies At-Risk for Anaphylaxis</u>.²</p> |
| <i>Students at Risk for Anaphylaxis Identification</i> | <p>When a student is identified as having a severe food allergy, the <i>District food allergy coordinator</i> will request that the parent provide the following documents completed by a physician or other licensed health-care provider:</p> <ol style="list-style-type: none">1. The FAAP and EAP.2. If the parent is requesting meal substitutions or modifications, the Statement Regarding Meal Substitutions or Modifications. [See FFAF(EXHIBIT)]3. The Authorization for Self-Administration of Asthma and/or Anaphylaxis Medication form, if applicable. [See FFAC(EXHIBIT)]4. The Request for the Administration of Medication at School form, if applicable. [See FFAC(EXHIBIT)]5. Additional information regarding the signs and symptoms of an anaphylactic reaction that the student might experience. <p>The District nurse will use documents completed by a physician or other licensed health-care provider to develop an IHP for the student, if necessary.</p> |
| <i>Eligibility for Accommodations Under Federal Law</i> | <p>Upon receipt of the identification information above, a student with a disability who is thought to be in need of special education and related services will be referred for formal evaluation in accordance with law. [See EHBA(LEGAL)]</p> <p>A Section 504 committee will convene to determine if accommodations, including substitutions and other school support services, are necessary for the student to receive a free appropriate public education (FAPE) under Section 504 of the Rehabilitation Act. If the committee determines that the student needs these accommodations to participate successfully and safely in the learning environment, the committee will develop a Section 504 plan. [Also see FB]</p> |

To the extent that the use of epinephrine for a food allergy is not a required service or support addressed in a student's Section 504 plan or individualized education program (IEP), a FAAP, EAP, or IHP does not constitute a service or accommodation under Section 504 or the Individuals with Disabilities Education Act (IDEA).

*Post-
Identification*

The school nurse will meet with the student and parent to review the documentation and to develop:

1. Specific strategies to reduce the student's risk of exposure to the diagnosed allergen;
2. Procedures related to the student's self-administration of his or her prescribed epinephrine auto-injector, if applicable; [See FFAC]
3. Procedures for when the student is not able to self-administer anaphylaxis medication; and
4. Emergency procedures that will be implemented in the event of an anaphylactic reaction at school or at a school-related activity.

*Notification and
Training*

As necessary and in compliance with the Family Educational Rights and Privacy Act (FERPA) and District policy [see FL], notification will be provided to staff, classmates, parents, volunteers, and substitutes of a student with a diagnosed severe food allergy, and the *District food allergy coordinator* will provide training addressing:

1. General and specific strategies to reduce the student's risk of exposure to the diagnosed allergen;
2. Signs and symptoms of the food allergy; and
3. Emergency response in the event of the student's anaphylactic reaction at school or at a school-related activity.

Review

Individual care plans and procedures will be reviewed periodically and after a student's anaphylactic reaction at school or at a school-related activity.

*After an
Anaphylactic
Reaction*

Reports

After a student's anaphylactic reaction at school or at a school-related activity, the *school nurse* should submit an incident report to the *District coordinator* identifying:

1. If known, the source of allergen exposure;
2. Emergency action taken, including whether an epinephrine auto-injector was used and whether the student or a staff member administered the epinephrine; and

- Response
3. Any recommended changes to procedures.
 - After a student's anaphylactic reaction, the *District food allergy coordinator* will:
 4. Meet with school staff to dispel any rumors and review administrative procedures.
 5. Provide to parents of other classroom students factual information that complies with FERPA and District policy and does not identify the individual student.
 6. 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 and how to reduce risk in the cafeteria by reviewing food labels, minimizing cross-contamination, and other strategies.
 7. Review the FAAP, EAP, and IHP as applicable, and any other elements of the care plan to address any changes needed or made by the student's health-care provider.
 8. If an epinephrine auto-injector was used during the reaction, ensure that the parent/guardian replaces it with a new one.

If applicable, the Section 504 committee will convene to review the student's Section 504 plan.

**Student Health Plans
for Other Medical
Conditions**

If required for the student to remain in the school setting, an IHP will be implemented.

If applicable, a student's IHP must be coordinated with his or her Section 504 plan.

Note: See FB for information regarding the application of Section 504 of the Rehabilitation Act to students who qualify for an IHP. The [Texas Guide to School Health Services-Addressing Students' Special Health Care Needs](#)³ can be found on the TDSHS website.

¹ Texas Department of State Health Services:

<https://www.dshs.state.tx.us/schoolhealth/default.shtm>

² Guidelines for the Care of Students With Food Allergies At-Risk for Anaphylaxis: https://www.dshs.state.tx.us/uploadedFiles/Content/Prevention_and_Preparedness/schoolhealth/SHAC/Guidelines-Food%20Allergy-Final.pdf

³ Texas Guide to School Health Services-Addressing Students' Special Health Care Needs: <https://www.dshs.state.tx.us/schoolhealth/tgshs/addressingspecial/?terms=individual%20health%20plan%20504>