



FOOD AND SEVERE ALLERGY MANAGEMENT PLAN

PURPOSE

The Georgetown Independent School District (GISD) Health Services Food and Severe 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 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 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.

RATIONALE

Some allergens such as food, medication, insect stings and latex can trigger a severe, systemic allergic reaction called anaphylaxis. Anaphylaxis is a life-threatening allergic reaction, and is considered an emergency.

Allergies, especially food allergies, are a significant issue in schools. The most common life-threatening allergies are to foods, but environmental and chemical allergies may also pose a health risk for some students or staff members. **The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock, which is potentially fatal.** The best way to prevent allergic reactions is to avoid the allergen. The risk of exposure to allergens, including accidental exposure to foods can be reduced in the school setting with cooperation between parents, students, healthcare providers, school nurses, and school staff.

Epinephrine (adrenaline) is a quick-acting hormone that works to relieve all of the physiological processes that occur with anaphylaxis. The use of auto-injector epinephrine is recommended in the emergency treatment of an anaphylactic reaction, and designated school staff responsible for administering emergency medications for anaphylactic reactions must be familiar with the operation of these devices used by the students in the school building.

OBJECTIVES

- To define the process of identifying, managing and ensuring continuity of care for students with life-threatening allergies.
- To maintain the health and protect the safety of students who have life-threatening allergies during the school day.
- To assure that interventions, individualized healthcare plans (IHPs), and emergency anaphylaxis action plans are based on medically accurate information and evidence-based practices, and comply with district policy and state laws (*FFAF LEGAL*);



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TEC §38.015; TEC §38.0151; TEC §38.017; TEC §38.0181; TEC §38.051; TEC §22.052; TEC §5.0022; Texas Family Code §32.001-32.003; Section 504 of the Rehabilitation Act 1973; ADA of 2008; IDEA; FERPA; HIPPA)

PROCEDURAL GUIDELINES

IDENTIFICATION OF A STUDENT WITH FOOD ALLERGIES OR ENVIRONMENTAL ALLERGIES AT RISK FOR ANAPHYLAXIS

- Notification of a food allergy:
 1. In accordance with Texas Education Code Chapter 25, Section 25.0022, the District requests annual disclosure of all food allergies by the parent or guardian on the *Student Health History* form. This form will be available in online enrollment and from the school nurse. This form requests disclosure of a student's food allergies, risk of anaphylaxis and/or prescribed injectable epinephrine (EpiPen) or other medications in order for the District to take precautions regarding the student's safety.
 2. When a student's severe food allergies, risk of anaphylaxis and/or prescribed EpiPen is disclosed by the parent or guardian, then Anaphylaxis/ *Action Plan* should be completed by the **parent and student's physician** and be submitted to the school nurse. Parents and guardians may obtain a copy of the *Anaphylaxis Action Plan* from the school nurse or the District website Health Services page.
 - If no *Anaphylaxis Action Plan* is returned, but the parent requests and provides allergy medication (*TEC 22.052; FFAC Legal; FFAC Local*):
 - i. Written parental authorization will be provided for all parent-provided medications;
 - ii. Medication will be provided in a properly labeled container, and not expired.
 3. A *Special Diet Request Form* or Allergy Action Plan must be completed by the **parent and physician** for any modifications or substitutions of meals purchased through GISD cafeterias due to food allergies. This form is available 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.

DEVELOPMENT, COMMUNICATION, IMPLEMENTATION AND MONITORING OF ALLERGY ACTION PLANS, EMERGENCY ACTION PLANS, INDIVIDUALIZED ACTION PLANS, AND/OR 504 PLANS

- Upon receipt of the completed *Anaphylaxis Action Plan* the school nurse will:
 1. Updated student health record. Documentation from a physician of a food allergy will be placed in the student's health file/Skyward Health record. The school RN may enter appropriate notes about a student's possible food allergy in Skyward Health Record, including a notation that the parent has notified the school district of a student's possible food allergy. (*TEC 22.0022*)
 2. Enter the disclosed allergy as a Health Condition in Skyward Health Record and add to the Alert box with critical indicator as needed.
 3. Develop an Emergency Action Plan or IHP for management of the student's food/severe allergy.
 4. Initiate the 504 process, if appropriate.



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5. Notify the Director of Child Nutrition and the campus cafeteria manager of completed *Special Diet Request Form* or completed Allergy Action Plan.

Student Medication Self-Carry

According to the Texas Education Code §38.015 (FFAC), a student with asthma or anaphylaxis is entitled to possess and self-administer prescription asthma or anaphylaxis medicine on school property or at a school-related event of activity if:

1. the prescription medicine has been prescribed for that student;
2. the student has demonstrated to the student's physician or other licensed health care provider and the school nurse, if available, the skill level necessary to self-administer the prescription medication, including the use of any device required to administer the medication;
3. the self-administration is done in compliance with the prescription or written instructions from the student's physician or licensed health care provider, and
4. a parent of the student provides to the school:
 - a. a written authorization, signed by the parent, for the student to self-administer the prescription medicine while on school property or at a school-related event or activity; and
 - b. a written statement from the student's physician or other health care provider, signed by the physician or provider, that states:
 - i. that the student has asthma or anaphylaxis and is capable of self-administering the prescription medicine;
 - ii. the name and purpose of the medicine;
 - iii. the prescribed dosage of the medicine;
 - iv. the times at which or circumstances under which the medicine may be administered, and
 - v. the period for which the medicine is prescribed.

District Provided Stock Epinephrine

According to the Texas Education Code §38.201-38.215 (FFAC Legal and Local), each school district, open-enrollment charter school, and private schools may adopt and implement a policy regarding the maintenance, administration, and disposal of stock epinephrine auto-injectors at each campus in the district or school.

Mylan will fund the program through Epipen4schools. If funding from an outside source ceases, the implementation of Stock Epinephrine Auto-Injectors will be re-evaluated by GISD.

Parents of students with known life-threatening anaphylaxis should provide the school with all necessary medications for implementing the student-specific order on an annual basis. **This guideline is not intended to replace student-specific orders or parent-provided individual medications.**

This guideline does not extend to activities at an off-campus school event (including transportation to and from school, field trips, camp, etc.) or outside of the academic day (sporting events, extra-curricular activities, After School Program, etc.)



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Responsibility

School Nurse, Campus Administrator, and Trained Personnel

Definitions

Anaphylaxis - means a sudden, severe, and potentially life-threatening allergic reaction that occurs when a person is exposed to an allergen.

Epinephrine auto-injector - means a disposable medical drug delivery device that contains a premeasured single dose of epinephrine intended to be used to treat anaphylaxis.

Physician - means a person who holds a license to practice medicine in this state.

School personnel - means an employee of a school district or open-enrollment charter school. The term includes a member of the board of trustees of a school district or the governing body of an open-enrollment charter school.

Procedure

1. Authorize Personnel for Training:

Building level administration shall be responsible for authorizing school personnel, and the School Nurse is to provide training on Stock Epinephrine Auto-Injectors through a formal training session or online education annually to the following school personnel (a minimum of 2 at each campus). One or more trained personnel must be present while the campus is open. A campus is considered open beginning with the first hour of instruction through the last hour of instruction. Examples of personnel who may be trained:

- Principals
- Assistant Principals
- Clinic Back Up personnel
- PE Teacher/Coaches
- Additional staff deemed necessary

Only trained personnel should administer stock epinephrine to a student believed to be having an anaphylactic reaction.

2. Availability of Epinephrine Auto-Injectors:

Health Services will provide, through Mylan EpiPen4schools program, each campus with 2 Epi-Pen Auto-Injectors, and 2 Epi-Pen Jr. Auto-Injectors.

3. Epinephrine Auto-Injector Monthly Check:

The expiration date of epinephrine solutions should be checked monthly and documented; the drug should be discarded and replaced if it is past the prescription expiration date. The contents should be inspected through the clear window of the auto--injector. The solution should be clear; if it is discolored or contains solid particles, replace the unit. Supplies associated with responding to a suspected



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anaphylaxis should be stored along with the epinephrine (Accident/Incident Reporting Form, copy of Epinephrine Auto-Injector Guideline).

4. Location of Epinephrine Auto-Injectors:

Epinephrine Auto-Injectors should be stored in a secure, unlocked and easily accessible location, in a dark place at room temperature (between 59--86 degrees F). It should be protected from exposure to heat, cold, or freezing temperatures. Exposure to sunlight will hasten deterioration of epinephrine more rapidly than exposure to room temperatures.

Medications should be kept in an easily accessible and secure location central to designated school personnel who are authorized and trained to administer an epinephrine auto-injector.

5. Report on Administering Epinephrine:

Stock Emergency Medication Documentation Form will be filled out immediately and must include all of the following information:

- Age of the person who received the epinephrine
- Who (student, staff, volunteer or visitor)
- Location of where epinephrine was administered
- Number of doses administered
- Title of trained personnel who administered epinephrine
- Any other information required by the Commissioner of Education

The report must be sent to the Health Services Coordinator who, no later than the 10th business day after the epinephrine auto-injector administration, must send the report to all of the following:

- The prescribing physician
- The Commissioner of Education
- The Commissioner of State Health Services

6. Training of Authorized School Personnel:

The school nurse will be responsible for annual training to authorized school personnel in the administration of an epinephrine auto-injector. Records on the training shall be maintained and readily available by the school nurse in the campus clinic. The training will include formal training sessions or online education. Training will include:

- Recognizing the signs and symptoms of anaphylaxis
- Administering an epinephrine auto-injector
- Implementing emergency procedures after administration
- Proper disposal of used or expired epinephrine auto-injector

7. Notice to Parents:

The district shall provide written notice to the parents/guardians of each student enrolled in the district before the start of each school year.



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8. Disposal:

Epinephrine auto-injectors will be discarded in a sharps container.

9. Immunity from Liability:

A person who in good faith takes, or fails to take, any action under this addendum is immune from civil or criminal liability or disciplinary action resulting from that action or failure to act. See Texas Education Code 38.215 for more information.

REDUCING THE RISK OF EXPOSURE THROUGH ENVIRONMENTAL CONTROLS

- Children at risk for anaphylaxis should not be excluded from the classroom activities based on their food allergies.
- Limit, reduce, and/or eliminate food from classroom(s) and other learning environments used by children with food allergies at risk for anaphylaxis
- Develop procedures for the management of parent-provided classroom snacks as allowed by Texas statute, with consideration given to students with food allergies at-risk of anaphylaxis. Refer to Birthday Treat Guidelines (CO Legal)
- Appropriate cleaning protocols will be followed on campuses, with special attention to identified high-risk food allergy areas (i.e. cafeteria tables).
- Educating children about not trading or sharing food, snacks, drinks, or utensils.
- Provide ready access to epinephrine in an accessible, secure but unlocked area.
- A post exposure conference will be held if an anaphylactic event occurs.
- Information concerning the *GISD Food and Severe Allergy Management Plan* will be included in the student handbook and will be available on the from the Health Services Coordinator and/or the school nurse.

TRAINING FOR SCHOOL STAFF ON FOOD ALLERGIES, ANAPHYLAXIS AND EMERGENCY RESPONSE

- All campus staff will complete Level I- Awareness Training for Food/Life-threatening Allergies. This training will cover the following subjects:
 1. Most common food allergens and environmental allergens.
 2. Importance of environmental controls and avoidance.
 3. Signs and symptoms of an anaphylactic reaction.
 4. How to administer EpiPen.
 5. How to use Anaphylaxis *Action Plan*.
- Designated staff will complete Level II-Specialized Training for Food/Life-threatening Allergies. "Designated staff" includes any staff member who is responsible for a student with a severe allergy during any part of their school day- including school sponsored events, programs, extra-curricular programs, or athletics. Training will cover the following subjects:
 1. More comprehensive Level I information.
 2. Individualized information for each student with a food or other severe environmental allergy.
 3. Demonstration and return-demonstration of how to administer EpiPen.



4. Planning for students who do not have EpiPen at school.
5. Environmental control factors including handwashing.
6. Working with Emergency Medical Services (EMS).
7. Substitute preparedness planning.

ACTIONS FOR ANAPHYLAXIS

POSSIBLE SYMPTOMS OF AN ALLERGIC REACTION
SEVERE SYMPTOMS:
LUNG: Short of breath, wheeze, repetitive coughing
HEART: Pale, blue, faint, weak pulse, dizzy, confused
THROAT: Tight, hoarse, trouble breathing or swallowing, repetitive clearing of throat
MOUTH: Obstructive swelling (tongue or lips), drooling, blueness around the mouth
SKIN: Many hives over body
GUT: Vomiting, crampy pain
MILD SYMPTOMS:
MOUTH: Itchy mouth
SKIN: A few hives around mouth/face, mild itching
GUT: Mild nausea/discomfort
RESPONSE TO AN ALLERGIC REACTION
<p>Any staff member who becomes aware that a student is having an allergic reaction:</p> <ol style="list-style-type: none"> 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 <p>Note: Effects of EpiPen last only 10-20 minutes. Emergency medical care (911) must be obtained immediately.</p>

POST ANAPHYLAXIS REACTION REVIEW OF POLICY AND PROCEDURES

- Annual review of policies and procedures should occur to stay current with the management of food and environmental allergies. Review can include:
 1. Current science on management of food allergies in the school setting.
 2. A review of the school district’s annual incident report summaries.
 3. A review of current policies and administrative procedures.



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4. Recommendations brought forth by the campus food allergy management team, if established, or the local SHAC.
- For an anaphylactic reaction experienced at school, preparation should be made for the child's return to school. Collaboration with the parents and campus staff might include the following:
 1. Identify, if possible, the source of allergen exposure and take steps to prevent future reactions.
 2. 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.
 3. Identifying and interviewing those who were involved in the emergency care of the student and those that witnessed the event.
 4. Meeting with school staff to dispel any rumors and review administrative regulations.
 5. Providing factual information to parents of other classroom students that complies with FERPA law 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 student nutrition department to ascertain what potential food item was served/consumed, how to reduce risk in the cafeteria by reviewing food labels, minimizing cross-contamination and other strategies.
 7. Review of the Allergy Action Plan, EAP, IHP, and/or the 504 Plan and amend to address any changes that were made by the student's healthcare provider.
 8. If an epinephrine auto-injector was utilized during the reaction, ensure that the parent/guardian replaces it with a new one.

RECOMMENDED ENVIRONMENTAL CONTROL ROLES AND RESPONSIBILITIES

Responsibilities of family and student

- Notify the campus nurse of the student's allergies in accordance with TEC, Section 25.022. Use of the GISD *Student Health History* form is the preferred method of notification.
- Complete the *Anaphylaxis Action Plan* (parent and physician) and return to the school nurse.
- Contact the school nurse to review the *Anaphylaxis Action Plan* and provide input in developing the student's IHP. Discuss accommodations the student may need throughout the school day or during school-sponsored activities.
- **Collaborate with the school nurse regarding school sponsored before/after school activities your student participates in (i.e. after school program, athletics , marching band, drama, cheer/drill etc).** Collaborate with the school nurse regarding any 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:
 1. Safe and unsafe foods.
 2. Strategies for avoiding exposure to unsafe foods.
 3. Symptoms of allergic reactions.
 4. How and when to tell an adult they may be having an allergy-related problem.
 5. How to read food labels (age/developmentally appropriate).



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6. If determined by physician, parent and school nurse to be competent to self-administer emergency anaphylaxis or asthma medications, the importance of keeping their emergency medication(s) with them and ongoing support of proper skills and knowledge to use prescribed emergency medication, including EpiPen (*TEC 38.015; FFAC Legal*)
 7. Importance of not sharing their medications with anyone.
- Work with campus staff (teacher, administrator, nurse) for accommodations needed throughout the school day, including the classroom, the cafeteria, school-sponsored activities and on the school bus.
 - Provide school nurse/campus emergency contact information and update as needed.

The responsibilities of the student include:

- No trading 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 age/developmentally appropriate).
- Immediately notify an adult if they eat something they believe may contain a food to which they are allergic.

Responsibilities of campus administration

- Oversee the administration of the GISD *Food and Severe Allergy Management Plan* on the campus.
- Designate staff (Level II) who will be trained by the school nurse to respond to exposure or allergic reactions and administer EpiPen or medications when a school nurse is not available.
- Assure annual training compliance and provide opportunities for Level I and Level II- Food/Life-threatening Allergies for staff annually.
- Ensure that designated staff complete Level I and Level II- Food/Life-threatening Allergies 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, 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.
- 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-aware (No Nut or No Allergen Zones) in the cafeteria if needed.
- Ensure that appropriate cleaning of allergy-aware areas in the cafeteria is being followed.

Responsibilities of the registered school nurse (RN) with assistance from LVN when appropriate

- Implement the administration of the GISD *Food and Severe Allergy Management Plan* on the campus in consultation with the campus administrators, Coordinator of Health Services, prescribing physicians, Special Education staff and 504 coordinators when appropriate.



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- Provide Level I and Level II Food/Life-threatening Allergies annually for staff. Maintain documentation of staff training including principal designation forms and appropriate training/skills checklists (e.g. Oral Medications, Inhaled Medications, EpiPen, etc.).
- Review submitted annual *Student Health History* forms in a timely manner. Contact parents/guardians who have indicated their student has a food allergy and have not submitted a completed *Anaphylaxis Action Plan* for their student. Request completion of the action plan.
- Review submitted *Anaphylaxis Action Plans* of students (or completed *Permission to Administer Medication* forms for those who haven't submitted an allergy plan).
- Collaborate as needed with the parents/guardians in reviewing *Anaphylaxis Action Plan/Medication Permission Forms* and creating IHP's.
- Notify teachers on the student's schedule, when an *Anaphylaxis Action Plan* has been added or modified for a student.
- Notify Child Nutrition and 504 coordinators of a student with a severe food or environmental allergy as needed and provide a copy of the *Anaphylaxis Action Plan* as appropriate.
- Review and modify IHPs, 504 plans and IEPs annually and as needed.
- Train principal-designated Level II trained staff annually in responding to exposure or allergic reactions and administration of EpiPen and/or medications when a school nurse is not available.
- Ensure that emergency life-saving medication (EpiPen) is properly labeled and stored in an accessible (does not have to be locked during school hours) and dates have not expired.
- Request a list of students participating in after school program. Coordinate with After School Program Site Coordinators and parents for plan of care for students with severe allergies (elementary and intermediate campuses). Additional medications may be requested; however if not available a plan must be put in place for After School Program to have access to emergency medications.
- Coordinate with coaches/trainers on plans of care for students with severe allergies and access to any emergency medications for students.
- Ensure that a Level II trained staff member attends field trips or school outings if parents are not in attendance.
- Participate in campus post anaphylaxis conference.
- When appropriate provide letter home to classroom regarding food or other severe allergies.
- When appropriate provide educational information to students in classroom regarding food or other severe allergies.

Responsibilities of Health Services Coordinator or Superintendent Designee

- Coordinate the management of food and life-threatening 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 GISD *Food and Severe 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 GISD Medical Advisor as needed regarding District's *Food and Severe Allergy Management Plan*.



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- Coordinate post anaphylaxis conferences and implement any needed changes to the GISD *Food and Severe Allergy Management Plan* to increase student safety.

Responsibilities of the classroom teacher/specialist

- Complete Level I and/or Level II Food/Life-threatening Allergies annually.
- Review student(s)' *Anaphylaxis Action Plan* and/or IHP with the school nurse. Understand and implement the *Anaphylaxis 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, interventions, etc.) are informed of the student's food or severe allergy, including access to 1-page signs/symptoms of severe allergic reaction (anaphylaxis) form.
- Assure a plan is in place for substitutes and access to emergency plans and signs/symptoms of severe allergic reaction are readily available.
- Eliminate identified allergens in classroom of students with food allergies at risk for anaphylaxis.
- As provided by the school nurse, send District letter 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 to the clinic.
- Do not put a student on the bus if there are any signs or symptoms of an allergic reaction, or if a potential exposure has occurred.

Classroom Activities:

- Ensure that a food-allergic student (or any student with a life-threatening allergy) is included in all school activities. Students should not be excluded from school activities solely based on their allergy.
- Allow only pre-packaged 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. Visitors may only bring food for their own family members.
- Promote and monitor good handwashing 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 "safe" snacks for their child.



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Field Trips:

- Give the nurse at least a TWO day notice prior to field trips for necessary preparation.
- Ensure that the *Anaphylaxis Action Plan* and the student's prescribed EpiPen are taken on field trips. **Call 911 if an allergic reaction occurs and/or EpiPen is administered.**
- Collaborate with parents of students 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 allergies.
- Enforce GISD 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 and/or attendance must be assured regardless of the parent's presence on the trip.
- Collaborate with the school nurse to ensure at least one staff member on the field trip is trained in recognizing signs and symptoms of life-threatening allergic reactions and is trained to use an EpiPen.
- Consider availability of handwashing facilities and encourage hand washing before and after eating. Provision of hand wipes is acceptable in lieu of handwashing facilities.

Responsibilities of Student Nutrition Director

- Provide Level I- Food/Life-threatening Allergies Awareness training to food service staff 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.
- In cooperation with GISD Dietitian, train food service staff and their substitutes to read product food labels and recognize food allergen as needed
- 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 head coaches, trainers, sponsors and other persons in charge of school-sponsored activities

- Conduct the program or school sponsored activity in accordance with GISD policies and procedures regarding students with food or other severe allergies who are at-risk for anaphylaxis.
- Provide Level I and Level II- Food/Life-threatening Allergies training for all coaches and other key staff annually. Maintain documentation of trained staff.



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- Ensure all coaches, trainers and student trainers are current in CPR/AED and 1st Aid certification.
- Consult with the school nurse to identify students in your care who have *Anaphylaxis Action Plans*. Obtain a copy of the *Anaphylaxis Action Plans* 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 GISD 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 the transportation department

- Provide Level I - Food/Life-threatening Allergies Awareness 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 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.