

# Allergy & Anaphylaxis

## Anaphylaxis (Severe Allergic Reaction)

- Anaphylaxis is a sudden, life-threatening, severe allergic reaction. The most dangerous symptoms include breathing difficulties, a drop in blood pressure, or shock.
- Common examples of potentially life-threatening allergies are those to foods or stinging insects. Other allergic reactions may also occur to medications, latex, or while exercising.
- **Parents of children with known anaphylaxis or allergies are expected/HIGHLY encouraged to provide an individual supply of emergency medication to the school office.**

**Texas Education Code, Chapter 25, Section 25.0022, (Click) requires a parent or legal guardian to disclose, at the request of the school district, whether the child has a food allergy.**

- i. The emergency treatment is epinephrine, which is usually supplied in epinephrine auto-injectors (example: EpiPen® and EpiPen Jr® or Auvi-Q®).
- ii. While Walnut Bend ISD cannot guarantee an allergy-free environment at school, the district is committed to doing everything possible to ensure the safety of every child who has allergies.

## Anaphylaxis Guidelines

Walnut Bend ISD has developed guidelines to manage students with these life-threatening allergies so that they may safely participate in the educational process. Students who are at risk for developing anaphylaxis are entitled to carry and self-administer their anaphylaxis medications (epinephrine auto-injectors) while at school or at a school event (TEC 38.015) if they have met the requirements below:

1. The medication and the self-administration must be authorized by a physician or a licensed health care provider along with the signature of the child guardian and documented on the WALNUT BEND ISD Anaphylaxis Action Plan to self-carry an Anaphylaxis Auto-Injector.
2. The student must demonstrate to the physician, other health care providers, and the school nurse, if available, the skill level necessary to self-administer the medication.
3. **Required:** WALNUT BEND ISD has developed an [Allergy/Anaphylaxis Action Plan](#) that has the components of the requirements included within it.
4. **Required:** [Medication Authorization Form](#)
5. If your child **requires a special diet modification**, fill out the Special Diet Accommodations form for substitutions or modifications [Dietary Request Form](#)

and return it to the school office. This form requires a physician's signature along with the parent/guardians' signature.

- Please contact your school nurse before enrollment or at the start of the new school year if you are unable to print the above form to obtain all the proper paperwork needed that helps ensure the safety of your student with an allergy.
- If your child has an allergy or anaphylaxis, we HIGHLY encourage you to have an Action Plan in place at the campus where your child is enrolled.
- If you do not wish to have an Action Plan in place, please sign and return the REFUSAL for Treatment [Refusal Form](#) to the school office.

## **UNASSIGNED Epinephrine Auto-Injectors**

- In accordance with Chapter 38, Subchapter E of the Education Code, the Board has adopted a policy to allow authorized school personnel who have been adequately trained to administer an unassigned epinephrine auto-injector to a person who is reasonably believed to be experiencing a severe allergic reaction (anaphylaxis).
- An “unassigned epinephrine auto-injector” is an epinephrine auto-injector prescribed by an authorized healthcare provider in the name of the school issued with a non-patient-specific standing delegation order for the administration of an epinephrine auto-injector.
- Epinephrine auto-injectors include brand-name devices such as EpiPens®.
- Authorized and trained individuals may administer an epinephrine auto-injector at any time to a person experiencing anaphylaxis on a school campus.
- The district will ensure that at each campus a sufficient number of school personnel are trained to administer epinephrine so that at least one trained individual is present on campus during regular school hours and whenever school personnel is physically on-site for school-sponsored activities.
- All campuses have an emergency supply of epinephrine that may be administered in the event of an unexpected, undiagnosed anaphylactic reaction. Authorized and trained individuals such as the Athletic Trainer may administer an unassigned epinephrine auto-injector to a person experiencing anaphylaxis at an off-campus school event or while in transit to or from a school event when an unassigned epinephrine auto-injector is available. For additional information, see FFAC (LOCAL). The district has specific procedures regarding the maintenance, administration, and disposal of epinephrine. The district works to provide epinephrine that is maintained in unlocked cabinets, checked periodically, and disposed of properly after

use. Staff is appropriately trained as to the right circumstances in which to administer epinephrine in the event of an anaphylactic reaction.

### **Food Allergy (Including, but not limited to, peanut allergy) (All Grade Levels)**

1. Parents should notify the district when a student has been diagnosed with a food allergy, especially an allergy that could result in dangerous or life-threatening reactions either by eating, breathing, or touching the particular food. It is important to disclose the food to which the student is allergic as well as the nature of the allergic reaction. Please contact the school office if your child has a known food allergy or as soon as possible after any diagnosis of a food allergy.
2. Walnut Bend ISD Food Allergy Management Plan will be individualized for all students who have food allergies.
3. If your child requires any dietary issues, fill out the Statement Regarding Meal Substitutions or Modifications [Dietary Request Form](#) and return it to the school office. This form requires a physician's signature along with the parent/guardians' signature.
4. Once notified of the student's allergy, a working partnership with the student, parents, student's physician, Walnut Bend ISD personnel, as appropriate, begins the foundation for the development of an individual health plan (IHP).
5. Upon receipt of signed medical plans and parental consent, the IHP is developed. The first to be addressed is the emergency response. Our team who works daily with the affected student, are trained to recognize an allergic reaction, have the rescue drugs readily available, and can quickly treat the student. This will include training of these staff members annually or more frequently as the school nurse deems necessary.
6. You must understand as a parent you must communicate the allergy to the school and make sure the district receives the appropriate Action Plan signed by the Child's physician and the guardian's signature.
7. The Child Nutrition Department, in collaboration with the parents and the school nurse, will follow their policy for medical documentation for meal substitution when applicable.
  - It is the parents'/guardians' responsibility to inform the school office if the student has a history of anaphylaxis or allergies. It is the responsibility of the parent/guardian to have a Care plan / Plan of Action filled out and signed by the physician and parent/guardian.

- It is the parents'/guardians' responsibility to turn the Action Plan into the school office.
- **By not providing Anaphylaxis and/or Allergy information regarding the student, I acknowledge that I will not hold the Walnut Bend ISD, Board of Trustees, and / or District employees for damages or injuries resulting from not providing the above information for the students care.**

**EDUCATION CODE CHAPTER 38. HEALTH AND SAFETY (texas.gov)**

Sec. 38.015. SELF-ADMINISTRATION OF PRESCRIPTION ASTHMA OR ANAPHYLAXIS MEDICINE BY STUDENTS. (a) In this section:

(1) "Parent" includes a person standing in parental relation.

(2) "Self-administration of prescription asthma or anaphylaxis medicine" means a student's discretionary use of prescription asthma or anaphylaxis medicine.

(b) A student with asthma or anaphylaxis is entitled to possess and self-administer prescription asthma or anaphylaxis medicine while on school property or at a school-related event or activity if:

(1) the prescription medicine has been prescribed for that student as indicated by the prescription label on the medicine;

(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 other 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 **(Asthma Action Plan)** from the student's physician or other licensed 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 for 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.

(c) The physician's statement must be kept on file in the office of the school nurse of the school the student attends or, if there is not a school nurse, in the office of the principal of the school the student attends.

(d) This section does not:

- (1) waive any liability or immunity of a governmental unit or its officers or employees; or
- (2) create any liability for or a cause of action against a governmental unit or its officers or employees.

(e) The commissioner may adopt rules and prescribe forms to assist in the implementation of this section.

Added by Acts 2001, 77th Leg., ch. 511, Sec. 1, eff. June 11, 2001. Renumbered from Education Code Sec. 38.013 by Acts 2003, 78th Leg., ch. 1275, Sec. 2(19), eff. Sept. 1, 2003.

Amended by:

Acts 2006, 79th Leg., 3rd C.S., Ch. 5 (H.B. [1](#)), Sec. 10.01, eff. May 31, 2006.

Acts 2006, 79th Leg., 3rd C.S., Ch. 5 (H.B. [1](#)), Sec. 10.02, eff. May 31, 2006.

Sec. 38.0151. POLICIES FOR CARE OF CERTAIN STUDENTS AT RISK FOR ANAPHYLAXIS. (a) The board of trustees of each school district and the governing body or an appropriate officer of each open-enrollment charter school shall adopt and administer a policy for the care of students with a diagnosed food allergy at risk for anaphylaxis based on "Guidelines for the Care of Students With Food Allergies At-Risk for Anaphylaxis" developed by the commissioner of state health services under this section and updated by the commissioner of state health services in consultation with an ad hoc committee appointed by the commissioner of state health services as provided by Section [38.0152](#). The guidelines and any recommendation to

update the guidelines regarding medical treatment or therapy must be scientifically valid.

(b) A school district or open-enrollment charter school shall annually review and, as necessary, revise its policy for the care of students with a diagnosed food allergy at risk for anaphylaxis to ensure the policy is consistent with the most current version of the guidelines described by Subsection (a).

(c) The guidelines described by Subsection (a) may not:

(1) require a school district or open-enrollment charter school to purchase prescription anaphylaxis medication, such as epinephrine, or require any other expenditure that would result in a negative fiscal impact on the district or charter school; or

(2) require the personnel of a district or charter school to administer anaphylaxis medication, such as epinephrine, to a student unless the anaphylaxis medication is prescribed for that student.

(d) This section does not:

(1) waive any liability or immunity of a governmental entity or its officers or employees; or

(2) create any liability for or a cause of action against a governmental entity or its officers or employees.

(e) The agency shall post the guidelines described by Subsection (a) on the agency's website with any other information relating to students with special health needs. The information posted by the agency must include a summary of the guidelines. The agency shall annually review and, as necessary, revise the summary and any other information to reflect the most current version of the guidelines.

(f) A school district or open-enrollment charter school that provides for the maintenance, administration, and disposal of epinephrine auto-injectors under Subchapter E is not required to comply with this section.

(g) Each school year, the board of trustees of each school district and the governing body of each open-enrollment charter school shall post a summary of the guidelines on the district's or school's Internet website, including instructions on obtaining access to the complete guidelines document. The district's or school's website must be accessible by each student enrolled in the district or school and a parent or guardian of each student. Any forms used by a district or school requesting information from a parent or guardian enrolling a child with a food allergy in the district or school must include information to access on the district's or school's

Internet website a summary of the guidelines and instructions on obtaining access to the complete guidelines document.

(h) The guidelines described by Subsection (a) may not:

(1) require a school district or open-enrollment charter school to purchase treatments approved by the United States Food and Drug Administration or make any other expenditure that would result in a negative fiscal impact on the district or school; or

(2) require the personnel of a district or school to administer treatments approved by the United States Food and Drug Administration to a student unless the medication is prescribed for that student by the student's physician.

(i) This section does not:

(1) waive any liability or immunity of a school district or open-enrollment charter school or district or school officers or employees; or

(2) create any liability for or a cause of action against a school district or open-enrollment charter school or district or school officers or employees.

(j) Notwithstanding any other law, this section, including any information or materials developed under this section and the dissemination of information or materials developed under this section, does not create a civil, criminal, or administrative cause of action or liability or create a standard of care, obligation, or duty that provides the basis for a cause of action.

Added by Acts 2011, 82nd Leg., R.S., Ch. 590 (S.B. [27](#)), Sec. 1, eff. June 17, 2011.

Amended by:

Acts 2015, 84th Leg., R.S., Ch. 180 (S.B. [66](#)), Sec. 3, eff. May 28, 2015.

Acts 2019, 86th Leg., R.S., Ch. 975 (S.B. [869](#)), Sec. 1, eff. June 14, 2019.

Sec. 25.0022. FOOD ALLERGY INFORMATION REQUESTED UPON ENROLLMENT. (a) In this section, "severe food allergy" means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

(b) On enrollment of a child in a public school, a school district shall request, by providing a form or otherwise, that a parent or other person with legal control of the child under a court order:

(1) disclose whether the child has a food allergy or a severe food allergy that, in the judgment of the parent or other person with legal control, should be disclosed to the district to enable the district to take any necessary precautions regarding the child's safety; and

(2) specify the food to which the child is allergic and the nature of the allergic reaction.

(c) A school district shall maintain the confidentiality of information provided under this section, and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only to the extent consistent with district policy under Section 38.009 and permissible under the Family Educational Rights and Privacy Act of 1974 (20 U.S.C. Section 1232g).

(d) Except as provided by Subsections (e) and (f), information regarding a child's food allergy, regardless of how it is received by the school or school district, shall be retained in the child's student records but may not be placed in the health record maintained for the child by the school district.

(e) If the school receives documentation of a food allergy from a physician, that documentation shall be placed in the health record maintained for the child by the school district.

(f) A registered nurse may enter appropriate notes about a child's possible food allergy in the health record maintained for the child by the school district, including a notation that the child's student records indicate that a parent has notified the school district of the child's possible food allergy.

**Guidelines for the Care of Students With Food Allergies At-Risk for Anaphylaxis**  
**Anaphylaxis Allergy Forms Dietary forms**