

GUIDELINES FOR THE CARE OF STUDENTS WITH FOOD ALLERGIES FOOD AND SEVERE ALLERGY MANAGEMENT PLAN

Celina Independent School District is committed to providing equal educational opportunities to all students. No student shall, based on disability, be denied the chance to participate in any program or service the District offers to all students. When a student who presents any healthcare need enrolls in CISD's schools, an appropriate Individual Healthcare Plan is developed to serve the student, in addition to any other programs or plans that may also be developed to ensure the student receives free appropriate public education. The guidelines contain the information required for the District's Food and Severe Allergy Management Plan and the procedures that CISD follows in managing students with severe allergies, including food allergies in the schools.¹ This document will be reviewed annually to ensure it remains current as new information is provided, treatments change, and new management plans are developed. 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.

I. INTRODUCTION AND RATIONALE

Among the general population, one to two percent is described as at risk for anaphylaxis from diet or environment. Anaphylaxis is a life-threatening allergic reaction, and is considered an emergency. Anaphylaxis can occur spontaneously within minutes to hours after exposure. The most dangerous symptoms include breathing difficulties and a drop in blood pressure, which is potentially fatal.

Allergies, especially food allergies, are a significant issue in schools. It is estimated that 100 to 200 people die each year from food allergy-related reasons, and approximately 50 people die from insect sting reactions. Approximately eight percent of the general pediatric population (roughly two students per classroom) has an incidence of food allergy, with eight foods (peanuts, shellfish, fish, tree nuts, eggs, milk, soy, and wheat) accounting for 90% of allergic reactions. It is important to note that there are several types of adverse reactions that can occur with food. Adverse reactions can range from "food intolerance" to a food allergy that puts a child at risk for anaphylaxis. True allergies result from an interaction between the allergen and the immune system. Unlike a food allergy, a food *intolerance* does not involve the immune system and is not life-threatening. A food allergy diagnosis requires careful medical history, laboratory studies, and other diagnostic tests ordered by a licensed healthcare provider.²

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 medication for anaphylactic reactions must be familiar with the operation of these devices used in the school building. (*Texas Education Code §38.0151, 2 Guidelines for the Care of Students with Food Allergies At-Risk for Anaphylaxis to Implement Senate Bill 27 (82nd Legislative Session)*)

The foundation for the management of a student with a severe allergy in the CISD is the student's Individual Healthcare Plan (IHP) and Emergency Action Plan (EAP) that is developed in collaboration with the student, parent, healthcare provider, school nurse, and other CISD personnel, as appropriate. The IHP includes the strategies to prevent exposure to known allergens, training to recognize the signs and symptoms of an allergic reaction, care that will be available for the student, and emergency interventions that will be provided. CISD school nurses provide training for staff who work with these students so that they understand the student's condition and how to provide treatment as well as emergency procedures.

The best way to prevent allergic reactions is to avoid the allergen. However, avoidance is more challenging than it seems because it is impossible to eliminate all potential sources of accidental exposure in everyday life. The risk of exposure to allergens, including accidental

exposure to food, can be reduced in the school setting with coordination and cooperation between parents, students, healthcare providers, school nurses, and school staff. Early recognition of symptoms and prompt interventions of appropriate therapy are vital to survival.

II. IDENTIFICATION OF STUDENTS WITH SEVERE ALLERGIES

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 Information* form during enrollment. This form requests disclosure of a student's food and other severe allergies, risk of anaphylaxis, and prescribed injectable epinephrine or other medications in order for the District to take precautions regarding the student's safety.

When a student's severe allergy, risk of anaphylaxis, and/or prescribed epinephrine is disclosed by the parent/guardian, then an annual *Anaphylaxis Emergency Action Plan* (or comparable form) should be completed by the parent and student's physician and be submitted to the school nurse. Parents/guardians may obtain a copy of the *Anaphylaxis Emergency Action Plan* from the school nurse or the District website, Health Services page.

Each parent-provided medication to be given in the school setting requires written authorization from the parent on a *Parent/Physician Request for the Administration of Medication* form in accordance with Board Policy (FFAC) and District medication guidelines.

A *Disability & Severe Food Allergy Request* form must be completed annually by the parent and physician for any modifications or substitutions of food purchased through CISD cafeterias due to food allergies. This form is available from the food services department. Completed forms should be submitted directly to the food services department.

III. DEVELOPING THE INDIVIDUALIZED HEALTHCARE PLAN AND EMERGENCY ACTION PLAN FOR A STUDENT

Upon receipt of the completed and physician-signed *Anaphylaxis Emergency Action Plan* for the current school year, the school nurse will:

1. Update the student's Skyward health record with a copy of the documentation from the physician regarding the severe allergy.
2. Enter the disclosed allergy as a Health Condition in the Skyward health record and add it to the Alert box with a critical indicator as appropriate.
 - a. The school RN may enter appropriate notes about a student's *reported* food allergy in Skyward when the parent has notified the school district of a possible food allergy, but no additional physician documentation is received for the school year. (Texas Education Code §25.0022)
3. Collaborate with the parent and student to review the information, develop an Individual Healthcare Plan (IHP), and communicate the Anaphylaxis Emergency Action Plan (EAP) with appropriate school staff.
 - a. The IHP and EAP will include all information needed to ensure the student's allergy is appropriately managed at school, including:
 1. The healthcare provider's written authorization for the management of the student, including permission for self-care if appropriate.
 2. The location and storage of supplies and medications, including any carried by the student. These supplies and medication should be provided by the parent.

3. The procedure to follow during emergencies and to obtain emergency help in the nurse's absence.
4. Nursing interventions to reduce the risk of exposure for the student during school activities on and off campus (such as staff training, environmental modifications, and notification of classroom parents as appropriate).
5. The name, location, and telephone contact number of the specific partner nurse.
6. Parent and other contact information in the event of an emergency.
7. Any other information that must be considered to ensure consistent provision of care.

4. Initiate the 504 process as appropriate.

5. Notify the campus cafeteria manager of the completed *Anaphylaxis Emergency Action Plan* as appropriate. The school nurse and campus cafeteria manager should check off the anaphylaxis/allergy list monthly and update it as necessary. The checklist will be kept in the nurse's clinic or in the cafeteria.

IV. EPINEPHRINE

A. 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 or 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 healthcare 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 instruction from the student's physician or licensed healthcare provider; and
4. A parent of the student provides to the school:
 1. Written authorization for the student to self-carry and self-administer the prescription medication while on school property or at a school-related event or activity and
 2. A written statement from the student's physician or other healthcare 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.

B. *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 school 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 CISD.

Parents of students with known life-threatening allergies 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 off-campus school events (including transportation to and from school, field trips, camp, etc.).

1. Authorized Personnel for Training/Administration of Stock Epinephrine
 - a. Building 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 authorized school personnel (a minimum of 3 at each campus). At least one licensed and trained personnel or volunteer must be present on campus during all hours the campus is open for school-sponsored activities. Only trained personnel should administer stock epinephrine to an individual believed to be having an anaphylactic reaction on a school campus.
2. Availability of Stock Epinephrine Auto-Injectors
 - a. Health Services will provide, through the Mylan EpiPens4schools program, each elementary campus with 1 Epi-Pen and 2 Epi-Pen Jr. auto-injectors and each secondary campus with 2 Epi-Pen auto-injectors. Only assigned epinephrine auto-injectors will be stocked for use at off-campus events or to/from school.
3. Stock Epinephrine Auto-Injector Monthly Check
 - a. 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. A copy of the standing order/administration guidelines should be kept with the stocked epinephrine.
4. Location of Stock Epinephrine Auto-Injectors
 - a. Epinephrine auto-injectors should be stored in a secure, unlocked and easily accessible location, central to authorized personnel, in a dark place at room temperature (between 59-86 °F). It should be protected from exposure to heat and freezing temperatures. Exposure to sunlight and extreme temperatures will hasten deterioration of epinephrine more rapidly than exposure to room temperatures.
5. Report on Administering Stock Epinephrine
 - a. The *Documentation Epinephrine Administration form* will be filled out immediately and must include all of the following information:
 - i. Age of the person who received the epinephrine.
 - ii. Who (student, staff, volunteer, or visitor)
 - iii. Location where epinephrine was administered
 - iv. Number of doses administered
 - v. Title of trained personnel who administered the epinephrine
 - vi. Any other information required by the Commissioner of Education

The report must be sent to the District Lead Nurse 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
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6. Training of Authorized School Personnel on Stock Epinephrine

The school nurse will be responsible for annual training to authorized school personnel in the administration of a stock epinephrine auto-injector. Records of the training shall be maintained and readily available by the school nurse in the campus clinic according to the District's record retention schedule. It will include formal training sessions and online education. Training will include:

- a. Recognition of the signs/symptoms of anaphylaxis
- b. How to administer the stock epinephrine auto-injector
- c. Implementation of emergency procedures after administration
- d. Proper disposal of used or expired epinephrine auto-injectors
- e. Proper documentation and reporting of administration

7. Notice to Parents:

Written notice to the parents/guardians of each student will be provided on an annual basis via the student handbook.

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 action or failure to act. See Texas Education Code §38.215 for more information.

V. REDUCING THE RISK OF EXPOSURE THROUGH ENVIRONMENTAL CONTROLS

1. Students at risk for anaphylaxis should not be excluded from classroom activities based on their food allergies.
2. Limit, reduce, and eliminate food from classroom(s) and other learning environments used by students with food allergies at risk for anaphylaxis.
3. Eliminate, limit, or reduce environmental allergens from classroom(s) and other learning environments used by students with life-threatening environmental allergies as much as feasible.
4. Develop campus procedures for managing parent-provided classroom snacks as allowed by Texas statute, with consideration given to students with food allergies at risk of anaphylaxis. Refer to policy CO(LEGAL) and the District's wellness plan.
5. Appropriate cleaning protocols will be followed on campuses, particularly in identifying high-risk food allergy areas (i.e., cafeteria tables).
6. Assure student-prescribed epinephrine is readily accessible during the school day in a secure, unlocked area.
7. Educate students about not trading or sharing food, snacks, drinks, or utensils.
8. A post-exposure conference will be held if an anaphylactic event occurs.
9. Information concerning the district's food and severe allergy management plan will be included in the Student Handbook, on the district website, and available from the school nurse or superintendent.

VI. TRAINING

A. CISD Health Services Staff training

The district lead nurse reviews training regarding the management of students with severe allergies and district policies with CISD nurses, who then conduct the training of other CISD staff.

B. School Personnel

- a. **Allergy Awareness training (Level 1)** is provided annually at the beginning of the year to all campus staff. This online training includes an overview of allergies and anaphylaxis, recognition of signs and symptoms of an anaphylaxis reaction, emergency response, medication administration according to doctor's orders, information on CISD policies and procedures, and strategies to reduce exposure to allergens.
- b. **Stock EpiPen Administration training** is provided annually to campus staff by CISD nurses and includes a demonstration/return demonstration of how to administer an EpiPen, where to locate District stock epinephrine, and reviews the District's standing orders for administration to an individual believed to be experiencing a severe allergic reaction.
- c. **Specialized Allergy training (Level 2)** is provided at least annually, in addition to the above, for staff members responsible for a student with a known severe allergy during any part of the school day- including school-sponsored activities and events. Training will consist of student-specific information regarding care/management of their allergy; demonstration/return demonstration of how to administer the *student's* type of epinephrine auto-injector; planning for students who do not have assigned epinephrine at school; environmental control factors including handwashing; emergency procedures; and substitute preparedness planning.

Training materials are provided to participants, and the employees' participation in the training is documented.

VII. POST-ANAPHYLAXIS REACTION REVIEW

- A. The district lead nurse will initiate the annual review of policies and procedures and include appropriate district departments. The following will be considered:
 - a. Current science on the management of food allergies in the school setting.
 - b. Summaries of any post-event anaphylaxis and epinephrine use incident reports.
 - c. The Plan, current Board policies, and forms.
 - d. Recommendations brought forth by the district's School Health Advisory Council.
- B. The school nurse, appropriate campus staff, the District Lead Nurse, and appropriate district administrative staff will complete post-anaphylaxis or epinephrine use at school.
 - a. Collaborate with parents & students to prepare for the student's return to school.
 - b. Obtain a replacement epinephrine auto-injector from the parent if it was used during the reaction.
 - c. Identify the allergen source, if possible, & actions to take to prevent future exposures.
 - d. Review of accurate, current information on the allergic reaction, including any new medication for diagnosis of additional allergens. Obtain a new Anaphylaxis Emergency Action Plan or medication consent form if needed.
 - e. Review the student's individualized health plan and 504 Plan and amend to address any changes.
 - f. Identify and interview those involved in the emergency care or witnessed the event.
 - g. Provide factual information to campus staff and parents of other classroom students to dispel rumors that maintain student confidentiality.
 - h. If the allergic reaction is thought to be from a school meal, collaborate with food services staff to ascertain food items served/consumed and how to reduce the risk of allergen exposure in the cafeteria.

VIII. RECOMMENDED ENVIRONMENTAL CONTROL ROLES AND RESPONSIBILITIES

School personnel, parents, and students should work as a team to promote a safe school environment for students with food or environmental allergies at risk for anaphylaxis. Reducing the risk of exposure to allergens and quick reaction to exposure or allergic reaction is critical.

Responsibilities of the Family and Student

1. Notify the school nurse of the student's allergies. The preferred method of notification is to use the Student Health Information form during enrollment.
2. Complete the *Anaphylaxis Emergency Action Plan* and return it to the school nurse.
3. Contact the school nurse to review the *Anaphylaxis Emergency Action Plan* and provide input about accommodations the student may need throughout the school day, including participation in school-sponsored before/after-school activities.
4. Provide a completed medication administration request form and properly labeled medications, and replace medications after use or upon expiration.
5. Continue to educate your child in the self-management of their food allergy, including:
 - a. Safe and unsafe foods.
 - b. Strategies for avoiding exposure to unsafe foods.
 - c. Symptoms of allergic reactions.
 - d. How and when should an adult be told they may be having an allergy-related problem?
 - e. How to read and appropriately analyze food labels as developmentally appropriate.
 - f. Self-carry responsibility, if determined by a healthcare provider, parent, and school nurse to be competent to self-administer their epinephrine auto-injector, including:
 - i. Importance of keeping their epinephrine auto-injector with them at all times
 - ii. Ongoing support of proper skills and knowledge of how and when to administer their epinephrine auto-injector
 - iii. Importance of not sharing, leaving unattended, or using their emergency medication in a way other than for which it is prescribed
 - iv. Provide campus with emergency contact information and update as needed.

Parent attendance on elementary field trips is welcome. Notify the school nurse if you are unable to attend a field trip with your child so emergency medications can be prepared.

Responsibilities of the Student

1. No trading food with others.
2. No sharing or inappropriate use of medication, if approved to carry their epinephrine
3. Avoid eating anything with unknown ingredients, or that is known to contain any allergen.
4. Be proactive in managing their food allergy and reactions (as age/developmentally appropriate).
5. Immediately notify an adult if they eat something they believe may contain food they are allergic to.
6. Notify an adult immediately if they self-administer their epinephrine auto-injector.

Responsibilities of Campus Administration

1. Oversee the implementation of the district's Food and Severe Allergy Management Plan on campus.
2. Ensure annual Allergy Awareness training (Level 1) compliance for all campus staff.
3. Assign and designate staff who will be trained by the school nurse (RN) to respond to exposure or allergic reactions and to administer student-prescribed epinephrine auto-injectors or medications when the school nurse is not present.
4. Ensure designated staff complete Specialized Allergy training (Level 2) with the school or district lead nurse (RN).
5. Communicate expectations to staff regarding treatment of students with food or other allergies:
 - Students should not be referred to by their condition, such as "the peanut kid."
 - We are maintaining student confidentiality in compliance with FERPA.
6. 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).
7. Ensure that teachers have a plan in place and adhere to it for notifying substitute teachers about any student with a food or life-threatening allergy in their classroom.
8. If necessary, ensure that the cafeteria is designated as an allergen-aware area (No Nuts or No Allergen Zones).
9. Ensure that appropriate cleaning of allergen-aware areas in the cafeteria is being followed.

Responsibilities of the School Nurse

1. Review submitted annual Student Health Information forms promptly; contact parents. Request completion of the *Anaphylaxis Emergency Action Plan* and medications for school, collect assessment data and discuss accommodations needed for the student.
2. Review and implement, according to district policy and procedure, all submitted *Anaphylaxis Emergency Action Plans* and medication request forms.
3. Ensure epinephrine auto-injectors are correctly labeled, unexpired, and stored in a readily accessible, secure location that is unlocked during school hours.
4. Notify all staff members who supervise or teach the student ("need to know") of life-threatening allergies when an *Anaphylaxis Emergency Action Plan* has been added or modified for their student. Provide Specialized Allergy training (Level 2) to these staff members.
5. Provide Allergy Awareness training (Level 1) and Epinephrine Administration training for campus staff. Maintain documentation of staff training, including appropriate training/skills checklists.
6. Collaborate with teachers to eliminate classroom allergens, including foods for celebrations or instructional activities. When appropriate, provide a classroom allergy letter for the teacher to send.
7. When appropriate, provide education regarding food or life-threatening allergies to students.
8. Notify the food services manager of all students with food allergies.
9. Notify the campus 504 coordinator of a student with a severe food or life-threatening allergy as needed and provide an appropriate copy of the Anaphylaxis Emergency Action Plan. Review and modify accommodations and individualized health plans annually and as needed.
10. Coordinate with coaches, athletic trainers, and band directors on school health plans and access to a student's emergency medication.
11. Collaborate with campus administrators and classroom staff to ensure that an assigned, trained staff member attends field trips or school outings if the parent is not attending.
12. Notify the District Lead Nurse if emergency epinephrine is administered or if a person has a severe allergic reaction at school. Participate in campus post-anaphylaxis debriefing.

Responsibilities of the District Lead Nurse or Superintendent Designee

1. Coordinate the management of food and life-threatening allergies within the District.
2. Serve as the point of contact for allergy management for parents, staff healthcare providers, etc.

3. Coordinate training of administrators, staff, and departments on life-threatening allergy management.
4. Assist and support campus staff with implementing food allergy management strategies.
5. Review the District's Food and Severe Allergy Management Plan annually:
 - a. Recommend any changes needed to ensure that the most current information is utilized in providing care for food-allergic students and aligns with current statutes, rules, and evidence-based practice.
 - b. Coordinate and collaborate with District safety administrators, SHAC, and food service administrators.
 - c. Consult the District's Medical Advisor as needed.
 - d. Coordinate post-anaphylaxis debriefing & assist campus & district staff in implementing safety changes.
 - e. Collect and review epinephrine use incident reports.

Responsibilities of Classroom Teacher/Specialist

1. Complete Allergy Awareness and epinephrine administration training. Complete Specialized Allergy training (Level 2) as assigned/appropriate.
2. Review the *Anaphylaxis Emergency Action Plan* with the school nurse for any students in the classroom with food or life-threatening allergies. Understand and implement the *Anaphylaxis Emergency Action Plan* for your student(s). Ask the school nurse for any clarification regarding the plan(s).
3. Ensure all substitutes, resources, and classroom support staff are informed of students with food or life-threatening allergies and that a plan is in place for these staff to access emergency plans.
4. Eliminate identified food allergens in classroom and classroom activities.
5. Obtain the Allergy Classroom letter from the school nurse to send to classmates' families explaining any restricted allergen foods in the classroom, as appropriate.
6. Inform parents and school nurses of events where food will be served or used for class activities. Direct parent volunteers to ensure food allergens are avoided. Maintain confidentiality.
7. Enforce district policy on bullying related to food or life-threatening allergies.
8. Know the campus communication plan with the front office and school nurse.
9. Ensure a student suspected of having an allergic reaction is accompanied by an adult to the nurse. Do not put a student on the bus if there are any signs of an allergic reaction or if a potential exposure has occurred.

Classroom Activities

1. 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 allergies.
2. Allow only food items labeled with or accompanied by a complete ingredient list. This includes projects, activities, and celebrations to identify potential food allergens.
3. Use non-food items, such as stickers, pencils, etc., as rewards instead of food.
4. Avoid or eliminate the use of non-food allergens, such as latex balloons.

Snacks and Lunchtime

1. Assist students with life-threatening food allergies in monitoring their consumption of ONLY foods from home or foods purchased in the cafeteria.
2. Promote and monitor good handwashing before and after snacks, lunch, and when potential allergens may have been touched. Alcohol-based hand sanitizers are NOT effective in removing allergens from hands.
3. Prohibit students from sharing or trading food.
4. Encourage parents/guardians to send "safe" snacks for their children.

Field Trips

1. Give the campus nurse a WEEK notice before field trips for necessary preparation.

2. Ensure the student's prescribed epinephrine auto-injector and other prescribed medications are taken on field trips. Call 911 if an allergic reaction occurs and epinephrine is administered.
3. Collaborate with parents of students with food allergies when planning field trips.
4. Consider field trip meals and plan for reduction of exposure to a student's life-threatening food allergy.
5. Enforce "No Eating" on school buses except for students with diabetes or other medical conditions that require food intake as an emergency intervention. Special considerations apply to trips of extended duration and circumstances involving meal schedules where supervising staff ride the bus with students (i.e., UIL competition travel).
6. Invite parents of students at risk for anaphylaxis to send or chaperone the trip with their child; however, the student's safety and attendance must be assured regardless of the parent's presence.
7. Collaborate with the school nurse to ensure that at least one staff member on the trip is trained to recognize signs and symptoms of life-threatening allergic reactions and is trained to use an epinephrine auto-injector.
8. Consider the availability of handwashing facilities and encourage hand washing before and after eating. When handwashing facilities are unavailable, providing hand wipes is acceptable.

Responsibilities of Food Services Coordinator and Campus Cafeteria Managers

1. Provide food service staff with Allergy Awareness training (Level 1) annually. Maintain documentation of trained staff. Review the legal protections for students with life-threatening allergies and ensure that students with severe food allergies who participate in the federally funded school meal programs are given safe food items as outlined by the physician's signed statement.
2. Evaluate and implement appropriate substitutions or modifications for meals served to students with food allergies, as prescribed and specified by the healthcare provider on the form provided by food services.
3. Train all food service staff and their substitutes to read product food labels and recognize food allergens.
4. Maintain contact information for manufacturers of food products (Consumer Hotline).
5. Review and follow sound food handling practices to avoid cross-contamination with potential food allergens.
6. Follow cleaning and sanitation protocols to avoid cross-contamination.
7. Maintain current menus via the website. Provide specific ingredient lists to parents upon request.
8. Be prepared to take emergency action for a student in the cafeteria in case of an allergic reaction.

Responsibility of Head Coaches, Athletic Directors, Sponsors, and Other Persons in Charge of School Sponsored Activities

- Conduct the program or school-sponsored activity in accordance with District policies and procedures regarding students with food or other severe allergies who are at risk for anaphylaxis.
- Collaborate with Athletic Trainers or school nurses to provide Specialized Allergy training (Level 2) for coaches and staff assigned to administer medications. Maintain documentation of trained staff.
- Ensure compliance with UIL health & safety training.
- Consult with the school nurse to identify students under your supervision who have *Anaphylaxis and Emergency Action Plans*.
- Ensure all coaches/sponsors/directors know if the student is self-carrying their epinephrine auto-injector or where the student's epinephrine auto-injector is located on the campus.
- Restrict the use of foods that are known allergens to students with food allergies who are at risk for anaphylaxis.
- Enforce "No Eating" on school buses except for students with diabetes or other medical conditions that require food intake as an emergency intervention. Special considerations apply to trips of extended duration and circumstances involving meal schedules where supervising staff ride the bus with students (i.e., UIL competition travel).

Responsibility of Transportation Department

1. Provide Allergy Awareness training (Level 1) to all bus drivers annually. Maintain documentation of trained staff.
2. Ensure that bus drivers know how to contact EMS in an emergency.
3. Enforce no eating or drinking on the bus (other than water), except for students with diabetes or other medical conditions that require food intake as an emergency intervention. Special considerations apply to trips of extended duration and circumstances involving meal schedules where supervising staff ride the bus with students (i.e., UIL competition travel).

Responsibilities of Custodial Staff

1. Custodial staff will be provided the appropriate training by campus administration, custodial supervisors or the school nurse, to ensure safety of students with life-threatening food allergies.