



Community Independent School District

Food Allergy Management Plan

a. Purpose

The CISD Health Services Food 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 food allergies. The management of students with severe food 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.

b. Objectives

1. To comply with state and federal laws that protect children with severe food allergies, including but not limited to:
 - A. State Legislation
 - aSenate Bill 27 from the 2011, 82nd Legislative Session which amended Chapter 38 of the Texas Education Code
 - a. Chapter 22, Section 22.052
 - b. Chapter 25, Section 25.0022
 - c. Chapter 38, Section 38.015
 - d. Chapter 38, Section 38.0151
 - e. Chapter 38, Section 38.017
 - f. Chapter 38, Section 38.0181
 - g. Chapter 38, Section 38.051
 - Texas Family Code, Chapter 32, Section 32.001-32.003
 - Texas Administrative Code Title 4, Part 1, Chapter 26, Subchapter A (Texas Public School Nutrition Policy)
 - B. Federal Legislation
 - Section 504 of the Rehabilitation Act of 1973, which are enforced by the Office for Civil Rights (OCT) in the US Department of Education
 - The Americans with Disabilities Act Amendments of 2008
 - Individuals with Disabilities Education Act
 - United States Department of Agriculture Public Law 111-296
 - FERPA Family Educational Rights and Privacy Act of 1974 (20 USC Section 1232)
 - The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy and Security Rules
2. To share district-wide, a set of practices, to ensure a safe learning environment for students with anaphylaxis. At least three campus employees, besides the campus nurse, will be trained to administer epinephrine in auto-injectable form. The nurse will conduct a skills check on each designated employee.
3. To ensure that all staff are made aware of severe food allergies, recognize signs and symptoms in a timely manner and respond appropriately. All staff will receive a yearly general training of food allergies, signs and symptoms of anaphylaxis and appropriate response.
4. To initiate planning after identification of a student with severe food allergies. Once identification of a student with severe allergies has been made, the school nurse will initiate the process of coordinating the development of a plan, communication with parents, health care professionals, staff who have contact with the student, transportation, implementation of the plan and training.
5. To ensure a safe learning environment, one recommendation would be to designate a table in the cafeteria that would allow the student to eat without the allergic food present. Although the district cannot guarantee an allergen free area, it is our goal to provide a clean and allergen safe area.
6. To ensure independence as determined by the health care professional, parent, student and school nurse. The student may carry and self-administer epinephrine, provided as the student is able to show proper technique and maturity to carry and self-administer the medication. All parties must be in agreement, and the health care provider must sign a release allowing the student to carry and self-give the medication.

c. General Guidelines for the Care of the student with severe food allergies.



1. Identification of a student with severe allergies- Texas Education Code Chapter 25.0022
 - Upon enrollment, or as soon as possible after the diagnosis, the District requests that a parent or legal guardian disclose all food allergies. A form is available from the school nurse. The disclosure will include the food that the child is allergic to, and the type of reaction the child experiences.
 - The nurse will review the information and will determine if an Allergy Action Plan is needed to be completed by the Parent/Guardian.
 - The United States Department of Agriculture regulations (Texas Department of Agriculture, 2011) requires substitutions or modifications in school meals for children whose disabilities restrict their diets.
 - The school nutrition department must receive a signed statement by a licensed health care provider that identifies:
 1. The child's disability
 2. An explanation of why the disability restricts the child's diet;
 3. The major life activity affected by the disability; and
 4. The food or foods to be omitted from the child's diet and the food or choice of foods that must be substituted.
 - A general overview of information regarding anaphylaxis and signs and symptoms of anaphylaxis onset and proper procedure for initiating EMS will occur yearly. The school nurse may conduct the training during staff in-service
2. Development, implementation, communication and monitoring of Allergy Action Plan and/or Individualized Health Care Plans/Classroom Plan:
 - a. Once a diagnosis is made by the health care provider, an action plan is made by the health care provider and parent/guardian
 - b. An IHP will be developed from the Action Plan in order to provide a daily safe learning environment
 - c. Notification of all staff members who have a need to know will occur as soon as possible after diagnosis is disclosed to school
 - d. A planning meeting may occur with the parent, school nurse and any school employee who may need to participate in the student's food management plan. It is preferable that this meeting occur prior to the first day of class. The purpose of this meeting is to provide an opportunity to clarify the measures that will occur on the campus to promote safety, minimize exposure, recognize signs and symptoms, and provide emergency treatment as outlined in the Allergy Action Plan
 - e. In some instances, the school may also develop a 504 plan to address the health and learning needs of a student. Students at risk for anaphylaxis may be considered to have a disability and require services and program modifications so that the student with food allergies at-risk for anaphylaxis can safely participate in the learning environment.
 - f. The transportation department will be notified of the student at risk for anaphylaxis and whether they will be carrying and are able to self-administer the epinephrine. The action plan will be sent to the transportation department.
3. Reducing the Risk of Exposure through Environmental Controls which may include:
 - a. Children at risk for anaphylaxis should not be excluded from classroom based activities based on their food allergies, therefore it is important to identify areas in the school and implement strategies to limit exposure to food allergens.
 - b. Limit, reduce, or eliminate allergy food from the classroom or other areas.
 - c. Notify and educate school staff and parents of the need to limit foods as needed on campus, in the classroom or at school sponsored events.
 - d. Notification of identified student's food allergy and any measures for emergency care included in the teacher substitute folder.
 - e. Notify parents of the severe food allergy in reference to parent provided snacks and school related events/parties where food will be served.
 - f. If deemed appropriate by parents, school nurse, principal and other involved staff, place identification of "food allergy" in high risk areas.



- g. Educate students about not sharing food, snacks, drinks or utensils
 - h. Reinforce proper hand washing techniques before and after eating using soap and water
 - i. Assign trained staff in epinephrine use to be present in the food service area as appropriate
 - j. Provide ready access to epinephrine in an accessible, secure but unlocked area
 - k. Review transportation, exposure at extracurricular activities, field trips, during after school programs and sporting events. Eliminate or minimize possible exposure sources with the same measures used above.
4. Training for School staff on Food allergies, anaphylaxis and emergency response:
 1. A yearly comprehensive training may be provided for staff responsible for the care of the student with severe food allergies and could include but is not limited to: identification of students at risk for anaphylaxis, signs and symptoms of anaphylaxis, training in the administration and storage of epinephrine, emergency protocol, environmental controls and post anaphylaxis debriefing.

Student 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 health care provider and the school nurse, if available, the skill level necessary to self-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:
 1. That the student has asthma or anaphylaxis and is capable of self-administering the prescription medicine;
 2. The name and purpose of the medicine;
 3. The prescribed dosage of the medicine;
 4. The times at which or circumstances under which the medicine may be administered, and
 5. The period for which the medicine is prescribed.

District-Provided Stock Epinephrine

According to Texas Education Code §38.201-38.215, 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.

1. Training
 - a. The principal, in consultation with the school nurse, will designate which staff members will be trained to administer a stock epinephrine auto-injector. Training will include the following information:
 - i. Recognizing the signs and symptoms of anaphylaxis



- ii. Administering an epinephrine auto-injector
 - iii. Implementing emergency procedures, if necessary, after administering an epinephrine auto-injector
 - iv. Properly inspecting unassigned epinephrine auto-injectors for usage and expiration
 - v. Properly disposing of used or expired epinephrine auto-injectors
 - b. Training will be provided yearly to designated staff through a formal training session or through online education. Staff must also successfully complete yearly hands-on training.
2. Acquisition, Storage, and Disposal
 - a. All CISD epinephrine auto-injectors will be acquired through the EpiPen4schools program at no cost to the District. The epinephrine auto-injectors shall be stored in the red "grab and go bag" at each school clinic for easy accessibility. Each bag will contain the following injectors:
 - i. 2 pack of EpiPen 0.3 mg
 - ii. 2 pack of EpiPen Jr 0.15 mg
 - b. Used unassigned epinephrine auto-injectors shall be considered infectious waste and shall be disposed of according to the school's bloodborne pathogen control policy
 - c. Expired unassigned epinephrine auto-injectors shall be disposed of according to the school's medication disposal policy
 - d. Replacement of epinephrine auto-injectors will occur prior to the emergency medication expiring. Immediately upon use of an unassigned epinephrine auto-injector, a replacement order for the medication will occur
3. Monthly Checks
 - a. The expiration date and contents of each stock epinephrine auto-injector pack will be checked monthly by the school nurse and documented. Records will be kept in the school clinic Compliance Binder.
4. Reporting
 - a. A *Documentation of Anaphylaxis Event form* will be completed and sent to the Director of Health Services no later than the 10th business day after the date of stock epinephrine auto-injector administration. This form includes the following information:
 - i. Age of 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
 - b. This report will be sent to the following individuals:
 - i. The physician who prescribed the epinephrine auto-injector
 - ii. The commissioner of state health services (will be submitted on the designated form available on the DSHS School Health Program Website)
5. Notice to Parents
 - a. A written notice will be given to the parents/guardians of each student on an annual basis via the student handbook
6. Immunity
 - a. 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. Texas Education Code §38.215

Annual Review

School Districts are required to annually review and revise, as necessary, 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 developed by the Commissioner and legislated Ad-Hoc committee. 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.
4. Recommendations brought forth by the local SHAC.



Website Requirement

Each school year, the board shall post a summary of the guidelines on the district's website, including instructions on obtaining access to the complete guidelines document.