



FOOD AND SEVERE ALLERGY MANAGEMENT PLAN

PURPOSE

The Highland Park Independent School District (HPISD) 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.¹ 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. Food allergies are indeed a significant concern, especially in school environments where the safety of students is paramount.

Key Points:

1. **Incidence and Impact:** Approximately 8% of the general pediatric population, which equates to about 2 students per classroom on average, are affected by food allergies. This statistic highlights the widespread nature of the issue within school settings.
2. **Common Allergens:** Eight specific foods—peanuts, shellfish, fish, tree nuts, eggs, milk, soy, and wheat—are responsible for 90% of allergic reactions. Awareness of these allergens is crucial for both school staff and parents to ensure the safety of allergic students.
3. **Types of Adverse Reactions:** Adverse reactions to food can vary from mild food intolerance to severe food allergies that may lead to anaphylaxis—a life-threatening reaction. Schools need to distinguish between these reactions because only food allergies involve the immune system and pose a risk of anaphylaxis.
4. **Diagnosis and Management:** Proper diagnosis of food allergies requires comprehensive medical assessment, including a detailed medical history, laboratory tests, and possibly other diagnostic procedures. This process should be overseen by a licensed healthcare provider to accurately identify and manage food allergies in students.

¹ Texas Education Code §38.0151



5. **Prevention and Preparedness:** Schools play a crucial role in creating a safe environment for students with food allergies. This includes implementing allergy management protocols, educating staff, students, and parents about food allergies, and having emergency action plans in place to respond promptly to allergic reactions, including anaphylaxis.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 or intranasal inhaled 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.

Managing severe allergies in schools involves a comprehensive approach centered around the Individual Healthcare Plan (IHP) and Emergency Action Plan (EAP). The IHP is developed collaboratively with the student, parents or guardians, healthcare providers, school nurse, and relevant school personnel. It outlines specific strategies to prevent exposure to allergens, recognize symptoms of allergic reactions, provide necessary care, and detail emergency interventions. The EAP itself provides step-by-step procedures for responding to allergic reactions swiftly and effectively. This includes administering medications like epinephrine, contacting emergency services, and promptly notifying parents or guardians. The plan is readily accessible to all staff members involved in the student's care, ensuring a coordinated and efficient response during critical situations.

Key prevention strategies include training the staff and students in allergen avoidance, establishing clear communication plans to inform school staff and students about the student's allergies, and protocols for safe handling and storage of food items. School nurses play a crucial role in training staff who interact with the student, ensuring they understand the student's condition, recognize the signs and symptoms of an allergic reaction, and are proficient in administering emergency treatments as outlined in the EAP.

PROCEDURAL GUIDELINES

I. IDENTIFICATION OF A STUDENT WITH SEVERE ALLERGIES

- A. 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

² Guidelines for the Care of Students with Food Allergies At-Risk for Anaphylaxis to implement Senate Bill 27 (82nd Legislative Session)



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.

- B. When a student's severe food allergy, risk of anaphylaxis and/or prescribed epinephrine is disclosed by the parent or guardian, then an *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*):
 - A. Written parental authorization will be provided for all parent-provided medications;
 - B. Medication will be provided in a properly labeled container, and not expired.
- C. A *Special Diet Request Form* or Allergy Action Plan must be completed annually by the **parent and physician** for any modifications or substitutions of meals purchased through HPISD 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.

II. 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 a critical indicator as needed.
 - 3. Collaborate with the parent and student to review the information and develop an Individual Healthcare Plan (IHP) and communicate the Anaphylaxis Emergency Action Plan (EAP) with the appropriate school staff.
 - 4. Initiate the 504 process, if appropriate.
 - 5. Notify the Director of Child Nutrition and the campus cafeteria manager of the completed *Special Diet Request Form* or completed Allergy Action Plan.

III. EPINEPHRINE

- A. Student Medication Self-Carry
 - 1. 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:



- i. 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 that the student has asthma or anaphylaxis and is capable of self-administering the prescription medicine; AND
 - ii. The student has demonstrated to the student's physician or other licensed health care provider and the school nurse, the skill level necessary to self-administer the prescription medication, including the use of any device required to administer the medication
2. The student must carry the emergency medication in the original, properly labeled container.
3. HPISD reserves the right to require any medication be kept in the clinic if, in the nurse's judgment, the student cannot or will not safely carry the medication or properly self-administer the medication.

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 at each campus in the district or school.

1. Authorized Personnel for Training/Administration of Stock Epinephrine

Building administration shall be responsible for authorizing school personnel, and the school nurse is to provide training on stock epinephrine through a formal training session or online education annually to authorized school personnel (a minimum of 3 at each campus). At least one authorized 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

Health Services will provide, as available through the Mylan Epipens4schools program or School Health Neffy in Schools program, each elementary campus with 2 Epi-Pen and 2 Epi-Pen Jr. auto-injectors. Unassigned epinephrine auto-injectors will NOT be stocked for use at off campus events or to/from school.

3. Stock Epinephrine Monthly Check

The expiration date of epinephrine 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

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

The Documentation Epinephrine Administration form will be filled out immediately and must include all of the following information:

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

The report must be sent to the Health Services Director 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 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. The training will include formal training sessions and/or online education. Training will include:

- Recognition of the signs/symptoms of anaphylaxis
- How to administer the stock epinephrine auto-injector or nasal spray
- Implementation of emergency procedures after administration
- Proper disposal of used or expired epinephrine
- Proper documentation and reporting of administration

7. Notice to Parents



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

8. Disposal

Epinephrine auto-injectors will be discarded in a sharps container. Used intranasal epinephrine may be disposed of in the trash receptacle.

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.

IV. TRAINING

A. Highland Park ISD Health Services Staff training

The Health Services Director reviews training regarding management of students with severe allergies and district policies with HPISD nurses who then conduct the training of other HPISD staff.

B. School Personnel

1. Allergy Awareness training 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, including the administration of medication according to doctor's orders, information on HP ISD policies and procedures, and strategies to reduce exposure to allergens.
2. Stock EpiPen Administration training is provided annually to campus staff by HPISD nurses and includes a demonstration/return demonstration of how to administer an auto injector/nasal spray, 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.
3. Specialized Allergy training is provided at least annually in addition to the above, for staff members who are responsible for a student with a known severe allergy during any part of the school day- including school-sponsored activities and events. Training will include student-specific information regarding care/management of their allergy; opportunity for demonstration/return demonstration of how to administer the student's type of epinephrine auto-injector or nasal spray; 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 employee's participation in the training is documented.

V. POST ANAPHYLAXIS REACTION REVIEW OF POLICY AND PROCEDURES

- A. Annual review of policies and procedures should occur to stay current with the management of food and environmental allergies. The following will be considered:
 - 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 campus food allergy management team, if established, or the local SHAC.
- B. Following anaphylaxis or epinephrine use at school, a review should be completed by the campus by the school nurse. Appropriate campus staff, the Health Services Director, and appropriate district administrative staff may also be included in this review.
 - 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) that 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 who 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, and 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 a student's epinephrine was utilized during the reaction, ensure that the parent/guardian replaces it with a new one.

VI. REDUCING THE RISK OF EXPOSURE THROUGH ENVIRONMENTAL CONTROLS

- Children at risk for anaphylaxis should not be excluded from 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 HPISD *Food and Severe Allergy Management Plan* will be included in the student handbook and will be available from the Health Services Director and/or the school nurse.

VII. 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 HPISD *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:
 - Safe and unsafe foods.
 - Strategies for avoiding exposure to unsafe foods.
 - Symptoms of allergic reactions.
 - How and when to tell an adult they may be having an allergy-related problem.
 - How to read food labels (age/developmentally appropriate).
- If determined by the 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*)
- 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.

Responsibilities of the student include:

- No trading food with others.
- No sharing or inappropriate use of medication, if approved to carry their epinephrine auto-injector.
- 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.
- Notify an adult immediately if they self-administer their epinephrine auto-injector.

Responsibilities of campus administration

- Oversee the administration of the HPISD *Food and Severe Allergy Management Plan* on the campus.
- Designate staff 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 for Allergy Awareness for all staff.
- 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

- Review submitted annual Student Health Information forms promptly; contact parents.
- Request completion of the Anaphylaxis Emergency Action Plan, medications for school, collect assessment data, and discuss accommodations needed for the student.
- Review and implement, according to district policy and procedure, all submitted Anaphylaxis Emergency Action Plans and medication request forms.
- Ensure stock epinephrine is properly labeled, unexpired, and stored in a readily accessible, secure location that is unlocked during school hours.
- 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 to these staff members.
- Provide Allergy Awareness training and Epinephrine Administration training for campus staff. Maintain documentation of staff training including appropriate training/skills checklists.



- Collaborate with teachers to eliminate allergens in their classrooms, including foods for celebrations or instructional activities. When appropriate, provide a classroom allergy letter for the teacher to send.
- When appropriate, provide educational information regarding food or life-threatening allergies to students.
- Notify the Child Nutrition manager of all students with food allergies.
- Notify the campus 504 coordinator of a student with a severe food or life-threatening allergy as needed and provide a copy of the Anaphylaxis Emergency Action Plan as appropriate. Review and modify accommodations and individualized health plans annually and as needed.
- Coordinate with coaches, athletic trainers, and band directors on school health plans and access to a student's emergency medication.
- 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.
- Notify the Health Services Director if emergency epinephrine is administered or if a person has a severe allergic reaction at school. Participate in campus post-anaphylaxis review.

Responsibilities of Health Services Director 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 the Highland Park ISD *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 Highland Park ISD Medical Advisor as needed regarding District's *Food and Severe Allergy Management Plan*.
- Coordinate post-anaphylaxis conferences and implement any needed changes to the Highland Park ISD *Food and Severe Allergy Management Plan* to increase student safety.

Responsibilities of the classroom teacher/specialist

- Complete Allergy Awareness and epinephrine administration training. Complete Specialized Allergy training, as assigned/appropriate.
- Review the Anaphylaxis Emergency Action Plan with the school nurse of 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 needed regarding the plan(s).
- Ensure all substitutes, resource, and classroom support staff are informed of your assigned students with food or life-threatening allergies. Ensure a plan is in place for these staff to access emergency plans.
- Eliminate identified food allergens in classroom and classroom activities.
- Obtain the Allergy Classroom letter from the school nurse to send to classmates' families explaining any restricted allergen foods in the classroom, as appropriate.



- Inform parents and school nurse of any events where food will be served or used for class activities.
- Direct parent volunteers to ensure food allergens are avoided. Maintain confidentiality.
- Enforce district policy on bullying related to food or life-threatening allergies.
- Know the campus communication plan with the front office and school nurse.
- When outdoors, be alert for fire ant mounds and bee/wasp nests. If identified, promptly report to facilities so that it can be addressed. Relocate student activities as necessary.
- 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:

- 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 ingredient 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.
- Avoid or eliminate the use of non-food allergens, such as latex balloons.

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 any time 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.

Field Trips:

- Give the nurse at least a one week notice prior to field trips for necessary preparation.
- Ensure that the *Anaphylaxis Action Plan* and the student’s prescribed epinephrine 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 allergy.
- Enforce HPISD 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/Neffy.
- Consider the availability of handwashing facilities and encourage handwashing before and after eating. The provision of hand wipes is acceptable in lieu of handwashing facilities.

Responsibilities of Student Nutrition Director and Cafeteria Managers

- Provide Allergy 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 who participate in the federally-funded school meal programs are given safe food items as outlined by the physician's signed statement.
- 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 Special Diet Request form.
- Train all food service staff and their substitutes to read product food labels, recognize food allergens, and review all food substitutions on menu items for potential allergens.
- Train all food service staff to reduce the risk of cross-contamination during food preparation and food service.
- Follow cleaning and sanitation protocol to avoid cross-contamination.
- Maintain contact information for manufacturers of food products (Consumer Hotline).
- Maintain current menus via the website. 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.
- Post visual reminders promoting food allergy awareness in the food lines.

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 HPISD 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.
- 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 the 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.

Responsibility of Transportation Department

- Provide Allergy 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 the Health Services Director on a plan for all students' safety if this issue occurs.

Responsibilities of custodial staff

- When a student or students are identified as having food allergies and 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.
- Regularly inspect facilities and grounds for signs of fire ants, bees, and wasps. Take action to address any concerns.