

Texas Department of School Health Services Guidelines for the Care of Students with Food Allergies at Risk for Anaphylaxis

It should be noted that a life-threatening food allergy is recognized as a disability by the United States Department of Education and Department of Agriculture. (10)

Chapter 38, Section 38.015 states that 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 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 of the medicine; iii. The prescribed dosage for the medicine; iv. The time at which or circumstances under which the medicine may be administered; v. The period to which the medicine is prescribed. (10)

Food Allergy Management in the School Setting (17)

1. Identification of Students with Food Allergies At-Risk for Anaphylaxis
2. Development, Implementation, Communication and Monitoring of Emergency Care Plans, 504 plans, and/or Individualized Health Care Plans for Students with Food Allergies At-risk for Anaphylaxis.
3. Reducing the Risk of Exposure within the School Setting
4. Training for School Staff on Anaphylaxis and Emergency Response to Anaphylactic Reactions
5. Post Anaphylaxis Reaction-Review of Policies and Procedures

Identification of Students With Food Allergy At-Risk for Anaphylaxis (19)

It is important for parents to provide accurate and current health information when requested, in order to assist schools in obtaining information necessary to:

1. Identify the child’s food allergens;
2. Specify the nature of the child’s allergic reaction;
3. Reduce risk of exposure to food allergens;
4. Provide emergency treatment to the student during the school day and at school-sponsored activities in the event there is an unintended exposure to a food allergen; and
5. Facilitate communication between the school and the student’s healthcare provider.

Texas Education Code Chapter 25, Section 25.0022 states that upon enrollment of a child in a school the school district shall request, by providing a form or otherwise, that a parent or other person with legal control of the child under 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 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.

The United States Department of Agriculture regulations (Texas Department of Agriculture, 2011) require substitutions or modifications in school meals for children whose disabilities restrict their diets. When in the licensed physician's assessment, food allergies may result in severe, life-threatening (anaphylactic) reactions, the child's condition would meet the definition of "disability," and the substitutions prescribed by the licensed physician must be made. The school nutrition program must receive a signed statement by a licensed physician that identifies: • the child's disability; • an explanation of why the disability restricts the child's diet; • the major life activity affected by the disability; and • the food or foods to be omitted from the child's diet and the food or choice of foods that must be substituted.

Development, Implementation, Communication and Monitoring of Emergency Care Plans and/or Individualized Health Care Plans (22)

Once a health care provider has made the medical diagnosis of a food allergy a FAAP/EAP will be developed and the school district needs a copy of it. The FAAP/EAP may outline the following:

- The name, date of birth, and grade level of the child.
- A picture of the child so that they can be easily identified.
- A list of the foods to which the child is allergic.
- Indication of whether or not the child has asthma (higher risk for severe reaction if the child has asthma).
- Description of past allergic reactions, including triggers and warning signs as well as information about the child's emotional response to the condition and their need for support.
- Clear instructions on what symptoms require the use of epinephrine immediately.
- Clear instructions (including diagrams) on how epinephrine should be administered.
- The name of medications to be utilized in an emergency including the brand name, generic name and the dosage to be administered, and when to give an additional dose of emergency medications. Instructions regarding monitoring the child and communicating to EMS the medications that were given, what time the medications were given and how to position the child when they have had a severe reaction.
- A place for a signature and date by the parent and the physician/healthcare provider, school nurse or other designated school representative or school administrator.
- A place to list contact information for parents/guardians, healthcare providers and other emergency contact information including phone numbers.

Reducing the Risk of Exposure Through Environmental Controls (25)

Protecting students from exposure to allergens is the most important way to prevent life-threatening anaphylaxis. Consideration should be given in promoting safety in the following areas, including, but not limited to: the cafeteria, all classrooms, hallways, common areas in the school, on the bus, and during all school-sponsored activities, including field trips, athletic events, on-campus, off-campus, and before and after school activities.

Environmental controls include consideration of the following:

1. Identifying high-risk areas in the school and implementing strategies to limit exposure to food allergens and implementing general risk reduction strategies throughout the school and at school-sponsored activities. Children at risk for anaphylaxis should not be excluded from the classroom activities based on their food allergies.
2. Limiting, reducing, and/or eliminating food from classroom(s) and other learning environments used by children with food allergies at risk for anaphylaxis.

3. Notifying and educating school staff and parents of the need to limit foods as needed on the campus, in the classroom, or at school sponsored activities.
4. Developing 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.
5. Implementing appropriate cleaning protocols in the school, with special attention to identified high-risk areas.
6. Providing training to the school food service department to reduce the risk of cross contamination during food preparation and food service, as well as minimizing foods served in the cafeteria that may contain food allergens.
7. Providing training on food allergy awareness to teachers, staff, and parents.
8. Posting of visual reminders promoting food allergy awareness.
9. Educating children about not trading or sharing food, snacks, drinks, or utensils.
10. Implementing hand washing protocols before and after meals. (Hand washing should be done with soap and water, as hand sanitizers are not sufficient for removing allergens.)
11. Assign staff trained in the administration of epinephrine as monitors in the food service area, as appropriate.
12. Provide ready access to epinephrine in an accessible, secure but unlocked area.
13. Consider risk reduction strategies for the school bus, during extracurricular activities, on field trips, during before-and after school activities, and at sporting events.
14. Reinforce rules and expectations about bullying, including bullying of students with food allergies.

Training for School Staff on Food Allergies, Anaphylaxis and Emergency Response (28)

Signs and Symptoms of an Allergic Reaction In the case of life-threatening food allergy reactions, more than one system of the body are involved. The mouth, throat, nose, eyes, ears, lung, stomach, skin, heart, and brain can all be affected. The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock, which is potentially fatal.

Awareness training is intended to give an overview of food allergies and anaphylaxis including the signs and symptoms of an allergic reaction, as well as treatment of anaphylaxis. The training should include information about the most common food allergens, the hazards related to the use of food for instructional purposes, and the importance of environmental controls in protecting the health of students at risk for food allergy related anaphylaxis. The training should also provide information about how to respond when a child exhibits the signs and symptoms of an allergic reaction to food, provide information on implementing the FAAP/EAP, including the skills needed in administration of epinephrine, and notifying the local EMS utilizing the school's emergency response policy and procedures. This generalized training gives an overview for all staff and basic instruction on how to identify and take emergency action in the event of an allergic reaction.

Post Anaphylaxis Reaction Review of Policy and Procedures (31)

For students who have experienced an allergic reaction at school, additional review will help in promoting safety upon the child's return to school. The approach taken by the school is dependent upon the severity of the reaction, the student's age and whether it was witnessed by their classmates. In the event the child had a moderate to severe reaction, and to prepare for the child's return to school, the superintendent's designee and/or the campus food allergy management team, if established, may wish to collaborate with the student's parents in collecting and reviewing information and implementing the following activities in order to prepare for the child's return to the classroom:

- Identify, if possible, the source of allergen exposure and take steps to prevent future reactions.

- Review accurate and updated information on the allergic reaction including any new medication(s) which would require new consent forms to be signed by the parents.
- Identifying and interviewing those who were involved in the emergency care of the student and those that witnessed the event.
- Meeting with school staff to dispel any rumors and review administrative regulations.
- Providing factual information to parents of other classroom students that complies with FERPA law and does not identify the individual student.
- If the allergic reaction is thought to be from food provided by the school food service, work with the school food service department to ascertain what potential food item was served/consumed, how to reduce risk in the cafeteria by reviewing food labels, minimizing cross-contamination and other strategies.
- Review of the FAAP/EAP, IHP, and/or the 504 Plan and amend to address any changes that were made by the student's healthcare provider.
- If an epinephrine auto-injector was utilized during the reaction, ensure that the parent/ guardian replace it with a new one. In the rare but plausible event of a fatal reaction, the school's crisis plan for dealing with the death of a student should be implemented. Mental health professionals as well as healthcare providers with knowledge about food allergies should be on hand to answer questions that may come up.