



Quitman ISD Food Allergy Management Plan

BACKGROUND:

In response to the increase in students with diagnosed food allergies at risk for anaphylaxis, Senate Bill 27 (82nd Legislative Session, 2011) amended Chapter 38 of the Texas Education Code (TEC) by adding §38.0151. Statute requires the board of trustees of each school district and the governing body, or appropriate officers of open-enrollment charter schools, to adopt and administer a policy for the care of students with diagnosed food allergies at risk for anaphylaxis. The policy must be based on guidelines developed by the state Commissioner of Health in consultation with the Food Allergy Ad Hoc Committee. In addition, a school district or open-enrollment charter school should review and revise their policy as necessary to ensure it is consistent with the Department of State Health Services (DSHS) guidelines.

INTRODUCTION:

A **food allergy** is an abnormal immune response to a food protein. Symptoms of a food induced allergic reaction can range from mild to severe. Some reactions can become life-threatening. The federal Food Allergy Safety, Treatment, Education, and Research (FASTER) Act of 2021 lists eggs, milk, peanuts, tree nuts, fish, shellfish, wheat, soy, and sesame as major food allergens.

Anaphylaxis is a life-threatening allergic reaction that usually takes place within a few minutes to several hours after exposure to an allergen. Each exposure to a food allergen and the severity of an allergic reaction is not predictable. A food allergen may trigger mild symptoms one exposure and then cause life-threatening symptoms the next. Other common causes of anaphylaxis include latex, insect stings or bites, and medication. While these guidelines are specific to food allergens, the treatment for suspected anaphylaxis is the same regardless of the trigger.

Mild symptoms include:

- **Nose:** itchy or runny nose, sneezing
- **Mouth:** itchy mouth
- **Skin:** a few hives, mild itch
- **Gut:** mild nausea or discomfort

Severe symptoms include:

- **Lungs:** shortness of breath, wheezing, repetitive cough
- **Heart:** pale, blue, faint, weak pulse, dizzy
- **Throat:** tight, hoarse, trouble breathing/swallowing
- **Mouth:** significant swelling of the tongue or lips
- **Skin:** many hives over body, widespread redness
- **Gut:** repetitive vomiting or severe diarrhea
- **Psychological:** feeling something bad is about to happen, anxiety, confusion

Treatment of anaphylaxis - Epinephrine is the first line treatment for an anaphylactic episode. Epinephrine is the only medication that can reverse the symptoms of anaphylaxis. Antihistamines only treat a few symptoms such as hives and they have a delayed onset of action. Therefore, it is critical that after giving epinephrine, emergency medical services (EMS) should evaluate the student, even if the symptoms appear to have resolved.

Quitman ISD uses *Guidelines for the Care of Students with Food Allergies* developed by the Commissioner of the Texas Department of State Health Services (DSHS) in consultation with the legislated SB-52 Ad-Hoc Committee to form our Food Allergy Management Plan. Quitman ISD also uses *Voluntary Guidelines for Managing Food Allergies in Schools and Early Care Education Programs* as a resource for our Food Allergy Management Plan.

Family's Responsibilities

Providing care for a student with food allergies at risk for anaphylaxis requires a collaborative partnership with the students, parents, healthcare providers, and school staff. Children with food allergies and their parents

have firsthand experience with allergic reactions and are most familiar with a student's unique signs and symptoms

- Parents should complete the health history form in the registration paperwork and list the allergen as anaphylactic
- Parents should give the school documentation that supports a doctor's diagnosis of food allergy
- Parents should be continually involved in helping to build a learning environment that is responsive to their child's unique health condition
- Parents should obtain an Emergency Action Plan (EAP) developed by the child's allergist or other doctor for school use

School's Responsibilities

- School nurse should work with families and doctors to obtain or create an Individualized Healthcare Plan (IHP) and an Emergency Action Plan (EAP)
- Make sure that each student's plan for managing food allergies is consistent with federal laws and regulations, state laws, including regulations, local policies, and standards of professional practices
- Make sure that education records that include personally-identifiable information about a student's food allergy are generally not disclosed without the prior written consent of the parent (or eligible student) in compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), 20 U.S.C. 1232g and its implementing regulations in 34 CFR part 99, and any other applicable federal and state laws that protect the privacy or confidentiality of student information
- Obtain an epinephrine auto-injector and make sure it is rapidly available to designated and trained staff members to respond to a student's food allergy emergency.
- Train appropriate staff about the most common food allergens, hazards on using food for instructional purposes, and the importance of environmental controls to protect the health of students at risk for food allergy related anaphylaxis.
- Train appropriate staff to recognize signs and symptoms of anaphylaxis

- Train appropriate staff on how to respond when a student shows signs and symptoms of an allergic reaction to food, implement the Food Allergy Action Plan or Emergency Action Plan (including needed skills to administer epinephrine), and notify the local EMS using the school's emergency response policy and procedures.
- Identifying environmental control measures to reduce the risk of exposure to a food allergen, including safe food handling, handwashing, and cleaning procedures
- Debriefing after an anaphylactic reaction and continued monitoring of the food allergy management plans on campus
- Texas Education code §38.209 and §51.883 requires school districts to report the administration of unassigned epinephrine auto-injectors. No later than 10 business days after the date of an unassigned epinephrine auto-injection is administered, school campuses and institutions of higher education must submit a report in accordance with Texas Administrative Code, Title 25, Part 1, Chapter 37, Section 37.608 and Texas Administrative Code, Title 25, Part 1, Chapter 40, Section 40.7

Student's Responsibilities

- Student should not trade food with others
- Should not eat anything with unknown ingredients or known to contain any allergen
- Should be proactive in the care and management of their food allergies and reactions based on their developmental level
- Students who can manage their own food allergies should have quick access to an epinephrine auto-injector, both at school and during school-related events
- Should be allowed to carry an epinephrine auto-injector on their person according to federal law
 - School staff should assess students' knowledge, attitudes, behaviors, and skills to determine their ability to handle this responsibility
- Should notify an adult immediately if they eat something they believe may contain the food to which they are allergic

Reducing exposure risk in the school setting

Protecting students with a food allergy from exposure to allergens is the most effective way to prevent life-threatening anaphylaxis. Schools and ECE programs can create a safer learning environment by reducing children's exposure to potential allergens. Even though ingestion is the most common food allergy trigger, consideration should be given to 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. Quitman ISD will implement appropriate environmental controls to help minimize the risk of exposure to a food allergen using the following strategies:

- Identify high-risk areas in the school
- Limit, reduce, or eliminate food from classroom(s) and other learning environments used by children with food allergies at risk for anaphylaxis
- Develop procedures to manage parent-provided classroom snacks, as allowed by Texas statute, to insure students at risk for anaphylaxis are considered
- Implement appropriate cleaning protocols in the school and ensure that special attention is given to identified high-risk areas
- Train all staff who prepare, handle, or serve food how to read labels to identify food allergens
- Use appropriate hand-washing procedures that emphasize the use of soap and water
- Follow local food safety and sanitation laws and be trained in practices that prevent food, surface-to-food, and food-to-food contamination that also serve to help prevent cross-contact of food allergens

Emergency Care Plans, 504 Plans, and Individualized Healthcare Plans

Adverse reactions can range from "food intolerance" to a food allergy that puts a student at risk for anaphylaxis. Unlike a food allergy, a food intolerance does not involve the immune system and is not life threatening. A food allergy diagnosis requires a careful medical history, lab studies, and other diagnostic tests ordered by a licensed healthcare provider. After a medical diagnosis is made, a Food Allergy Action Plan or Emergency Action Plan (FAAP/EAP) will be developed by the healthcare provider in collaboration with the parents or

legal guardians. In the case that a student has an allergic reaction at school the FAAP/EAP may outline the following:

- Students name, date of birth, and grade level
- List of the foods to which the student is allergic
- If the student has asthma (higher risk of severe reaction)
- Description of past allergic reactions, including triggers and warning signs
- Clear instructions on what symptoms require the use of epinephrine immediately
- Clear instructions on how epinephrine should be administered
- List of medications to use in an emergency, dosage to be given, and when to give an additional dose of emergency medication
- Instructions for monitoring the student and communicating with EMS
- Place for signature and date by the parent and the physician (or healthcare provider), school nurse, or other designated school representative or school administrator

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 that requires services and program modifications. This can allow a student with food allergies at risk for anaphylaxis to safely participate in the learning.

Review of Policy and Procedures after an Anaphylactic Reaction

To stay current with managing food allergies in the school setting, police and administrative regulations should be reviewed and updated at least annually. The review may include looking at the following information:

- Current science on managing food allergies in the school setting
- Current policies and administrative procedures
- Recommendations from the local SHAC
- 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
- Identify and interview those who were involved in the emergency care of the student and those who witnessed the event

- Review of the Food Allergy Action Plan or Emergency Action Plan, Individualized Healthcare Plan, the 504 Plan, or all three and amend to address any changes that were made by the student's healthcare provider
- Ensure epinephrine, if used, is replaced with a new one

Confidentiality

Pursuant to Section 504 of the Rehabilitation Act of 1973 (Section 504), the Family Educational Rights and Privacy Act (FERPA), the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the *Rules and Regulations for School Health Programs* (R16-21-SCHO), and other statutes and regulations, the confidentiality of students with food allergies shall be maintained to the extent appropriate and as requested by the student's parents/caregivers.

Questions regarding the District's "Food Allergy Management Plan" should be directed to your student's school nurse.