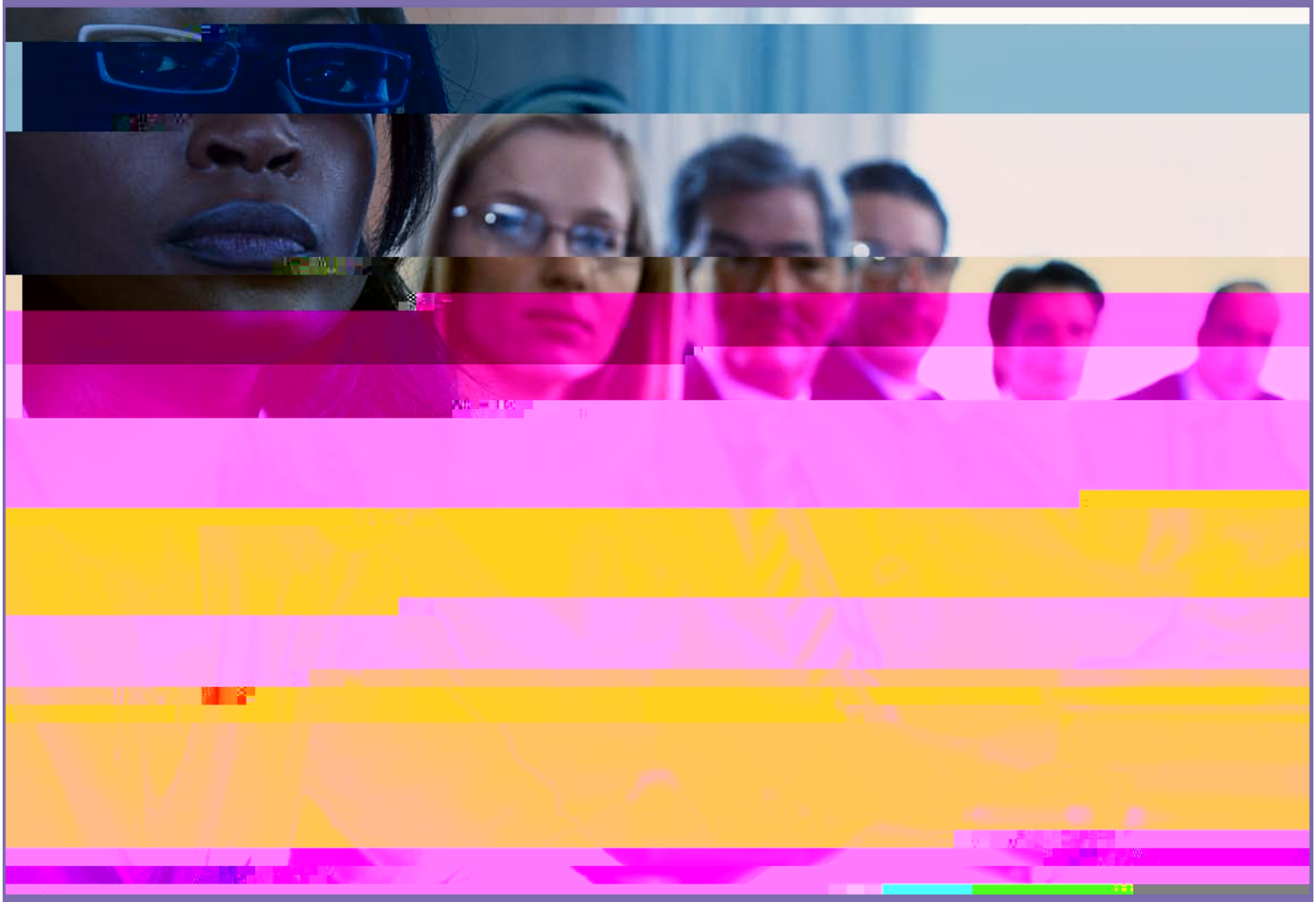
Guidelines for the Care of Students With Food All

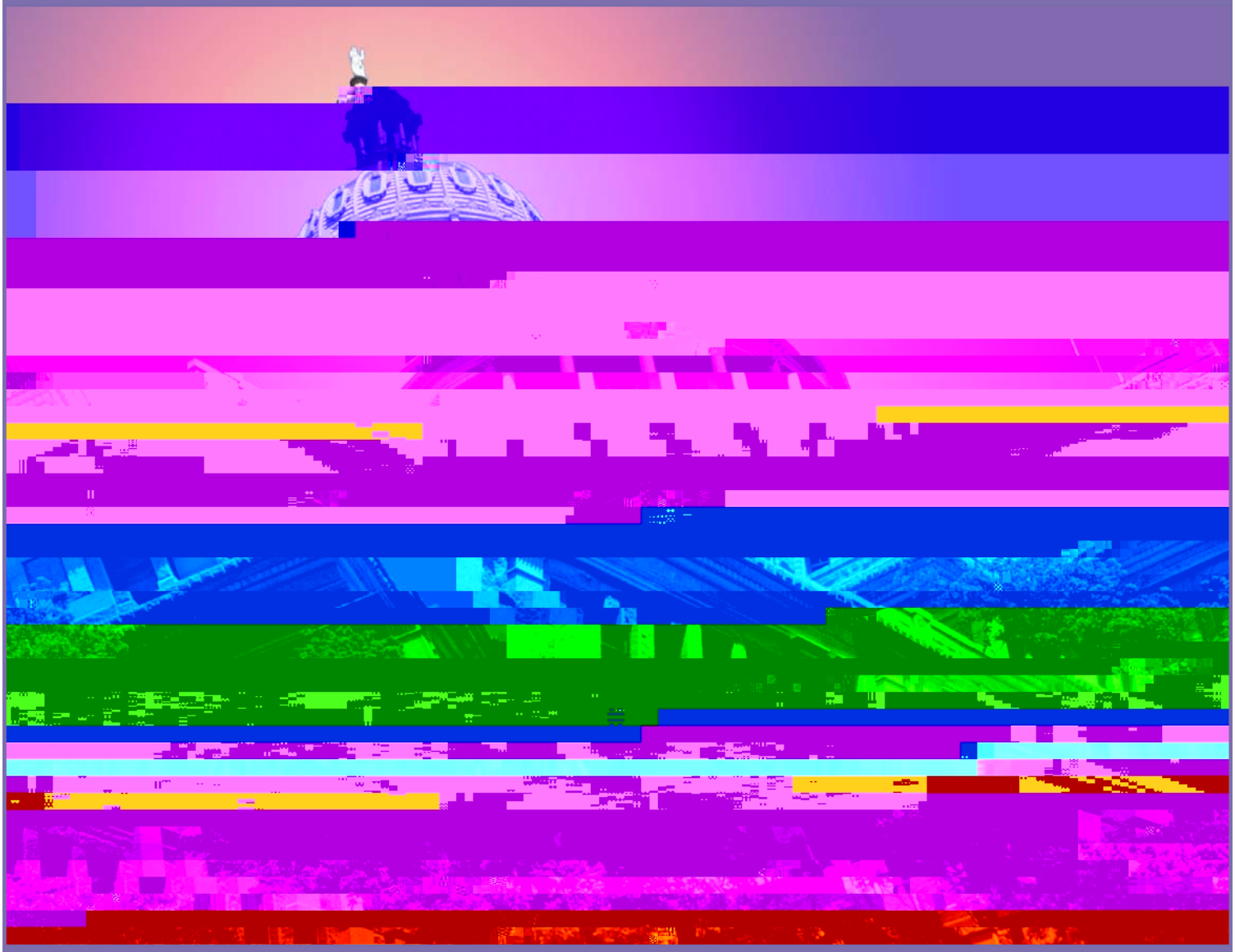
To Implement Texas Education Code Chapter 38 Section 38.0151

A food allergy is an abnormal response to a food, triggered by

Background



Legislation



A food allergy is a potentially serious immune-mediated response that develops after LQJHVWLQJ RU FRPLQJ LQWR FRQWDFW ZLWK D VSHFLILF DOOHUJHQ allergic reaction to food usually takes place within a few minutes to several hours after H[SRVXUH WR WKH DOOHUJHQ (LJKW IRRGV DFFRXQW IRU R LQ DIIHFWHG LQGLYLGXDOV PLON HJJV SHDQXWV WUHH Q 6DPSVRQ 6LFKHUHU 6 $OWKRXJK PRVW DOOHUJ to these eight foods, any food has the potential of causing a reaction. In addition, school settings may contain non-food items such as arts and crafts materials, that contain trace amounts of food allergens. Many products used in the school setting may contain food proteins. Cross contamination can occur when an allergen is transferred from one item (utensils, pots, pans, countertops, surfaces, etc.) to another. When preparing, handling and serving food, it is critical to make sure that food preparation and serving utensils are not exposed to allergens for the safety of children with food allergies. Allergic reactions can occur with trace exposure to food allergens. There is no cure for food allergy. Strict avoidance of allergens and early recognition and management of allergic reactions are important to the safety of children with food allergies at risk for anaphylaxis.

Anaphylaxis LV GH¿QHG DV ³D VHULRXV DOOHUJLF UHDFWLRQ W GHDWK´ 6LPRQV $QDSK\OD[LV LQFOXGHV D ZLGH UDQ in many combinations and is highly unpredictable. It is estimated that four out of every FKLOGUHQ KDYH D IRRG DOOHUJ\ *XSWD 5 DQG FKL likely to experience other allergies. Children with the diagnosis of asthma may be more likely to experience an anaphylactic reaction to foods and be at higher risk of death. In case studies of fatalities from food allergy among pre-school and school-aged children in WKH 8QLWHG 6WDWHV QLQH RI IDWDOLWHV RFFXUUHG LQ ZLWK VLJQL¿FDQW GHOD\V LQ DGPLQLVWHULQJ HSLQHSKUL DQDSK\OD[LV 6LFKHUHU 6 0DKU 7 (SLQHSKULQH LV prescription in a auto-injectable device. The severity of one reaction does not predict the severity of subsequent reactions and any exposure to an allergen should be treated based on the child's Food Allergy Action Plan (FAAP)/Emergency Action Plan (EAP) and Individualized Healthcare Plan (IHP).

Food allergy can have a wide-ranging, negative effect on children and their families, affecting not only life at home but also school, work, vacation, and entertainment. Virtually an <</MCID

Signs and Symptoms of an Allergic Reaction

In the case of life-threatening food allergy reactions, more than one system of the body is involved. The mouth, throat, nose, eyes, ears, lung, stomach, skin, heart, and brain FDQ DOO EH DIIHFWHG 7KH PRVW GDQJHURXV V\PSWRPV LC drop in blood pressure or shock, which is potentially fatal.

Body System	Sign or Symptom
Mouth	Tingling, itching, swelling of the tongue, lips or mouth; blue/grey color of the lips
Throat	Tightening of throat; tickling feeling in back of throat; hoarseness or change in voice

Treatment of Anaphylaxis

(SLQHSKULQH LV WKH ¿UVW OLQH WUHDWPHQW LQ FDVHV R
a delayed onset of action. Epinephrine is generally prescribed as an auto-injector device that is relatively simple to use.

Anaphylaxis can occur immediately or up to two hours following exposure to an allergen. In approximately one third of anaphylactic reactions, the initial symptoms are followed by a delayed wave of symptoms two to four hours later. This combination of an early phase of symptoms followed by D ODWH SKDVH RI V\PSWRPV LV GH¿QHG DV D ELSKDVLF UH
While initial symptoms respond to epinephrine, the delayed biphasic response may not respond to epinephrine and may not be prevented by steroids.

Therefore, it is imperative that following the administration of epineprhine, the student be transported by emergency medical services (EMS) to the nearest hospital emergency department even if the symptoms appear to have resolved.

Food Allergy Management in the School Setting

School districts and open-enrollment charter schools are required to develop and implement policies to address children with diagnosed food allergies at-risk for anaphylaxis. The school district's policy and administrative regulations should be

,GHQWL¿FDWLRQ RI 6W
Food Allergy At-Risk for Anaphylaxis

Identification of Students With Food Allergy At-Risk for Anaphylaxism

Due to an increase in prevalence of food allergies and the potential for a food allergic reaction to become more life-threatening, information needs to be shared with the school in order to promote safety for children with food allergies that are at-risk for anaphylaxis. It is important for parents to provide accurate and current health information when requested, in order to assist schools in obtaining information necessary to:

L G H Q W L I \ W K H F K L O G ¶ V I R R G D O O H U J H Q V

2. specify the nature of the child's allergic reaction;

U H G X F H U L V N R I H [S R V X U H W R I R R G D O O H U J H Q V

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

I D F L O L W D W H F R P P X Q L F D W L R Q E H W Z H H Q W K H V F K R R O D Q

7 H [D V (G X F D W L R Q & R G H & K D S W H U 6 H F W L R Q V W D W

upon enrollment of a child in a public school, a 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:

G L V F O R V H Z K H W K H U W K H F K L O G K D V D I R R G D O O H U J \ R

severe food allergy that, in the judgement 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.

In addition, the United States Department of Agriculture

U H J X O D W L R Q V 7 H [D V ' H S D U W P H Q W R I $ J U L F X O W X U H U

V X E V W L W X W L R Q V R U P R G L ¿ F D W L R Q V L Q V F K R R O P H D O V I R U

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

Z R X O G P H H W W K H G H ¿ Q L W L R Q R I ³ G L V D E L O L W \ ´ D Q G W K H

signs and symptoms of an anaphylactic reaction. School boards, especially those with school campuses located in remote areas with limited access to EMS, may want to consider the feasability of having stock epinephrine to use in the event a person with a diagnosed food allergy has a life-threating allergic reaction but does not have access to epinephine or a person with an undiagnosed allergy has a life-threatening allergic reaction. The DSHS Texas Guide to School Health 3URJUDPV 7H[DV 'HSDUWPHQW RI 6WDWH +HD outlines this in further detail by suggesting that schools can prepare for serious allergic reactions by working in obtaining standing medical orders for the use of emergency epinephrine and working with local EMS to determine the availability of epinephrine on EMS vehicles. For more information go to Chapter 9 at the following: **www.dshs.state.tx.us/schoolhealth/pgtoc.shtm**.

School districts should develop, implement and monitor standardized procedures that will be utilized in obtaining information from parents as well as the child's healthcare provider upon registration and as soon as possible after a child is diagnosed with a food allergy that places them at risk for anaphylaxis. In order to facilitate better communication across the district, schools may also wish to adopt standardized forms to utilize in obtaining this information on an annual basis. (See Appendix A for sample forms).

7KH LGHQWL¿FDWLRQ SURFHVV LV HVVHQWLDO LQ providing information to the school so that to utilize in obtaining this14F0003004C00510

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

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

There are several types of adverse reactions that can occur with

Reducing the Risk of Exposure Through Environmental Controls

Reducing the Risk of Exposure Through Environmental Controls

Current management of food allergies relies on strict avoidance of the food allergen, early recognition of symptoms, and prompt treatment when an allergic reaction occurs due to unintended exposure to the food. For children, dietary management in VFKRROV FDQ EH GLI¿FXOW EHFDXVH IRRG VKDULQJ VFKR using foods, parties, lack of onsite medical personnel, and other LVVXHV DULVH <RXQJ 3URWHFWLQJ VWXGHQWV IURP to allergens to which they are sensitive is the most important way to prevent life-threatening anaphylaxis.

In order to promote safety, policies and administrative regulations should outline district-wide, campus-wide, classroom-wide and individual strategies that are to be utilized for managing children with food allergies at-risk for 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 ¿HOG WULSV DWKOHWLF HYHQWV RQ FDPSXV and after school activities.

The superintendent's designee, serving as the point of contact, working in collaboration with the campus food allergy management team, if established, and parents may help in developing individual campus strategies to support students with food allergies at-risk for anaphylaxis. Implementing appropriate environmental controls can help minimize risk of exposure to a food allergen. (See Appendix F for Sample Roles and Responsibilities related to Students, Families and Schools)

Environmental controls include consideration of the following:

, GHQWLI\LQJ KLJK ULVN DUHDV LQ WKH VFK

,PSOHPHQWLQJ DSSURSULDWH FOHDQLQJ SURWRFROV LQ
LGHQWL¿HG KLJK ULVN DUHDV
3URYLGLQJ WUDLQLQJ WR WKH VFKRRO IRRG VHUYLFH GH
contamination during food prac5657s 77and 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,7and parents.
   3RVWLQJ RI YLVXDO UHPLQGHUV SURPRWLQJ IRRG DOOHU
9. Educ57sng children about not trading or sharing food, snacks, drinks, or utensils.
   ,PSOHPHQWLQJ KDQG ZDVKLQJ SURWRFROV EHIRUH DQG
   EH GRQH ZLWK VRDS DQG ZDWHU DV KDQG VDQLWL]HUV
   lergens.)
   $VVLJQ VWDII WUDLQHG LQ WKH DGPLQLVWUDWLRQ RI HS
   service area, as appropriate.
   3URYLGH UHDG\ DFFHVV WR HSLQHSKULQH LQ DQ DFFHVV
   &RQVLGHU ULVN UHGXFWLRQ VWUDWHJLHV IRU WKH VFKR
   RQ ¿HOG WULSV GXULQJ EHIRUH DQG DIWHU VFKRRO DF
   5HLQIRUFH UXOHV DQG H[SHFWDWLRQV DERXW EXOO\LQJ
   food allergies.
   (See Appendix H for Considerations)

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

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

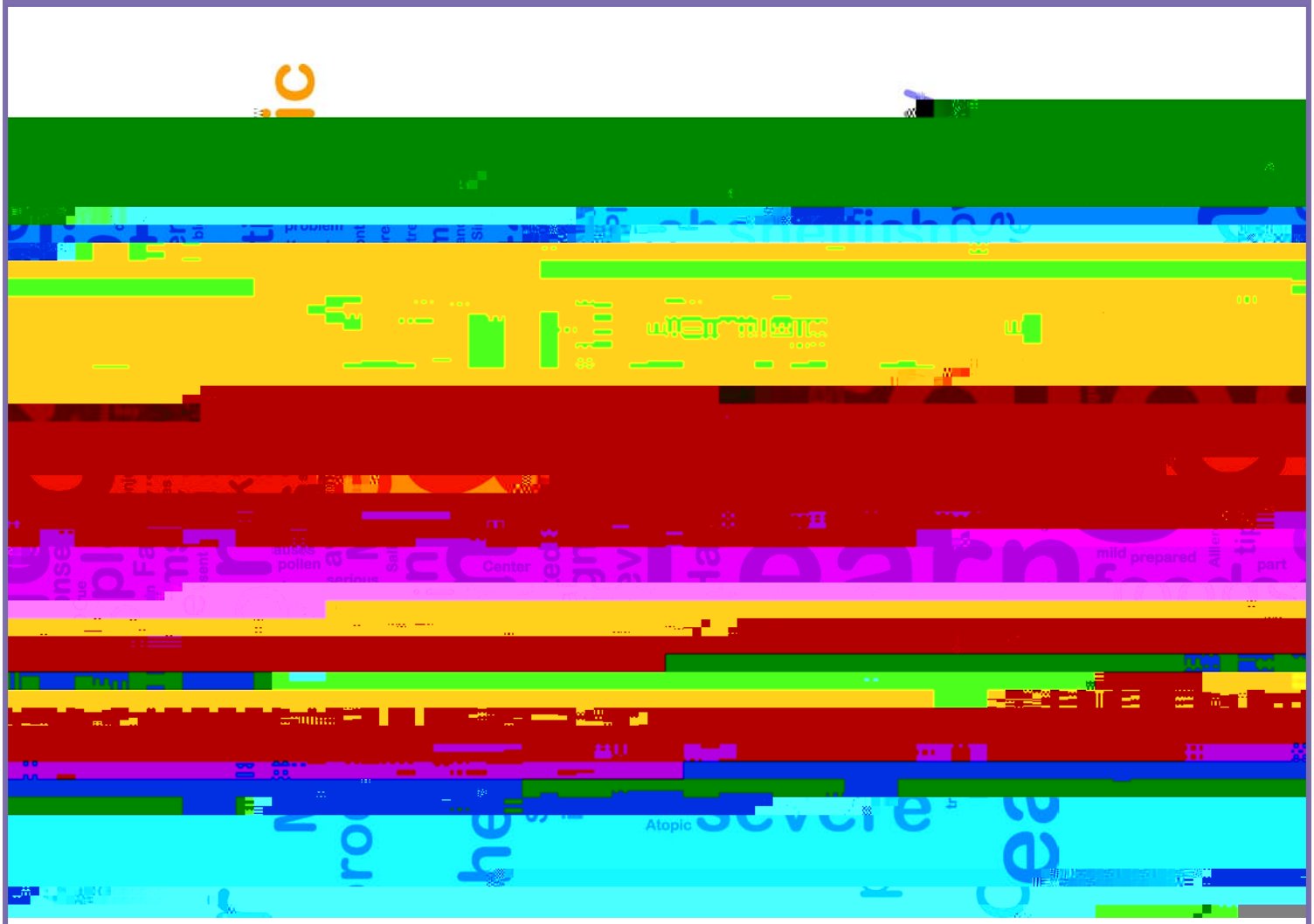
Education is key in identifying and supporting students with life-threatening food allergies in the school setting. A tiered approach to training can prepare all staff in identifying and providing emergency care to students with a life-threatening anaphylatic reaction. A school may wish to establish a training schedule

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

More conprehensive training may be conducted with the campus food allergy management team (if established), interested parents, and other school staff responsible for the care of individual students. This training is more detailed and may include, but is not limited to, more indepth information on (See Appendix J for sample agendas):

- Identifying students at-risk for anaphylaxis and planning for students that do not have epinephrine at school.
- Signs and symptoms of anaphylaxis.
- Implementing FAAPs/EAPs, including training in the administration and storage of epinephrine.
- 'HYHORSPHQW DQG LPSOHPHQWDWLRQ RI ,+3V 3ODQV
- Communication procedures for initiating emergency protocols, including substitute staff.
- Environmental control measures, to reduce the risk of exposure to a food allergen, including safe food handling, handwashing, and cleaning procedures.
- Working with local EMS.
- 3RVW DQDSK\OD[LV GHEULH¿QJ DQG PRQLWRULQJ RI WK on the campus.

Post Anaphylaxis Reaction Review of Policy and Procedures



Post Anaphylaxis Reaction Review of Policy and Procedures

In order to stay current with the management of food allergies in the school setting, policies and administrative regulations should be reviewed and updated at least annually. Review may include looking at the following information:

Health Services **Allergic Reactions**

To Parent/Guardian of: _____,

Upon receipt of the health information card for your child, it was noted that your child either had food allergies or wasp/bee sting allergies. Because allergies of this type can be serious, please provide a description of the reaction your child experiences in the space provided below.

Additionally, you need to be aware that if your child purchases a school lunch, the cafeteria cannot substitute or change menu items without written doctor's orders on ¿OH DW WKH VFKRRO 7KLV UHTXLUHPHQW KDV EHHQ HVWD

If your child has severe allergic reactions, I urge you to discuss with your doctor the possible need of keeping an Epi-pen (medication to be used only in the event of a OLIH WKUHDWHQLQJ DOOHUJLF UHVSRQVH DW VFKRRO 7K of epinephrine, which can be administered in the event of an emergency. If you wish the school nurse to have the authority to administer this medication, please sign and return the enclosed form. Thank you for your assistance.

Sincerely,

_____
School Nurse

My child, _____, has the following symptoms during a reaction:

_____
_____
_____

_____ _____
Parent Signature Date

This document is to be maintained in the Student's Cumulative Folder

REQUEST FOR FOOD ALLERGY INFORMATION

Dear Parent:
This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the District in order to enable the District to take necessary precautions for your child's safety.

³6HYHUH IRRG DOOHUJ\´ PHDQV D GDQJHURXV RU OLIH WKUHDWH
food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

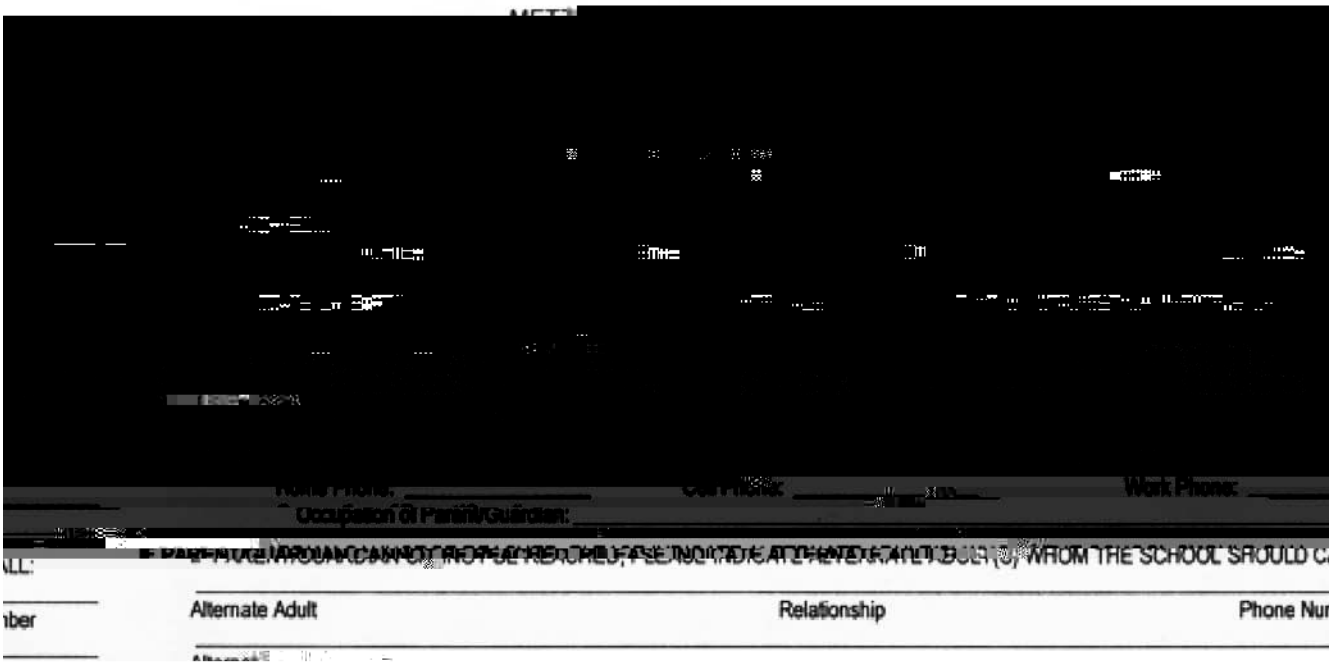
Please list any foods to which your child is allergic or severely allergic, as well as how your child reacts when exposed to the food that is listed.

‘ No information to report.

Food	Nature of Allergic Reaction to Food	Life-Threatening?

TO REQUEST A SPECIAL DIET, MODIFICATION OF A MEAL PLAN OR PROVIDE OTHER INFORMATION FROM YOUR DOCTOR ABOUT YOUR CHILD'S FOOD ALLERGY, YOU MUST CONTACT THE SCHOOL NURSE OR SCHOOL ADMINSTRATOR WHERE YOUR CHILD ATTENDS SCHOOL.

7KH 'LVWULFW ZLOO PDLQWDLQ WKH FRQ¿GHQWLDOLW\ RI WKH LQIRUPD
information to teachers, school counselors, school nurses, and other appropriate school personnel only


Occupation of Parent/Guardian:
Alternate Adult
Relationship
Phone Nu
Does this student have a vision problem?
Yes
No
Asthma
Chicken Pox

New Braunfels Independent School District
430 W. Mill, New Braunfels, Texas 78130
Date_____
Student Name_____Teacher/ID_____

Dear Parent,

Upon reviewing the nurse information card that you completed, I noticed that your child has an allergy to _____.

Please provide the following:

'HVFULEH WKH FKLOG V DOOHUJLF UHDFWLRQV LQ WKH S
_____
_____
_____

2. How are these reactions treated? _____
_____
_____

,V WKLV FKLOG RQ GDLO\ RU DV QHHGHG PHGLFDWLRQV I
_____
_____

4. Please provide further details to the address below, including a physician's statement if necessary.

Thank you,
_____Nurse
_____School
_____Phone
_____Address
_____

$OOHUJLF5[Q/WU1 UHY

Una nota de tu enfermera

Fecha_____Maestro/a_____

Estimados Padres de_____:

En la tarjeta de información de su hijo/a listó alguna alergia. Favor de informarme cual más detalladamente para poder ayudar a su hijo/a mejor:

/LVWy XQD DOHUJLD BBBBBBBBBBBBBBBBBBBBBBBBBBBBBB
Estoy en lo correcto? SI NO, sí no, por favor nombre la alerrgia:

2. Ha visto un doctor su hijo/a por está alergia? Sí No
_____

Nombre de Doctor Numero de telefono

Podemos hablarle al doctor para obtener más información?
_____Sí_____Firma de padre
_____No_____Firma de padre

'HVFULED ODV UHDFLRQHV DOHUJLFDV TXH VX KLMR D D W
cuando y como ocurren.

4. Cómo a prevenido las reaciones?

1HFHVLWD VX KLMR D PHGLFDPHQWRV GLDULDPHQWH SDU
escriba las medicinas.

)DYRU GH GDUPH PiV GHWDOOHV LQFOX\HQGR XQD QRWD
Gracias,

_____
Enfermera Escuela Telefono

$OOHUJ\/WU1 6

Estimado Padre de Familia,

Nuestros registros indican que su hijo _____ tiene una alergia con riesgo vital que puede requerir tratamiento mientras esté en la escuela. Adjuntamos a esta carta los formularios, enumerados a continuación, que nos darán la información y autorización necesarias para tratar a su hijo en un caso de urgencia.

3ODQ GH $FFLyQ SDUD $OHUJLDV 'HEHUi REUDU HQ HO TXH WHQJD XQD DOHUJLD VHYHUD 'HEHUi VHU DFWXDO cada año escolar.

2. Formularios de Autorización para Medicamentos (2) - Se deberá usar uno para cada medicamento que se envíe a la escuela.

Los materiales de su hijo deberán incluir: Epi-pen con la etiqueta de receta y un anti-histamínico (como Benadryl), si se requiere bajo el plan de su hijo. Favor de tener en cuenta las fechas de caducidad de estos medicamentos.

Si no contamos con estos formularios y materiales, y su hijo sufre una reacción grave, HV SRVLEOH TXH QHFHVLWHPRV OODPDU DO SDUD JDUDQ entablemente, se cobra a los padres el costo.

Para la seguridad de su hijo, es importante que dispongamos de las autorizaciones y materiales adecuadas para poder responder a un caso de emergencia. Agradecemos su ayuda con nuestros esfuerzos para proveer a su hijo la mejor atención.

Gracias,

Enfermera escolar
Adjuntos

Food Allergy Action Plan

Emergency Care Plan

Name: **D.O.B.: / /**

Allergy to:

Weight: lbs. **Asthma:** …Yes (higher risk for a severe reaction) …No

Extremely reactive to the following foods:
THEREFORE:
…If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.
…If checked, give epinephrine immediately

TURN FORM OVER **Form provided courtesy of the Food Allergy & Anaphylaxis Network (www.foodallergy.org) 9/2011**

Anaphylaxis Emergency Action Plan

Patient Name: _____ Age: _____

Allergies: _____

Asthma Yes (high risk for severe reaction) No

Additional health problems besides anaphylaxis: _____

_____

Concurrent medications: _____

_____

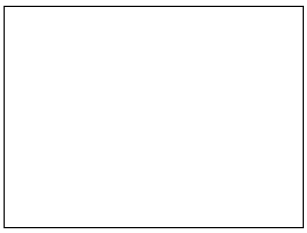
Symptoms of Anaphylaxis

MOUTH	itching, swelling of lips and/or tongue
THROAT*	itching, tightness/closure, hoarseness
SKIN	itching, hives, redness, swelling
GUT	vomiting, diarrhea, cramps
LUNG*	shortness of breath, cough, wheeze
HEART*	weak pulse, dizziness, passing out

Only a few symptoms may be present. Severity of sym ptoms can change quickly.
*Some symptoms can be life-threatening. ACT FAST!

Emergency Action Steps - DO NOT HESITATE TO GIVE EPINEPHRINE!

For the form, go to **www.aaaai.org**



For the form, please go to: www.faiusa.org/document.doc?id=4

Austin Independent School District

dell children's

Allergy/Anaphylaxis Physicians Orders

Student's Name:_____ DOB:_____ School_____ Teacher_____

Symptoms	Give Checked Medications** (To be determined by physician authorizing treatment)	
‘ If food allergen has been injested, but no symptoms	‘ Epinephrine	‘ Antihistimine
‘ Mouth itching, tingling, or swelling of lips, tongue, mouth	‘ Epinephrine	‘ Antihistimine
‘ Skin hives, itchy rash, swelling of face or extremities	‘ Epinephrine	‘ Antihistimine
‘ Gut nausea, abdominal cramps, vomiting, diarrhea	‘ Epinephrine	‘ Antihistimine
‘ **Throat** tightening of throat, hoarseness, hacking cough	‘ Epinephrine	‘ Antihistimine
‘ **Lung** shortness of breath, repetitive coughing, wheezing	‘ Epinephrine	‘ Antihistimine
‘ **Heart** weak or thready pulse, low blood pressure, fainting, pale, blueness	‘ Epinephrine	‘ Antihistimine
‘ **Other**	‘ Epinephrine	‘ Antihistimine
‘ If reaction is progressing (several of the above areas affected), give:	‘ Epinephrine	‘ Antihistimine

ALLERGY TO:_____

Asthmatic Yes* ‘ No ‘

*Higher risk for severe reaction.

Austin Independent School District

dell children's

STEP 1: TREATMENT

DOSAGE
Epinephrine: L Q M H F W L Q W U D P X V F X O D U O \ F L U F O H R Q H (S L 3 H Q Š (S L 3 H Q Š

Antihistamine: give_____
Medication,/dose,/route

Other: give_____
Medication,/dose,/route

IMPORTANT: Asthma inhalers and/or antihistimines cannot be depended on to replace epinephrine in anaphylaxis.

STEP 2: EMERGENCY CALLS

& D O O 6 W D W H W K D W D Q D O O H U J L F U H D F W L R Q K D V E H H
may be needed.

2. Dr. _____ Phone Number:_____

3 D U H Q W B B B B B B B B B B B B B B B B B B B B B B B B B B B B B 3 K R Q H 1 X P E H

4. Emergency Contacts:
Name/Relationship Phone Number(s)

D B B B B B B B B B B B B B B B B B B B

Appendix D: Sample 504 Template

504 PLAN

DATE: _____ ADMINISTRATOR OR DESIGNEE: _____

SCHOOL: _____ ATTENDING (name/title): _____

STUDENT: _____

PARENT(S)/GUARDIAN: _____

PRIMARY LANGUAGE: _____

GRADE: _____ BIRTHDATE: _____ M_____ F_____

WE AGREE THAT THIS STUDENT QUALIFIES UNDER SECTION 504 AND WILL IMPLEMENT THE FOLLOWING PLAN

PRINCIPAL/DESIGNEE SIGNATURE: _____

'HVFULEH WKH QDWXUH RI WKH FRQFHUQ LPSDLUPHQW F

2. Describe the basis for the determination of the disability (who diagnosed):

'HVFULEH KRZ WKH GLVDELOLW\ DIIHFWV D PDMRU OLIH I
school site or in the classroom):

4. Describe how the disability affects access to learning:

'HVFULEH WKH DSSURSULDWH DFFRPPRGDWLRQV WKDW D

Appendix E: Sample Individualized Healthcare Plan Template (continued)

Assessment Data	Nursing Diagnosis	Goals	Interventions	Outcome
		Establish a food safe environment for students with food allergies.	Educate staff regarding allergen and institute environmental controls. ‡ 5HYLHZ IRRG DOOHUJHQ exposure prevention strategies with food service staff. ‡ 6HFXUH PHGLFDO documentation for food subsitutions. ‡ 6HFXUH ³HPHUJHQF\ PHDO´ IURP SDUHQW LQ event food allergen can not be avoided. ‡ 5HYLHZ FOHDQLQJ procedures with custodial staff. Establish a food safe environment for student with food allergies. ‡ 1RWLI\ FODVVURRP parents and staff of need to restrict presence of food allergen in student's classroom activiites. ‡ $YRLG XVH RI IRRG IRU instruction/reward purposes. ‡ $GKHUH WR EXV SROLF\ about food consumption on the bus. ‡ 0LQLPXP ZHHN advance notice on ¿HOG WULSV DQG RWKHU RII campus activities. ‡)DFLOLWDWH VWXGHQW particitpation in full range of school activities.	* Student is NOT exposed to food allergen and has no allergic reactions.

Appendix E: Sample Individualized Healthcare Plan Template (continued)

Assessment Data	Nursing Diagnosis	Goals	Interventions	Outcome
	Potential for dimished self-esteem secondary to food allergy diagnosis.	Protect/ Enhance student's self-image.	‡ = H U R W R O H U D Q F H I R U bullying related to food allergy. ‡ (G X F D W H V W] H V W	

Appendix F: Sample Family, School, and Student Roles and Responsibilities

In promoting a safe school environment for children with food allergies at-risk for anaphylaxis, students, parents, and school personnel should work as a team in identifying students at-risk for anaphylaxis, reducing the risk of exposure to food allergens and to react quickly should an exposure or allergic reaction occur.

*The following roles and responsibilities are based on a document developed by the
I R O O R Z L Q J R U J D Q L] D W L R Q V D Q G U H À H F W 7H [D V O D Z D Q G $ G
American Food Service Association
National Association of Elementary School Principals (NESP)
National Association of School Nurses (NASN)
National School Boards Association (NSBA); and

Appendix F: Sample Family, School, and Student Roles and Responsibilities

- ‡ $VVLJQ VFKRRO VWDII ZKR DUH SURSHUO\ WUDLQHG WR DG
  with the state laws governing administration of medications in the school setting.
- ‡ %H SUHSDUHG WR KDQGOH D UHDFWLRQHDPEHUQVXUHWKDW
  is properly trained to administer medications during the school day regardless of time or
  location.
- ‡ 5HYLHZ SROLFLHV DGPLQLVWUDWLYH SURFHGXUHV ZLWK W

Appendix G: Sample Staff Roles and Responsibilities

Responsibilities of School Administration Designee

- 'HVLJQHH VKRXOG VHUYH DV WKH SRLQW RI FRQWDFW IRU food allergy management team, if established by the campus, and other school staff.
- 'HVLJQHH VKRXOG IDFLOLWDWH WKH GHYHORSPHQW LPSOH hensive and coordinated administrative procedures by convening a multi-disciplinary team to develop the district food allergy management plan.
- ,QFOXGH LQ WKH VFKRRO¶V HPHUJHQF\ UHVSRQVH SODQ D procedures for managing life-threatening allergic reactions. Modify the plan to meet special needs of individual students. Consider obtaining standing orders for stock epinephrine for emergency treatment of anaphylaxis.
- 6XSSRUW IDFXOW\ VWDII DQG SDUHQWV LQ LPSOHPHQWLQJ
- &RRUGLQDWH WKH WUDLQLQJ DQG HGXFDWLRQ IRU IDFXOW
-)RRG DOOHUJLHV DQG DQDSK\OD[LV
- 5LVN UHGXFWLRQ SURFHGXUHV
- (PHUJHQF\ SURFHGXUHV
- +RZ WR DGPLQLVWHU HSLQHSKULQH DXWR LQMHFWRU LQ W
- &RRUGLQDWH WUDLQLQJ IRU IRRG VHUYLFH SHUVRQQHO ZL
- 3URYLGH HPHUJHQF\ FRPPXQLFDWLRQ GHYLFHV WZR ZD\ U

Responsibilities of the School Nurse, if Available

-)DPLOLDUL]H WHDFKHUV ZLWK WKH)$$3 ($3 RI WKHLU VWX have contact with the students should be familiar with their FAAP/EAPs and be able to intervene if needed.
- $IWHU WKH FDPSXV IRRG DOOHUJ\ PDQDJHPHQW WHDP LI to review the FAAP/EAP, symptoms and emergency procedures with their child.
- 3URYLGH LQIRUPDWLRQ DERXW VWXGHQWV ZLWK OLIH WKU (if consent given by parent) to all staff on a need-to-know basis, including bus drivers.
- &RQGXFW WUDLQLQJ DQG HGXFDWLRQ WR DSSURSULDWH VW allergens, symptoms, risk reduction procedures, emergency procedures, and how to administer the epinephrine auto-injector.** Consider obtaining standing orders for stock epinephrine for use in emergencies.
- ,PSOHPHQW D SHULRGLF DQDSK\OD[LV GULOO DV SDUW RI
- (GXFDWH QHZ SHUVRQQHO DQG VXEVWLWXWH SHUVRQQHO
- 7UDFN LQ VHUYLFH DWWHQGDQFH RI DOO LQYROYHG SDUW
- ,QWURGXFH \RXUVHOI WR WKH VWXGHQW DQG RMK&RZ KLP KH
- 3RVW GLVWULFW¶V HPHUJHQF\ SURWRFRO DQG KDYH DYDL QXUVH¶V RI¿FH 3RVW ORFDWLRQ RI DXWR LQMHFWRUV $ accessible, secure and unlocked location.
- 3HULRGLFDOO\ RU DW OHDVW DQQXDOO\ FKHFN PHGLFDWI to obtain new medications.
- 'LVFXVV ZLWK SDUHQWV WKH SRVVLELOLW\ RI NHHSLQJ DQ FODVVURRP 7KLV DXWR LQMHFWRU FDQ EH XVHG RQ ¿HOG
- 'LVFXVV ZLWK SDUHQWV WKH SRVVLELOLW\ RI VWXGHQW F school day.
- $UUDQJH SHULRGLF IROORZ XS RQ D UHJXODU EDVLV WR
- 0DNH VXUH WKHUH LV D FRQWLQJHQF\ SODQ LQ SODFH LQ nurse.
- 0HHW ZLWK SDUHQWV RQ D UHJXODU EDVLV WR GLVFXVV L
- (QVXUH WKDW D VWXGHQW VXSHFWHG RI KDYLQJ DQ DOO trained adult.
- &RPPXQLFDWH ZLWK ORFDO (06 DERXW WKH ORFDWLRQ RI Assure that local EMS has epinephrine and have authorization to use it.
- 3URYLGH KHDOWK HGXFDWLRQ WR WKH IRRG DOOHUJLF VW

** Please note, due to the Texas Nurse Practice Act, some of the activities below must be carried out by a Registered Nurse, as these activities are beyond the scope of practice of a Licensed Vocational Nurse (LVN).

www.bon.texas.gov/practice/position.html#15.27
LVN Scope of Practice
www.bon.texas.gov/practice/position.html#15.28
RN Scope of Practice

Responsibilities of the Classroom Teacher/Specialist

‡

Appendix H: Considerations for Developing Administrative Regulations

e. Discourage the use of food for classroom projects/activities, classroom celebrations, etc.
f. Encourage the use of non-food items for all classroom events/activities, as a way to avoid potential of major food allergens.
g. Notify parents of classroom events, activities and celebrations ajeF w-olve food Z L W K S D U W L F X O D U D W W H Q W L R Q W R Q R W L ¿ F D W L R Q R
h. Encourage students to wash hands before and after eating.
i. Develop standard procedures for cleaning desks, tables and the general classroom area.

3. General Considerations for the School Environment

The school district should work to make the school environment as safe as possible for the food allergic student. The school nurse, cafeteria staff, and custodial staff are important resources when developing procedures for the school environment.

a. a. Develop cleaning procedures for common areas (i.e., libraries, computer lab, art rooms, science rooms and hallways, etc.).
b. Develop guidelines for food fundraisers like bake sales, candy sales, etc. ajeF are held on the school grounds based on the Texas Nutrition Guidelines.
c. Avoid the use of food products as displays or components of displays in hallways or common areas.
d. Develop protocols for appropriate cleaning methods following events jeFschool ajeF w-olve food items.

4. Field Trips and Other School Functions

Students with food allergies should participate in all school activities and must not be excluded based on their condition.

a. Communicate relevant aspects of the FAAP/EAP plan to staff, as appropriate, for ¿ H O G W U L S V V F K R R O V S R Q V R U H G I X Q F W L R Q V D Q G E E (Q F R X U D J H O R Q J W H U P S O D Q Q L Q J R I ¿ H O G W U L S V L Q students receive needed services while away from school.
F (Y D O X D W H L I ¿ H O G O R F D W L R Q V D U H D S S U R S U L D W H I anaphylaxis (e.g., a trip to a dairy farm should not be scheduled for a class with a milk-allergic student).
d. Encourage, but do not require, parents/guardians of food-allergic students to accompany their child on school trips.
e. Establish procedures for the emergency administration of medications while on ¿ H O G W U L S V R U R W K H U R I I F D P S X V H Y H Q W V
I $ V V H V V S U R F H G X U H V I R U H P H U J H Q F \ V W D I I F R P P X Q L F develop an emergency communication plan.
J , Q I R U P S D U H Q W V Z K H Q S R V V L E O H R I V F K R R O V S R Q V food will be used or served.

7. Sensitivity and Bullying

A food allergic student may receive threats and harassment related to his/her FRQGLWLRQ $FFRUGLQJ WR WKH 7H[DV (GXFDWLRQ &RG school policy should address bullying on school grounds, at school sponsored functions, and in school vehicles for all students.

a. Remind students and staff that bullying or teasing food-allergic students will not be tolerated and violators should be disciplined as outlined in school policy.

E 2IIHU SURIHVVLRQDO GHYHORSPHQW IRU IDFXOW\ DQG FRPSOLDQFH ZLWK)(53$ WR SUHYHQW RSHQ GLVFXVVI

c. Discourage labeling of food-allergic students in front of others. A food-allergic VWXGHQW VKRXOG QRW EH UHIHUUHG WR DV ³WKH SH name related to the student's condition.

Appendix I: NSBA Policy and Procedures Checklist

The following checklist was developed by the National School Boards Association and can be located at: **www.nsba.org/Board-Leadership/SchoolHealth/Updates/Food-Allergy-Policy-Guide.html**. The checklist is part of the document entitled Safe at School and Ready to Learn: A Comprehensive Policy Guide for Protecting Students With Life-Threatening Food Allergies. DSHS received approval to print the checklist as part of the Texas Care Guidelines for Students with Food Allergies At-Risk for Anaphylaxis. School boards and charter school leadership should modify the checklist to comply with Texas laws, rules and board policies.

Essential Component A

, G H Q W L ¿ F D W L R Q R I V W X G H Q W V Z L W K O L I H W K U H D W H Q L Q J I R R G D O
Safe at School and Ready to Learn) Develop, implement, monitor, and update a school health services
S O D Q I R U V W X G H Q W V Z L W K I R R G D O O H U J L H V L Q. D F F R U G D Q F H Z L W H

Appendix I: NSBA Policy and Procedures Checklist (continued)

Essential Component B

, Q G L Y L G X D O Z U L W W H Q P D Q D J H P H Q W S O D Q V (S H F L ¿ F D O O \ G H Y H O R S H G I R U V W X G H Q W V L Q
: K H Q Q R W L ¿ H G R I D V W X G H Q W ¶ V I R R G D O O H U J \ G L D J Q R V L V H D F K
and implement individual written management plans. Including the individual healthcare plan and
emergency care plan, to address the healthcare needs of the student. The plans should be developed
L Q F R O O D E R U D W L R Q Z L W K W K H U H J L V W H U H G Q X U V H V R U O H J D O J X D U G L D Q V
D Q G O L F H Q V H G K H D O W K F D U H S U R Y L G H U V U H Y L V H V D V Q H H G H G D F
O H Y H O D Q G E H F R Q V L V W H Q W Z L W K V W D W H D Q G I H G H U D O O D Z V U H

Elements	Included	Not Included	Implemented	Not Implemented	Notes: Specify what is needed for this element to be included and/or implemented
' H Y H O R S D Q G an individual health-care plan to include	P D L Q W D L Q				

Essential Component C

0 H G L F D W L R Q S U R W R F R O V V W R U D J H D F F H V V D Q G D G P L Q L V W U D W L R Q

Safe at School and Ready to Learn

Medications should be managed to allow for quick access when needed and to protect the safety of students with medications. The details for storage, access, and administration are outlined in state laws.

Elements	Included	Not Included	Implemented	Not Implemented	Notes: Specify what is needed for this element to be included and/or implemented
0 D L Q W D L Q Z U L W W H Q medication orders for students, including permissions for students to carry and self-administer medications.					
2. Identify authorized personnel to administer medications.					
6 W R U H P H G L F D W L R Q V appropriately.					
4. Request multiple (at least two) epinephrine auto-injectors.					
0 R Q L W R U H [S L U D W L R Q dates on medications.					
5 H ¿ O O U H V W R F N P H G L F D tions as necessary.					
7. Obtain standing order for epinephrine for emergency use, as permitted by laws.					
, Q F O X G H H S L Q H S K U L Q H auto-injectors in H P H U J H Q F \ ¿ U V W D L G treatment kits.					
9. Document any medication that is administered and notify parent/caregiver when medication is administered.					
Additional notes for planning improvements and actions:					

Appendix I: NSBA Policy and Procedures Checklist (continued)

Essential Component D

+ H D O W K \ 6 F K R R O (Q Y L U R Q P H Q W F R P S U H K H Q V L Y H L Safe at School and Ready to Learn)

Each and every environment within a school requires special attention to protect the safety of students with food allergies and prevent allergic reactions. Thus it is important to develop a comprehensive and coordinated approach for the management of food allergies across the school system. Although there are P D Q \ F R P P R Q D O L W L H V D F U R V V V F K R R O H Q Y L U R Q P H Q W V V R P H R I W

Elements	Included	Not Included	Implemented	Not Implemented	Notes: Specify what is needed for this element to be included and/or implemented
1. Classroom Limit or reduce allergens in classroom R U L G H Q W L I \ V S H F L ¿ F areas/desks that will be allergen safe. Limit or reduce the use of potential food allergens in classroom projects/activities. Allow only pre-packaged food items with complete ingredient lists. Implement appropriate hand washing procedures. Communicate rules and expectations about bullying related to food allergies. Train classroom teachers and other staff on food allergies. Train classroom teachers and other staff on food handling and cleaning proce-dures to prevent cross contamination.					

Appendix I: NSBA Policy and Procedures Checklist (continued)

Elements	Included	Not Included	Implemented	Not Implemented	Notes: Specify what is needed for this element to be included and/or implemented
2. Cafeteria Enforce responsibilities of school nutrition staff					

Appendix I: NSBA Policy and Procedures Checklist (continued)

Elements	Included	Not Included	Implemented	Not Implemented	Notes: Specify what is needed for this element to be included and/or implemented
Delegate responsibilities for carrying necessary medications (epinephrine); provide a copy of the student's individualized written management plan and contact information of parent/caregiver, the licensed healthcare provider, and the nearest hospital(s). Provide access to functioning two-way communication devices. Discourage trading of food or sharing of utensils. Promote and monitor good hand washing practices. Restrict the use of foods that are known allergens. Train before- and after-school coordinators in allergy awareness. Train before- and after school coordinators in basic food handling procedures					

Appendix I: NSBA Policy and Procedures Checklist (continued)

Essential Component E

& R P P X Q L F D W L R Q D Q G F R Q ¿ G H Q W L D O L W \ 3 R O L F L H V D Q G 3 U R F H G X U H V L Q 3 R O L F L H V D Q G F R P P X Q L F D W L R Q S O D Q V P X V W F R P S O \ Z L W K V W D W H accommodate parent requests, as feasible (U.S. Department of Education, 2007). Communication plans should be developed with the intent to:

ements	Included	Not Included	Implemented	Not Implemented	Notes: Specify what is needed for this element to be implemented

Essential Component F
(P H U J H Q F \ 5 H V S R Q V H Safe at School L Q

Elements	Included	Not Included	Implemented	Not Implemented	Notes: Specify what is needed for this element to be included and/or implemented
: U L W W H Q L Q G L Y L G X D O healthcare and emergency care plans that outline emergency procedures for managing life-threatening allergic reactions.					
2. Roles and responsibilities of D G X O W V L G H Q W L ¿ H G W R respond to an allergic reaction.					
5 H V S R Q G L Q J W R D life-threatening allergic reaction as part of an ³D O O K D] D U G V ´ D S S U R D F K					
Additional notes for planning improvements and actions:					

Appendix I: NSBA Policy and Procedures Checklist (continued)

Elements	Included	Not Included	Implemented	Not Implemented	Notes: Specify what is needed for this element to be included and/or implemented
7. Proper storage and administration of medicationss permitted by laws.					
$ F F H V V W R O R F D O (0 6					
9. Strategies to manage individual student privacy/ F R Q ¿ G H Q W L D O L W \					
% D V L F I R R G K D Q G O L Q J procedures to reduce or eliminate exposure to allergens.					
$ G G L W L R Q D O V N L O O instruction and practice for those assigned to administer epinephrine or likely to be present during an allergic reaction.					
Additional notes for planning improvements and actions:					

Appendix I: NSBA Policy and Procedures Checklist (continued)

Essential Component H

$ZDUHQHVV HGXFDWLRQ IRU Safe at School and Ready to Learn) LQ)RRG DOOHUJ\ DZDUHQHVV HGXFDWLRQ VKRXOG HGXFDWLRQ SURJUDPV FRQ corporating lessons into family and consumer science, health, and/or physical education courses. Lessons on food allergies should emphasize:

Elements	Included	Not Included	Implemented	Not Implemented	Notes: Specify what is needed for this element to be included and/or implemented
6XSSRUW IRU FODVVPDWHV with chronic health conditions, such as food allergy.					
2. Bullying prevention, including reporting any harassment, hazing, or bullying to appropriate personnel, and consequences of bullying.					
.QRZOHGJH RI SRWHQWLDO allergens and signs, symptoms, and potential of a life-threating reaction.					
4. Differences between life-threatening food allergy and food intolerance.					
(PHUJHQF\ UHVSRQVH actions.					
'HYHORSPHQWDO\ appropriate self-management of food allergy.					
7. Importance of following health and wellness policies and guidelines such as hand washing, food sharing, allergic safety zones, and student conduct.					
Additional notes for planning improvements and actions:					

Elements	Included	Not Included	Implemented	Not Implemented	Notes: Specify what is needed for this element to be included and/or implemented
& R O O H F W D Q G U H Y L H Z data on when and where medication was used and the impact					

Sample Comprehensive Training **Agenda for Unlicensed School Personnel**

Purpose: To provide unlicensed school personnel basic knowledge and skills to identify children with a possible allergic reaction to food and to administer epinephrine by auto-injector in a life threatening situation.

Trainer: A School Nurse (RN) or Physician

Time: ò W R + R X U V

Objectives: Upon completion of the training the participants will be able to demonstrate the following competencies:

Identify common causes of allergic emergencies;

- ‡ $ F F X U D W H O \ U H F R J Q L] H J H Q H U D O D Q G V W X G H Q W V S H F L ¿ F
- ‡ $ F F X U D W H O \ L G H Q W L I \ V W X G H Q W V I R U Z K R P H S L Q H S K U L Q H
- ‡ $ F F X U D W H O \ L G H Q W L I \ V W X G H Q W V Z K R K D Y H V L J Q V R I D Q D
- ‡ $ F F X U D W H O \ U H D G D Q G L Q W H U S U H W W K H , + 3 3 O D Q) $ $
- ‡ & R U U H F W O \ I R O O R Z G L U H F W L R Q V R Q D G P L Q L V W H U L Q J H P H
- ‡ $ F F X U D W H O \ U H D G W K H H S L Q H S K U L Q H O D E H O D Q G I R O O R Z
- ‡ 6 D I H O \ K D Q G O H D Q G S U R S H U O \ D G P L Q L V W H U W K H H S L Q H S I
- ‡ $ F F X U D W H O \ G H V F U L E H W K H V F K R R O ¶ V S O D Q I R U U H V S R Q
- ‡ $ F F H V V U H V R X U F H V D S S U R S U L D W H O \ L Q F O X G L Q J (0 6 V F K

Content: Training content should be based on the school district's food allergy management policies and administrative regulations, and include, but not be limited to the following:

2 Y H U Y L H Z R I I R R G D O O H U J \ L Q F O X G L Q J L Q I R U P D W L R Q R Q
in children.

2. Signs and Symptoms and risks associated with an allergic reaction.
   2 Y H U Y L H Z R I W K H G L I I H U H Q F H E H W Z H H Q I R R G D O O H U J \ D Q
4. Overview of the school district's food allergy management policies and administrative regulations including:
   a. Consent for medical treatment policy
   b. Medication administration policy
   c. Self-administration of asthma and anaphylaxis medication policy
   d. Emergency response policy
   e. Bullying policy
   , Q I R U P D W L R Q R Q) $ $ 3 V ($ 3 V 3 O D Q V D Q G W K H , + 3 G H
   2 Y H U Y L H Z R I V W U D W H J L H V W R U H G X F H H [S R V X U H D Q G F U
   district food allergy management administrative regulations in the school setting and
   V F K R R O V S R Q V R U H G D F W L Y L W L H V V X F K D V ¿ H O G W U L S V W
   D & O D V V U R R P D F F R P P R G D W L R Q V ± L Q F O X G L Q J K D Q G Z D V K
   E & D I H W H U L D D F F R P P R G D W L R Q V ± L Q F O X G L Q J I R R G K D Q G
   F 7 U D Q V S R U W D W L R Q E X V D F F R P P R G D W L R Q V ± L Q F O X G L Q J
   d. Field trip and school sponsored activity accommodations
   e. Hallways and common area accommodations
7. Communication procedures for initiating emergency protocols as outlined in the district food allergy management administrative regulations.

Sample Comprehensive Training **Agenda for Unlicensed School Personnel (continued)**

3URSHU VWRUDJH DQG DGPLQLVWUDWLRQ RI DQDSK\OD[LV
expiration date.
a. Explain the use of epinephrine
b. How to store and handle the auto-injector
c. How to administer the auto-injector (including skills check)
   i. Right child
   ii. Right medication
   iii. Right dose
   iv. Right route
   v. Right time

$SSHQGL[. 'H¿QLWLRQV

Allergen - Any substance, often a protein, that induces an allergy: common allergens include pollen, grasses, dust, food and some medications.

Allergic reaction - An immune-mediated reaction to a protein that is not normally harmful.

Anaphylaxis (Anaphylactic Reaction) - A serious allergic reaction that is rapid in onset and may cause death.

Assignment - Refers to the actual duties a person has with a school district or other educational entity.
7H[DV $GPLQLVWUDWLYH &RGH &KDSWHU 6HFWLRQ

Auto-injector - A pre-measured, spring-loaded pen-like device used to administer epinephrine and designed for ease of use by non-medical persons.

Cross contamination - The process of a food, surface or object being inadvertently contaminated with food allergens other than those listed on the food label during the course of the food being handled, prepared, stored or served.

Disability - Persons who have a physical or mental impairment that substantially limits one or more major life activities, or has a record of such impairment, or is regarded as having such impairment.

Emergency Action Plan (EAP) $ SHUVRQDOL]HG HPHUJHQF\ SODQ ZULWWHQ E\ D KHD delivery of accommodations and services needed by a student in the event of a food allergy reaction.

Epinephrine (adrenaline) - A medication that is utilized to counteract anaphylaxis. It is supplied in an auto-injector or vial.

504 Plan $ 3ODQ LV GHYHORSHG WR RXWOLQH WKH PRGL¿FDWLRQV DQG D to perform at the same level as their peers.

Food Allergy)RRG DOOHUJ\ LV D JURXS RI GLVRUGHUV FKDUDFWHUL]HG E\ LP
In the United States, the most likely common allergens in adults and children are cow's milk, eggs, peanuts, wheat, VR\ ¿VK VKHOO¿VK DQG WUHH QXWV

Food Allergy Action Plan (FAAP) $ SHUVRQDOL]HG SODQ ZULWWHQ E\ D KHDOWKFDUH of accommodations and services needed by a student with a food allergy and actions to be taken in the event of an allergic reaction.

Food Intolerance - An unpleasant reaction to a food that, unlike a food allergy, does not involve an immune system response or the release of histamine.

Campus Food Allergy Management Team - A team of school personnel that assists families in the management of their child's food allergy. It may include, but is not limited to: the principal, teacher, school nurse, cafeteria personnel, bus drivers, and classroom teachers.

Individualized Healthcare Plan (IHP) - A plan written by the school nurse that details accommodations and/or nursing services to be provided to a student because of the student's medical condition based on medical orders written by a health care provider in the student's medical home.

School Health Advisory Council (SHAC) - A group of individuals representing segments of the community, appointed by the school district to serve at the district level, to provide advice and recommendations to the school board on school health issues.

School Nurse - A person who holds a current license as a registered professional nurse (RN) from the 7H[DV 6WDWH %RDUG RI 1XUVLQJ DV RXWOLQHG LQ WKH 7H[DV $GPLQLVWU

School-Sponsored Activity - Any activity, event, or program occurring on or off school grounds, whether during or outside of regular school hours, that is organized and/or supported by the school.

Appendix L: Resources for Policy Development and Training and References

Resources

&HQWHU IRU 'LVHDVH &RQWURO DQG 3UHYHQWLRQ -DQX
$UL]RQD 'HSDUWPHQW RI +HDOWK 6HUYLFHV $UL]RQD 'H
IURP 5HVRXUFH *XLGH IRU 6XSSRUWLQJ &KLOGUHQ ZLW
www.azdhs.gov/phs/oeh/fses/pdf/allergies1007.pdf
%R\FH *XLGHOLQHV IRU WKH GLDJQRVLV DQG PDQDJHPH
States: Summary of NIAID-Sponsored expert panel report. Journal of Allergy and Clinical
,PPXQRORJ\
%UDQXP $ / 2FWREHU 8QLWHG 6WDWHV 'HSDUWPHQW
5HWULHYHG IURP 1&+6 'DWD %ULHI 1XPEHU
%UDQXP $ /)RRG DOOHUJ\ DPRQJ FKLOGUHQ LQ WKH 8
)RRG $OOHUJ\ DQG $QDSK\OD[LV 1HWZRUN (GXFDWLRQ
-XQH IURP 6FKRRO *XLGHOLQHV IRU 0DQDJLQJ 6WXGH
www.foodallergy.org/page/food-allergy--anaphylaxis-network-guidelines
)RRG $OOHUJ\ DQG $QDSK\OD[LV 1HWZRUN 6FKRRO *XLG
)RRG $OOHUJLHV 5HWULHYHG -XQH IURP)RRG $OOHUJ\
www.foodallergy.org/page/school-guidelines-for-managing-students-with-food-allergies
)RRG $OOHUJ\ ,QLWLDWLYH 6FKRRO *XLGHOLQHV IRU 0D
5HWULHYHG -XQH IURP)RRG $OOHUJ\ ,QLWLDWLYH
www.faiusa.org/admin/document.doc?id=76
*UHHQKDZ 0 ÞïªÂPÊÍ3u IURPJ\ ,Q®þÿ

6KHHW] $ * *XLGHOLQHV IRU PDQDJLQJ OLIH WKU
0DVVDFKXVHWWV VFKRROV -RXUQDO RI 6FKRRO +HDOWK
6LFKHUHU 6)RRG DOOHUJ\ 0RXQW 6DQDL -RXUQDO
6LFKHUHU 6)RRG DOOHUJ\ /DQFHW
6LFKHUHU 6 0 &OLQLFDO 5HSRUW 0DQDJPHQW RI IRR
3HGLDWULFV
6LFKHUHU 6 6)RRG DOOHUJ\ -RXUQDO RI $OOHUJ\ DQ
6LPRQV (6 $QDSK\OD[LV HSLGHPLF)DFW RU ¿FWLRQ
,PPXQRORJ\
7H[DV 'HSDUWPHQW RI $JULFXOWXUH 1RYHPEHU $FFRP
needs. USDA Child Nutrition Guidelines. Austin, Texas: Texas Department of Agriculture.
7H[DV 'HSDUWPHQW RI $JULFXOWXUH $FFRPRGDWLQJ F
Austin: Texas Department of Agriculture.
7H[DV 'HSDUWPHQW RI 6WDWH +HDOWK 6HUYLFHV 'HFHP
Health Programs. Retrieved from Texas Department of State Health Services: www.dshs.state.tx.us/schoolhealth/pgtoc.shtm
8 6)RRG DQG 'UXJ $GPLQLVWUDWLRQ &HQWHU IRU 6D
from Food allergies: What you need to know: www.cfsan.fda.gov/~dms/ffalrgn.html
9HUPRQW 'HSDUWPHQW RI (GXFDWLRQ /LIH 7KUHDWHQL
-XQH IURP (GXFDWLRQ RQ -RY http://education.vermont.gov/new/pdfdoc/pgm_health_services/food_allergies_manual_0608.pdf
9HUPRQW 'HSDUWPHQW RI (GXFDWLRQ 0DQDJLQJ /LIH W
schools. Retrieved from Vermont Department of Education.
<RXQJ 0 0) 0DQDJPHQW RI IRRG DOOHUJLHV LQ V
DOOHUJLVWV -RXUQDO RI $OOHUJ\ DQG &OLQLFDO ,PPXQR

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TEXAS Department of State Health Services

Texas Department Of State Health Services
School Health Program
www.dshs.state.tx.us/schoolhealth/default.shtm

3XEOLFDWLRQ 1R (