I. INTRODUCTION

Among the general population, one to two percent is described as at risk for anaphylaxis from diet or environment. Anaphylaxis is a potentially fatal reaction of multiple body systems when a person is exposed to an allergen. True allergies result from an interaction between the allergen and the immune system. It can occur spontaneously within a few hours after exposure. It is estimated that 100 to 200 people die each year from food allergy-related reactions, and approximately 50 people die from insect sting reactions. Approximately five to six percent of the general pediatric population (one in five school-aged children) has an incidence of food allergy, with eight foods (peanuts, shellfish, fish, tree nuts, eggs, milk, soy and wheat) accounting for 90% of allergic reactions. It is important to note that there are several types of adverse reactions that can occur with food. Adverse reactions can range from “food intolerance” to a food allergy that puts a child 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 careful medical history, laboratory studies, and other diagnostic tests ordered by a licensed healthcare provider. There is no cure for food allergies. Strict avoidance of food allergens and early recognition and management are important measures to prevent serious health consequences.

The foundation for the management of a student with a severe allergy in the RISD is the student’s Individual Healthcare Plan (IHP) and Emergency Care Plan (ECP) that is developed in collaboration with the student, parent, healthcare provider, school nurse and other RISD personnel, as appropriate. The IHP includes the strategies to prevent exposure to known allergens, training to recognize the signs and symptoms of an allergic reaction, care that will be available for the student, and emergency interventions that will be provided. RISD school nurses provide training for staff to ensure those employees who work with the student understand the student’s condition and how to provide treatment as well as emergency procedures. Prevention of allergy symptoms involves coordination and cooperation within the entire school team in establishing and maintaining a safe school environment for all students. Early recognition of symptoms and prompt interventions of appropriate therapy are vital to survival.

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1 Texas Education Code §38.0151
3 Guidelines for the Care of Students with Food Allergies At-Risk for Anaphylaxis to Implement Senate Bill 27 (82nd Legislative Session)
II. IDENTIFICATION OF STUDENTS WITH SEVERE ALLERGIES

A. During the enrollment process every parent must complete an Annual Student Health Information Form in which the parent indicates that their child has a severe life threatening allergy, including severe food allergies.

B. A contact is then initiated with the parent by the school nurse by sending a letter to the parent requesting that the parent provide the following documentation:

1. Annual Health Services Prescription Physician/Parent Authorization for Anaphylaxis Management, or comparable form in which a physician’s signature is required
2. Parent/Physician Request for the Administration of medication by School Personnel
3. Standard Food Substitution Form which requires a physician signature for the Child Nutrition Department

*These forms are to be renewed annually and as needed if changes are required.

III. DEVELOPING THE INDIVIDUAL HEALTHCARE PLAN AND EMERGENCY ALLERGY ACTION PLAN FOR A STUDENT

A. When the parent provides the information from the student’s healthcare provider, the nurse will collaborate with the parent and student to review the information and develop an Individual Healthcare Plan (IHP).

The IHP will include all information needed to ensure the student’s allergy is appropriately managed at school. At a minimum, the IHP will include:

1. The healthcare provider’s written authorization for the management of the student, including permission for self-care if appropriate.
2. The location and storage of supplies and medications (e.g. EpiPen® / Adrenaclick®), including any carried by the student. These supplies and medication will be provided by the parent.
3. The procedure to follow during emergencies and to obtain emergency help in the nurse’s absence (Quick Reference Emergency Plan)
4. Potential medical and environmental accommodations to reduce the risk of exposure for the student as well as other accommodations(e.g. a designated peanut free table, classroom instruction, environmental considerations, and the possession of prescribed medication to self administer on school property or at school related events with physician and parent permission).
5. The name, location, and telephone contact number of the specific partner nurse.
6. Parent and other contact information in the event of an emergency.
7. Special provisions for field trips.
   - Advance notification by teacher regarding date/time of field trip
   - Trained staff or parent will accompany student on trip

8. Parent and student responsibilities

9. A list of the designated persons who have received the training regarding the care of the student with a severe allergy.

10. Any other information that must be considered to ensure consistent provision of care, including informing any substitutes that may come in contact with the student

11. Training of staff (e.g. classroom, cafeteria, bus drivers) on the responsibilities for management and emergency treatment of students with severe allergies.

III. CAMPUS FOOD ALLERGY MANAGEMENT TEAM

When a campus has a student with a severe food allergy in attendance, the school nurse will coordinate with a campus administrator to organize and implement a campus Food Allergy Management Team. This team will consist (at a minimum) of the school nurse, campus administrator, counselor, cafeteria manager, and a classroom teacher. The purpose of the team is to implement, coordinate and monitor food allergy management on the campus.

IV. ELIGIBILITY FOR 504 SERVICES

The nurse will refer the student to the Campus Intervention Team to determine whether the student is eligible for 504 Services, or should be referred to Special Student Services for eligibility to receive special education services. Students with a life threatening food allergy are generally considered eligible for protection under section 504 of the Rehabilitation Act of 1973 (Section 504).

V. PARTNER-NURSE PROGRAM

RISD maintains a partner-nurse program that ensures continuing nursing coverage when the assigned nurse must be off campus. The list will include the names and telephone/pager contact numbers for each nurse and partner.

A. Placing the Partner Nurse on Call

1. When the primary school nurse must be off-campus during the school day, the school nurse will notify the partner-nurse and the Area Nurse Team Leader of his or her expected absence.

2. The partner-nurse will acknowledge that he or she will be on-call during the school nurse’s absence.
HEALTH SERVICES
RICHARDSON INDEPENDENT SCHOOL DISTRICT
Guidelines for Managing Students with Severe Allergies, Including Food Allergies

3. The Area Nurse Team Leader will acknowledge the campus nurse will be off-campus. If for some reason the partner-nurse will not be available to be on-call, the Area Nurse Team Leader will be on-call or arrange for another nurse in the area to cover.

VI. TRAINING

A. Basic information is provided annually to the district staff regarding allergies and anaphylaxis. This training will include an overview of allergies and anaphylaxis, recognition of signs and symptoms of an anaphylaxis reaction, emergency response, including the administration of medication according to specific doctor’s orders, information on the RISD Guidelines and strategies to reduce exposure to allergens.

B. Comprehensive training is also provided annually and as indicated to the school personnel who have regular contact with a student with severe allergies. This training will outline the responsibilities of the parent, student, nurse, classroom teacher, principal, cafeteria staff, office staff, counselor, and bus driver. The training is consistent with the concepts set forth in relevant publications, including School Guidelines for Managing Students with Food Allergies published by The Food Allergy and Anaphylaxis Network, the Guidelines for the care of Students with Food Allergies at Risk for Anaphylaxis to Implement Senate Bill 27, and Safe at School and Ready to Learn by the National School Board Association.

1. RISD Health Services Staff training

   The RISD’s Director of Health services provides staff development regarding the management of students with severe allergies leading to anaphylaxis including the administration of epinephrine as indicated

2. School Personnel

   - Strategies to prevent exposure to known allergens
   - General and student specific symptoms of anaphylactic reaction
   - Proper use of prescribed medications
   - Emergency procedures when nurse not on campus.

Written training materials are provided to participants and the employee’s participation in the training is documented.

VII. POST ANAPHYLAXIS REACTION REVIEW OF POLICY AND PROCEDURES

A. If a student experiences an anaphylactic reaction at school, the school nurse and campus food allergy management team (if food allergen) will review possible sources of allergen exposure, in order to address any required changes or modifications.

B. The parent is asked to replace any used emergency medications.

C. RISD Health Services makes a periodic review of the current science and best practices in the management of food allergies and of the school district’s guidelines.