

Quitman Independent School District

Food Allergy Management Plan



**Quitman Independent School District
1201 E. Goode Street
Quitman, Texas 75783**

Rhonda Turner, Superintendent

Quitman Independent School District

Food Allergy Management Plan

The term “severe food allergy” refers to a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention. The Quitman Independent School District has developed a “Food Allergy Management Plan” which is made available to all parents or guardians of students enrolled in the district. The plan can be accessed on the district website at www.quitmanisd.net >Our District>Parents >Food Allergy Management Plan.

The plan, which is annually reviewed, is in compliance with Senate Bill 27 and district Board Policies FFAF, Legal and Local. The plan is based on *The Guidelines for the Care of Students with Food Allergies At-risk for Anaphylaxis* developed by the Texas Department of State Health Services available at <http://www.dshs.state.tx.us/schoolhealth/default.shtm>.

Included in the Student Enrollment Packet, the “Health Form” will ask parents/guardians if their student has any food allergies. Once this information is provided to the student’s campus, the school nurse will follow up by requesting additional information on the student’s food allergy(ies). This information will allow parents/guardians to confidentially disclose the type(s) of food allergy(ies) and will enable the district to take the necessary precautions for their child’s safety. The district will maintain the confidentiality of the provided information and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only to the extent consistent with the district policy under Education Code 38.009 and permissible under the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. Section 1232g.

The district “Food Allergy Management Plan” is designed to limit the risk posed to students with food allergies. The plan includes

- Specialized training for employees responsible for the development, implementation, and monitoring of the district’s food allergy management plan;
- Awareness training for employees regarding signs and symptoms of food allergies and emergency response in the event of an anaphylactic reaction;
- General strategies to reduce the risk of exposure to common food allergens;
- Methods for requesting specific food allergy information from a parent/guardian of a student with a diagnosed food allergy; and
- Conduct an annual review of the district’s food allergy management plan.

Procedures regarding the care of students with diagnosed food allergies who are at-risk for anaphylaxis include:

- Development and implementation of a food allergy action plan, emergency action plan, individualized health-care plans and Section 504 plans, as appropriate;

- Training, as necessary, for employees and other to implement each student's care plan, including strategies to reduce the student's risk of exposure to the diagnosed allergen; and
- The review of individual care plans and procedures periodically and after an anaphylactic reaction at school or at a school-related activity.

Definitions:

- **Food Intolerance:** An unpleasant reaction to food that, unlike a food allergy, does not involve an immune system response or the release of histamine. Food intolerance is not life-threatening.
- **Allergic Reaction:** An immune-mediated reaction to a protein. Allergic reactions are not normally harmful.
- **Severe Food Allergy:** An allergy that might cause an anaphylactic reaction.
- **Anaphylactic Reaction:** A serious allergic reaction that is rapid in onset and may cause death.
- **Food Allergy Management Plan:** A plan developed and implemented by the district that includes general procedures to limit the risk posed to students with food allergies and specific procedures to address the care of students with a diagnosed food allergy who are at-risk for anaphylaxis.
- **Food Allergy Action Plan:** A personalized plan written by a health-care provider that specifies the delivery of accommodations and services needed by a student with a food allergy and actions to be taken in the event of an allergic reaction.
- **Emergency Action Plan:** A personalized emergency plan written by a health-care provider that specifies the delivery of accommodations and services needed by a student in the event of a food allergy reaction.
- **Individualized Health-Care Plan:** A plan written by a school nurse based on orders written by a health-care provider that details accommodations or nursing services to be provided to a student because of the student's medical condition.

If during the school year, a student is diagnosed with a food allergy, especially those allergies that could result in dangerous or possibly life-threatening reactions either by inhalation, ingestion, or skin contact with a particular food, the district requests to be notified. It is important to disclose the food to which the student is allergic, as well as the nature of the allergic reaction. Upon diagnoses of a food allergy, the student's school nurse should be contacted immediately in order to begin taking safety precautions.

The Child Nutrition Director has access to the ingredients of all foods that are served in the cafeteria. When a student is identified as having a certain food allergy, steps will be taken to protect the student from contact with the particular ingredient.

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



Rhonda D. Turner, Superintendent
1201 E. Goode Street
Quitman, Texas 75783
(903)763-5000 Phone
(903)763-2710 Fax

(Date)

Dear Parent:

You have disclosed that your child has a severe food allergy. The District requires additional information in order to take necessary precautions for your child's safety and to authorize treatment of your child in the event of an allergic reaction at school or at a school-related activity. Attached to this letter are the following forms:

1. Request for Food Allergy Information
2. Request for the Administration of Medication at School
3. Authorization for Self-Administration of Asthma and/or Anaphylaxis Medication
4. Statement Regarding Meal Substitutions or Modifications
5. Food Allergy Action Plan Provided by Physician

Please have your physician or other licensed health-care provider complete these forms and return them to the office as soon as possible.

Sincerely,

School Nurse
Quitman ISD

Quitman Independent School District

Request for Food Allergy Information

This form allows you to disclose whether your child has a food allergy or a 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.

"Severe food allergy" means a dangerous or life-threatening reaction of the human body to a 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 the nature of your child's allergic reaction to the food.

Food:	Nature of allergic reaction to the food:

The district will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act (FERPA) and District policy.

Student name: _____

Date of birth: _____ Grade: _____

Parent/Guardian name: _____

Work phone: _____ Home phone: _____

Parent/Guardian Signature: _____ Date: _____

Date form was received by the school: _____

Quitman Independent School District

Request for the Administration of Medication at School

Date form was received by the school: _____

Student name: _____ Date of birth or age: _____

Grade: _____ Teacher/Classroom: _____

Name of medication: _____

Reason for medication: _____

Form of medication/treatment:

Tablet/capsule Liquid Inhaler Injection Nebulizer

Other _____

Instructions (Schedule and dose to be given at school): _____

Start: Date form received Other date: _____

Stop: End of school year Other date: _____

Restrictions and/or important side effects:

None Anticipated

Yes. Please describe: _____

Special storage instructions:

None Refrigerate Other: _____

Physician Information:

Name: _____

Address: _____

Phone Number: _____

Physician Signature: _____ Date: _____

To be completed by parent/guardian:

I give permission for _____ (*name of child*) to receive the above medication at school in accordance with district policy. [See FFAC]

Parent/Guardian Signature: _____ Date: _____

Quitman Independent School District

Authorization for Self-Administration of Asthma and/or Anaphylaxis Medication

Name of student: _____ Grade: _____

Name of parent: _____

Parent's contact information: _____

Prescribing health-care provider: _____

Contact information for the prescribing health-care provider: _____

Description of condition/reason for medication: _____

Prescribed medication and dosage: _____

How/when the medication should be used at school (*dosage, method, times*): _____

Anticipated length of treatment: _____

Possible adverse reaction: _____

_____ (*student's name*) has asthma and/or anaphylaxis and is treated with prescription medication. (*He*)(*She*) is capable of administering (*his*)(*her*) own medication at school-related or school-sponsored activities. The District will be informed of any changes to the medication specified on this form, to the dosage, or to the recommended regimen by an updated version of this consent form.

Parent: _____

Date: _____

Health-care provider: _____

Date: _____

**Quitman Independent School District
Statement Regarding Meal Substitutions or Modifications**

The United States Department of Agriculture regulations require substitutions or modifications in school meals for children whose disabilities restrict their diets. If a physician or other licensed health-care provider determines that a child's food allergies may result in severe, life-threatening (anaphylactic) reactions, then the child's condition will meet the definition of a disability, and the prescribed substitutions must be made by the District. In order to do so, the school nutrition program must receive a signed statement by the physician or other licensed health-care provider containing the following information:

The child's food allergy that constitutes a disability:

An explanation of why the disability restricts the child's diet: _____

The major life activity affected by the disability: _____

The food(s) to be omitted from the child's diet: _____

The food or choice of foods that must be substituted: _____

Physician Information:

Name: _____

Address: _____

Phone Number: _____

Physician Signature: _____ Date: _____

For Office Use Only:

Date form was received by the school: _____

Student name: _____ Date of birth: _____

Grade: _____

Food Allergy Action Plan

Emergency Care Plan

Place
Student's
Picture
Here

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 if the allergen was *definitely* eaten, even if no symptoms are noted.

Any **SEVERE SYMPTOMS** after suspected or known ingestion:

One or more of the following:

- LUNG: Short of breath, wheeze, repetitive cough
HEART: Pale, blue, faint, weak pulse, dizzy, confused
THROAT: Tight, hoarse, trouble breathing/swallowing
MOUTH: Obstructive swelling (tongue and/or lips)
SKIN: Many hives over body

Or combination of symptoms from different body areas:

- SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)
GUT: Vomiting, diarrhea, crampy pain



1. **INJECT EPINEPHRINE IMMEDIATELY**

2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications:*
- Antihistamine
 - Inhaler (bronchodilator) if asthma

*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.

MILD SYMPTOMS ONLY:

- MOUTH: Itchy mouth
SKIN: A few hives around mouth/face, mild itch
GUT: Mild nausea/discomfort



1. **GIVE ANTIHISTAMINE**

2. Stay with student; alert healthcare professionals and parent
3. If symptoms progress (see above), USE EPINEPHRINE
4. Begin monitoring (see box below)

Medications/Doses

Epinephrine (brand and dose): _____

Antihistamine (brand and dose): _____

Other (e.g., inhaler-bronchodilator if asthmatic): _____

Monitoring

Stay with student; alert healthcare professionals and parent. Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See back/attached for auto-injection technique.

Parent/Guardian Signature _____

Date _____

Physician/Healthcare Provider Signature _____

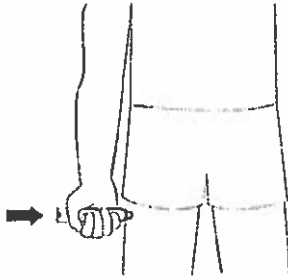
Date _____

EPIPEN Auto-Injector and EPIPEN Jr Auto-Injector Directions

- First, remove the EPIPEN Auto-Injector from the plastic carrying case
- Pull off the blue safety release cap



- Hold orange tip near outer thigh (always apply to thigh)



- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds



EpiPen® and the Epi logo, EpiPen®, EpiPen 2 Pak®, and EpiPen Jr 2 Pak® are registered trademarks of Dey Pharma, L.P.

Adrenaclick™ 0.3 mg and Adrenaclick™ 0.15 mg Directions



Remove **GRAY** caps labeled "1" and "2."



Place **ROUNDED** tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Food Allergy Action Plan.

A kit must accompany the student if he/she is off school grounds (i.e., field trip).

Contacts

Call 911 (Rescue squad: () _____ - _____) Doctor: _____
 Parent/Guardian: _____

Phone: () _____ - _____
 Phone: () _____ - _____

Other Emergency Contacts

Name/Relationship: _____
 Name/Relationship: _____

Phone () _____ - _____
 Phone: () _____ - _____