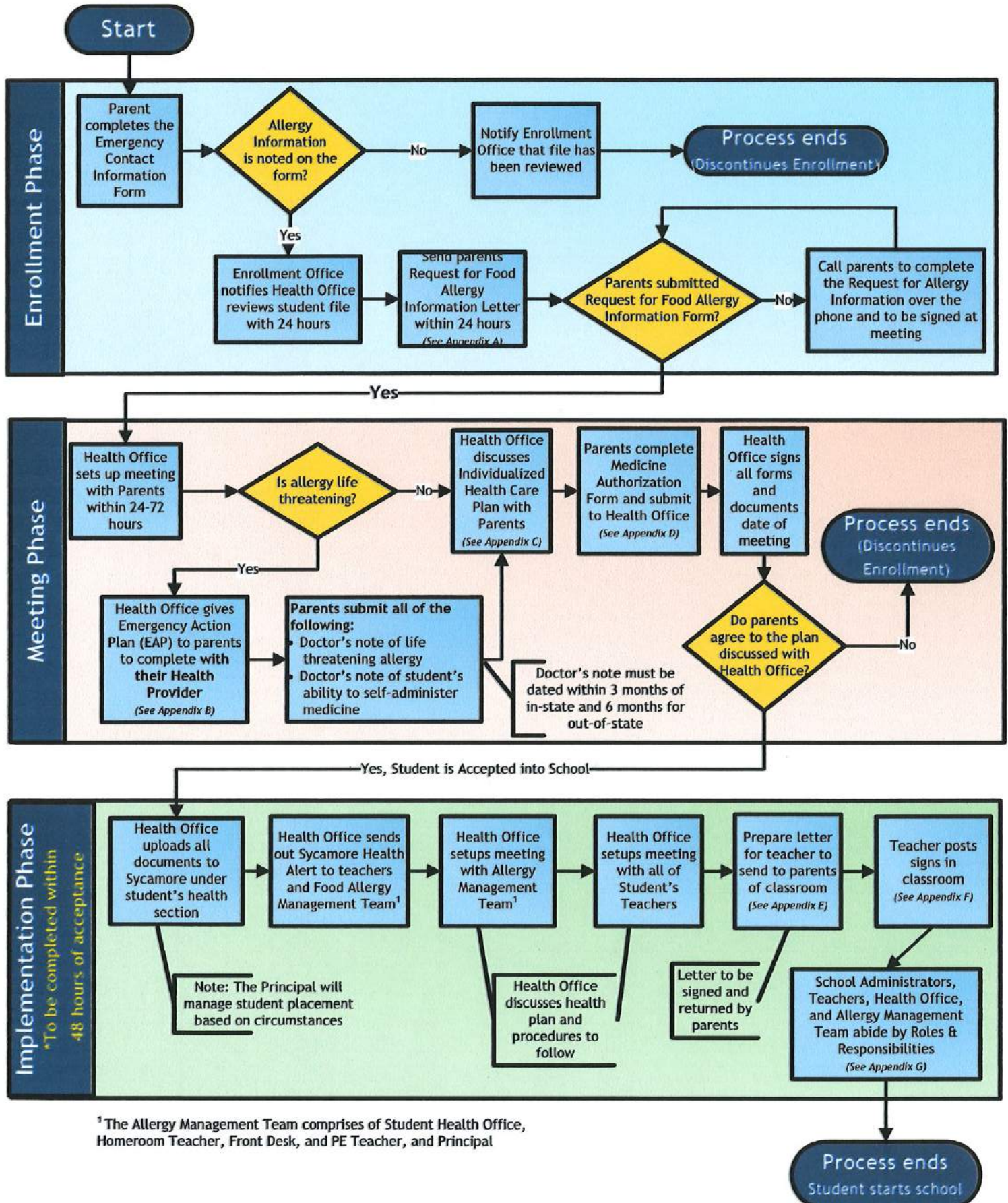


Allergy Management Process



¹ The Allergy Management Team comprises of Student Health Office, Homeroom Teacher, Front Desk, and PE Teacher, and Principal



APPENDIX A
BRIGHTER HORIZONS ACADEMY
COLLEGE PREPARATORY

3145 Medical Plaza Dr., Garland, TX 75044
Tel: 972-675-2062 Fax: 972-675-2063

"Where Knowledge, Faith, Academics and Character Meet."



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

REQUEST FOR FOOD ALLERGY INFORMATION

Student Name: _____ Date of Birth: _____

Grade: _____ Date form received by school: _____

Dear Parent:

The Student Health Office has reviewed your student's Emergency Contact Information and you have indicated that your child has an allergy. 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 schools in order to enable the school 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 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?

IF YOUR CHILD'S ALLERGY IS LIFE THREATENING, PLEASE PROVIDE A LETTER FROM YOUR DOCTOR ABOUT YOUR CHILD'S FOOD ALLERGY. YOU MUST CONTACT THE SCHOOL NURSE OR SCHOOL ADMINISTRATOR WHERE YOUR CHILD ATTENDS SCHOOL TO PICK UP A COPY OF A FAAP/EAP FORM TO BE COMPLETED AND SIGNED BY YOUR DOCTOR.

Brighter Horizons Academy 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 and District policy.

COMPLETE THE FOLLOWING TWO PAGES AS THOROUGHLY AS POSSIBLE, IN THE EVENT OF AN EMERGENCY IT WILL BE GIVEN TO THE EMS. THIS FORM WILL REMAIN IN THE STUDENT'S HEALTH FOLDER.

The term *allergen-safe* refers to an environment that is made as safe as possible from food allergens. The phrase should not be interpreted to mean an allergen-free environment totally safe from food allergens. There is no fail-safe way to prevent an allergen from inadvertently entering a school facility.

Food Allergy Management Process 2/22/16: Page 1 of 3

Family Food Allergy Health History Form

Student Name: _____ Date of Birth: _____
 Parent/Guardian: _____ Today's Date: _____
 Home Phone: _____ Work: _____ Cell: _____
 Primary Healthcare Provider: _____ Phone: _____
 Allergist: _____ Phone: _____

1. Does your child have a diagnosis of an allergy from a healthcare provider: ☐ No ☐ Yes

2. History and Current Status

<p>a. What is your child allergic to?</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Peanuts</div> <div style="width: 50%;"><input type="checkbox"/> Insect Stings</div> <div style="width: 50%;"><input type="checkbox"/> Eggs</div> <div style="width: 50%;"><input type="checkbox"/> Fish/Shellfish</div> <div style="width: 50%;"><input type="checkbox"/> Milk</div> <div style="width: 50%;"><input type="checkbox"/> Chemicals _____</div> <div style="width: 50%;"><input type="checkbox"/> Latex</div> <div style="width: 50%;"><input type="checkbox"/> Vapors _____</div> <div style="width: 50%;"><input type="checkbox"/> Soy</div> <div style="width: 50%;"><input type="checkbox"/> Tree Nuts (walnuts, pecans, etc.)</div> <div style="width: 50%;"><input type="checkbox"/> Other: _____</div> </div>	<p>b. Age of student when allergy first discovered: _____</p> <p>c. How many times has student had a reaction? <input type="checkbox"/> Never <input type="checkbox"/> Once <input type="checkbox"/> More than once, explain: _____</p> <p>d. Explain their past reaction(s): _____</p> <p>e. Symptoms: _____</p> <p>f. Are the food allergy reactions: <input type="checkbox"/> Same <input type="checkbox"/> Better <input type="checkbox"/> Worse</p>
---	---

3. Trigger and Symptoms

- a. What are the early signs and symptoms of your student's allergic reaction? *(Be specific; include things the student might say.)* _____
- b. How does your child communicate his/her symptoms? _____
- c. How quickly do symptoms appear after exposure to food(s)? _____ secs. _____ mins. _____ hrs. _____ days
- d. Please check the symptoms that your child has experienced in the past:
- | | | | | | |
|-------------------|--|---|---|-----------------------------------|---|
| Skin: | <input type="checkbox"/> Hives | <input type="checkbox"/> Itching | <input type="checkbox"/> Rash | <input type="checkbox"/> Flushing | <input type="checkbox"/> Swelling (face, arms, hands, legs) |
| Mouth: | <input type="checkbox"/> Itching | <input type="checkbox"/> Swelling (lips, tongue, mouth) | | | |
| Abdominal: | <input type="checkbox"/> Nausea | <input type="checkbox"/> Cramps | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Diarrhea | |
| Throat: | <input type="checkbox"/> Itching | <input type="checkbox"/> Tightness | <input type="checkbox"/> Hoarseness | <input type="checkbox"/> Cough | |
| Lungs: | <input type="checkbox"/> Shortness of breath | | <input type="checkbox"/> Repetitive Cough | <input type="checkbox"/> Wheezing | |
| Heart: | <input type="checkbox"/> Weak pulse | <input type="checkbox"/> Loss of consciousness | | | |

4. Treatment

- a. How have past reactions been treated? _____
- b. How effective was the student's response to treatment? _____
- c. Was there an emergency room visit? ☐ No ☐ Yes, explain: _____
- d. Was the student admitted to the hospital? ☐ No ☐ Yes, explain: _____
- e. What treatment or medication has your healthcare provider recommended for use in an allergic reaction? _____
- f. Has your healthcare provider provided you with a prescription for medication? ☐ No ☐ Yes
- g. Have you used the treatment or medication? ☐ No ☐ Yes
- h. Please describe any side effects or problems your child had in using the suggested treatment: _____

5. Self Care

- | | |
|---|--|
| a. Is your student able to monitor and prevent their own exposures? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| b. Does your student: | |
| 1. Know what foods to avoid | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 2. Ask about food ingredients | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 3. Read and understands food labels | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 4. Tell an adult immediately after an exposure | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 5. Wear a medical alert bracelet, necklace, watchband | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 6. Tell peers and adults about the allergy | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 7. Firmly refuses a problem food | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| c. Does your child know how to use emergency medication? | <input type="checkbox"/> No <input type="checkbox"/> Yes _____ |
| d. Has your child ever administered their own emergency medication? | <input type="checkbox"/> No <input type="checkbox"/> Yes _____ |

6. Family / Home

- | | |
|--|--|
| a. How do you feel that the whole family is coping with your student's food allergy? | _____ |
| b. Does your child carry epinephrine in the event of a reaction? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| c. Has your child ever needed to administer that epinephrine? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| d. Do you feel that your child needs assistance in coping with his/her food allergy? | _____ |

7. General Health

- | | |
|--|--|
| a. How is your child's general health other than having a food allergy? | _____ |
| b. Does your child have other health conditions? | _____ |
| c. Hospitalizations? | _____ |
| d. Does your child have a history of asthma? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| If yes, does he/she have an Asthma Action Plan? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| e. Please add anything else you would like the school to know about your child's health: | _____
_____ |

8. Notes:

☐ I hereby certify that everything documented on this form is true.

Parent / Guardian Signature: _____ Date: _____

**FARE**

Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN**APPENDIX B**

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: ☐ Yes (higher risk for a severe reaction) ☐ No**PLACE
PICTURE
HERE****NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.****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.

**FOR ANY OF THE FOLLOWING:
SEVERE SYMPTOMS****LUNG**Short of breath,
wheezing,
repetitive cough**HEART**Pale, blue,
faint, weak
pulse, dizzy**THROAT**Tight, hoarse,
trouble
breathing/
swallowing**MOUTH**Significant
swelling of the
tongue and/or lips**SKIN**Many hives over
body, widespread
redness**GUT**Repetitive
vomiting, severe
diarrhea**OTHER**Feeling
something bad is
about to happen,
anxiety, confusion**OR A
COMBINATION
of symptoms
from different
body areas.**

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell them the child is having anaphylaxis and may need epinephrine when they arrive.
- Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport them to ER even if symptoms resolve. Person should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS**NOSE**Itchy/runny
nose,
sneezing**MOUTH**

Itchy mouth

**SKIN**A few hives,
mild itch**GUT**Mild nausea/
discomfort**FOR MILD SYMPTOMS FROM MORE THAN ONE
SYSTEM AREA, GIVE EPINEPHRINE.****FOR MILD SYMPTOMS FROM A SINGLE SYSTEM
AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand: _____

Epinephrine Dose: ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

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

PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

PHYSICIAN/HCP AUTHORIZATION SIGNATURE

DATE

**FARE**

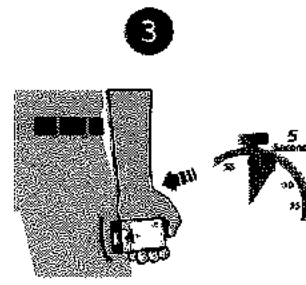
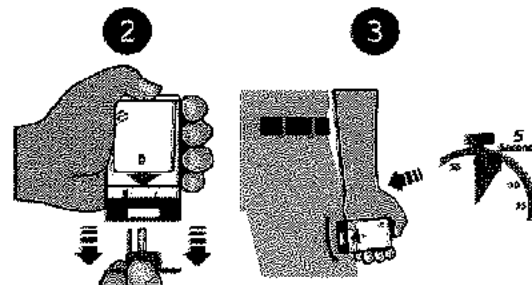
Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN**APPENDIX B****EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS**

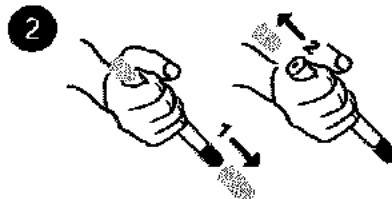
1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.

**AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS**

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.

**ADRENALCLICK®/ADRENALCLICK® GENERIC DIRECTIONS**

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.

**OTHER DIRECTIONS/INFORMATION** (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____

PHONE: _____

NAME/RELATIONSHIP: _____

PHONE: _____

PARENT/GUARDIAN AUTHORIZATION SIGNATURE _____

DATE _____

STUDENT NAME: _____ GRADE: _____ DATE COMPLETED: _____
HOMEROOM TEACHER: _____

**Brighter Horizons Academy
College Preparatory**

APPENDIX C: Food Allergy Individualized Healthcare Plan (IHP)

- Student Health Office to discuss this with Parents and check off interventions needed.
- Signatures needed at bottom of plan. **Signature from Student Health Office is necessary.**

Risk for ineffective breathing related to bronchospasm and inflammation of the airways secondary to allergic reaction.

Student will have EAP and IHP in place to include student, parental and staff roles in preventing and managing an anaphylactic reaction.

Interventions

- ☐ Secure medical documentation of food allergy, EAP and information about food substitutions.
- ☐ Educate school staff on early signs of potential anaphylaxis and appropriate steps to take in emergency care.
- ☐ Student specific training for classroom, administrative, and multipurpose hall.
- ☐ Train designated staff in the use of the epi autoinjector, first aid care, EMS contact.
- ☐ Designated personnel receive copy of EAP and IHP.

Outcome

- ☐ Medical documentation received (EAP)
- ☐ Yearly staff awareness training conducted and documented.
- ☐ Student specific training delivered and documented in student file.
- ☐ Staff demonstrate proper use of epi auto-injector. In event of allergic reaction, staff responds according to EAP.
- ☐ Staff responds to student report of allergen exposure and supports student with self-care or by administering epi auto-injector.
- ☐ Post crisis review conducted in the event of an allergen exposure.

Student will demonstrate awareness of the significance of allergic reactions, symptoms and treatment.

Interventions

- ☐ Review with student food allergen and potential that allergen may be "hidden" ingredient.
- ☐ Review with student procedures to follow if they perceive a situation that may expose them to a food allergen.
- ☐ Review with student treatment methods including how/when to report allergic symptoms to school personnel.
- ☐ Educate as necessary to ensure student and school community safety.

Outcome

- ☐ Student will read food labels before ingestion.
- ☐ Student will not accept food offered by others.
- ☐ Student can demonstrate assertiveness when encountering situations that have potential to result in exposure to food allergen.
- ☐ Student will identify allergic reactions, notify school personnel and treat immediately

Establish a food safe environment for students with food allergies.

Please read the following interventions carefully.

Interventions

- ☐ Educate staff regarding allergen and institute environmental controls by posting on school management system on specific grade's page and posting on periodic parent newsletter.
- ☐ Have students/ personnel wash hands or use hand wipes before and after food handling or consumption. Emphasize that hand sanitizer is NOT effective in removing food allergens from hands or surfaces.
- ☐ Educate parents by sending a letter regarding food allergy
- ☐ Secure medical documentation for food substitutions.
- ☐ Secure "emergency meal" from parent in event food allergen can not be avoided.
- ☐ Notify classroom parents and staff of need to restrict presence of food allergen in student's classroom activities.
- ☐ Avoid use of food for instruction/reward purposes.
- ☐ Facilitate student participation in full range of school activities.
- ☐ Student cannot eat food from school lunch vendor.

Outcome

- ☐ Student is at reduced risk for exposure to food allergen.

Potential for diminished self-esteem secondary to food allergy diagnosis.

Protect/ Enhance student's self-image.

Interventions

- ☐ Zero tolerance for bullying related to food allergy.
- ☐ Educate student on assertiveness techniques.
- ☐ Empower student to educate classmates

Outcome

- ☐ Student does not experience bullying or discrimination related to food allergy.
- ☐ Student demonstrates positive self-esteem related to food allergy via verbal and non-verbal communication.

Family & Student Roles and Responsibilities

Family's Responsibility

- ☐ Notify the school of the child's allergies.
- ☐ Work with the campus Student Health Office to review EAP (with a note provided by the physician or healthcare provider) and discuss accommodations the child will need throughout the school day, including the classroom, the multipurpose hall, in after-school programs sponsored by the school, and during school-sponsored activities.
- ☐ Provide written medical documentation, instructions, and medications as directed by a physician, using the EAP as a guide. Include a photo of the child on the written form.
- ☐ Provide properly labeled medications and replace medications after use or upon expiration.
(Note: Provide updated medication prior to expiration)
- ☐ Educate the child in the self-management of their food allergy including:
 - ☐ Safe and unsafe food
 - ☐ Strategies for avoiding exposure to unsafe food
 - ☐ Symptoms of allergic reactions
 - ☐ How and when to tell an adult they may be having an allergy-related problem
 - ☐ How to read food labels (age appropriate)
 - ☐ If age appropriate, the importance of administering their personal asthma and anaphylaxis medications as prescribed
- ☐ Review policies/procedures with the school staff, the child's physician, and the child (if age appropriate) after a reaction has occurred.
- ☐ Provide in writing the policies/procedures to all after school club advisors, sports coaches, and school events, including all events that occur outside of school hours.
- ☐ Provide emergency contact information and update in writing when any changes occur.

Student's Responsibility

- ☐ 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.
- ☐ Should notify an adult immediately if they eat something they believe may contain a food to which they are allergic.

NOTE: Multipurpose Hall, Gym, Soccer Field, Musallah (Prayer Area), Library, Computer Labs, and any other shared space

Additional Important Notes

☐ **There is an EAP attached to this IHP**

EAP and/or IHP to be shared with the following staff members:

☐ **Staff Members (list all):**

☐ **School Administrators**

☐ **My child does not require any of the interventions mention in this IHP**

By not checking the following statements, you agree to discontinue enrollment at our Academy.

☐ **I hereby certify that everything documented on this form is true**

☐ **I agree to follow the terms to this agreement**

PARENT(S) SIGNATURE: _____

PARENT(S) PRINTED NAME: _____

STUDENT HEALTH OFFICE SIGNATURE: _____

STUDENT HEALTH OFFICE (PRINTED NAME): _____

TODAY'S DATE: _____

IHP REVIEW DATE: _____

(Date to review with parents and adjust if needed)



APPENDIX D
BRIGHTER HORIZONS ACADEMY
COLLEGE PREPARATORY

3145 Medical Plaza Dr., Garland, TX 75044
Tel: 972-675-2062 Fax: 972-675-2063

"Where Knowledge, Faith, Academics and Character Meet."



Students' Name _____ Drug Allergies _____ Grade/Teacher _____

Parent/Physician Request for Administration of Medications by School Personnel

1. For student safety, **all medications should be brought to the office by the parent. Controlled substances must be brought to the office by the parent.** Medications are not provided by the school.
2. **All medication** must be in its original, properly labeled container with written request signed by the parent/ guardian.
3. Only medication that cannot be given at home will be given.
4. Only a 30-day supply of medication will be accepted at a time.
5. **Medication that that has expired or is not picked up by the parent will be destroyed.**
6. Authorized BHA school personal may administer medication.
7. Aspirin or products containing aspirin will not be given without a physician order.

Date of Request: _____ Medication: _____ Exp. Date (Responsibility of parent) _____

Dosage: _____ Time to Give: _____ Days to Give: _____

Is this the initial dose of a new medication that has not been previously administered to your child? YES NO

Condition for which medication is required: _____

Special Instructions/Precautions/Side Effects of medication on your child: _____

My signature below indicates that it is impossible to schedule the above -mentioned medication at a time other than school hours. I request that Brighter Horizons Academy College Preparatory staff administer the medication specified above to my child, and I am giving permission for Brighter Horizons Academy College Preparatory staff to contact the physician for additional information, if needed.

Parent/Guardian Signature: _____ Date: _____ Parent's Home Phone: _____

Email: _____ Work Phone: _____

Physician's Name: _____ Physician's Phone: _____

Physician's Fax: _____

Physician's signature is required to administer over-the-counter medications for more than 15 consecutive school days from the date of the original request.

Physician's Signature: _____ Date: _____

FOR OFFICE USE ONLY!

Medication Count:

Date	# Pills	Counter's Signature	Witness Initials	Date	#Pills	Counter's Signature	Witness Initials

Comments (Indicated by *on back of form):

Date	Comments	Date	Comments	Date	Adm. Review

APPENDIX G: School Roles and Responsibilities

School's Responsibility

- ☐ Be knowledgeable about applicable federal laws.
- ☐ Review the notification and health records submitted by parents and the physician.
- ☐ Include food-allergic students in school activities. Students should not be excluded from school activities solely based on their food allergy.
- ☐ Identify a Food Allergy Management Team to establish a risk reduction plan. Changes to the risk reduction plan should be made in collaboration with the Food Allergy Management Team, if established, by campus participation.
- ☐ Assure that all staff who interact with the student on a regular basis understands food allergy; can recognize symptoms of an allergic reaction; knows what to do in an emergency, and works with other school staff to eliminate the use of food allergens in the allergic student's meals, educational tools, arts and crafts projects or as incentives.
- ☐ Practice EAPs before an allergic reaction occurs to assure the efficiency/effectiveness of the plans.
- ☐ Coordinate with the school nurse (when available) or assign school staff in making sure the child's medications are properly stored in an accessible but unlocked cabinet in case of an emergency.

According to the Texas Education Code, a student with asthma or anaphylaxis is entitled to possess and self-administer prescription asthma or anaphylaxis medicine on school property or at a school-related event or activity ONLY if:

1. the prescription medicine has been prescribed for that student;
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 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 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 and purpose of the medicine;
 - iii. the prescribed dosage of the medicine;
 - iv. the times at which or circumstances under which the medicine may be administered, and

v. the period for which the medicine is prescribed.

- ☐ Assign school staff, who are properly trained to administer medications in accordance with the state laws governing administration of medications in the school setting.
- ☐ Be prepared to handle a reaction and ensure that there is a staff member available who is properly trained to administer medications during the school day regardless of time or location.
- ☐ Review policies/administrative procedures with the Food Allergy Management Team, if established, parents/guardians, student (age appropriate), and the student's physician after a reaction has occurred.
- ☐ Enforce a "no eating" policy on school buses with exceptions made only to accommodate special needs under federal or state law, or school policy.
- ☐ Discuss the necessity of having parent attend their student's field trips.
- ☐ Take threats or harassment against any child, including those with food allergy, seriously.

Responsibilities of School Administration Designee (A person from the leadership team)

- ☐ Designee should facilitate the development, implementation, and monitoring of comprehensive and coordinated administrative procedures by convening a multidisciplinary team to develop the district food allergy management plan.
- ☐ Support faculty, staff and parents in implementing the food allergy management plan.
- ☐ Coordinate the training and education for faculty and staff regarding:
 - ☐ Food allergies and anaphylaxis
 - ☐ Risk reduction procedures
 - ☐ Emergency procedures
 - ☐ How to administer epinephrine auto-injector in the event of an emergency
 - ☐ Coordinate training for food preparation personnel
- ☐ Provide emergency communication devices to staff involved in classroom and school activities involving children with life-threatening conditions.
- ☐ Inform parent/guardian if student experiences an allergic reaction for the first time at school.
- ☐ Make sure a contingency plan is in place in case of a substitute teacher, transportation staff member, nurse, or food service personnel.
- ☐ Have a plan in place when there is not a school nurse available.
- ☐ Ensure that a student is placed in a class where the teacher is trained to administer epinephrine auto-injector, if needed
- ☐ Have a plan in place if a child with a food allergy has an anaphylactic reaction and does not have epinephrine at school.

Responsibilities of the School Nurse, if Available

- ☐ Prior to entry into school (or for a student who is already in school, immediately after the diagnosis of a life-threatening allergic condition), meet with the student's parents/guardian and develop an IHP.
- ☐ Assure that the EAP includes the student's name, photo, allergens, and symptoms of an allergic reaction, risk reduction procedures, emergency procedures and required signatures.

- ❑ Arrange and convene a campus food allergy management team (if established) meeting (preferably before the opening of school) to develop the plan with all staff who come in contact with the student with food allergies, including, but not limited to: the principal (or school administrator), teachers, food preparation personnel, aides, physical education teacher, custodian, bus driver.
- ❑ Familiarize teachers with the EAP of their students. Other staff members who have contact with the students should be familiar with their EAPs and be able to intervene if needed.
- ❑ After the campus food allergy management team (if established) meeting, remind parents to review the EAP, symptoms and emergency procedures with their child.
- ❑ Provide information about students with life-threatening food allergies and their photos (if consent given by parent) to all staff on a need-to-know basis, including bus drivers.
- ❑ Conduct training and education to appropriate staff regarding a student's life threatening allergens, symptoms, risk reduction procedures, emergency procedures, and how to administer the epinephrine auto-injector.
- ❑ Educate new personnel and substitute personnel as necessary.
- ❑ Track in-service attendance of all involved parties to assure they have been trained.
- ❑ Introduce yourself to the student and show him/her how to get to the nurse's office.
- ❑ Post school's Allergy Management Process and have available all EAPs and IHPs in the nurse's office. Post location of auto-injectors. Auto-injectors should be placed in an accessible, secure and unlocked location.
- ❑ Periodically or at least annually, check medications for expiration dates and notify parents to obtain new medications.
- ❑ Make sure there is a contingency plan in place in the case there is a substitute school nurse.
- ❑ Ensure that a student suspected of having an allergic reaction is accompanied by a trained adult.
- ❑ In the event of an allergic reaction, communicate with local EMS about the location of the student and type of allergy. Assure that local EMS has epinephrine and have authorization to use it.
- ❑ Educate classmates to avoid endangering, isolating, stigmatizing or harassing students with food allergies.

Responsibilities of the Classroom Teachers

- ☐ Review the EAP of any student(s) in your classroom with life-threatening food allergies.
- ☐ Develop communication plan with the front desk and student health office.
- ☐ Participate in the campus food allergy management team (if established) meetings and in-service trainings.
- ☐ Keep accessible the student's EAP with photo in classroom.
- ☐ Be sure volunteers, aides, specialists and substitute teachers are informed of the child's food allergy and take necessary safeguards. (The front desk will notify principal and health office)
- ☐ Leave information in an organized, prominent and accessible format for substitute teachers and other appropriate staff.
- ☐ Be aware of how the student with food allergies is being treated; enforce school rules on bullying and threats.
- ☐ Inform parents and school nurse, if available, of any school events where food will be served.
- ☐ Participate with the planning for student's re-entry into school after having an anaphylactic reaction with the student Health Office.
- ☐ Ensure that a student suspected of having an allergic reaction is accompanied by an adult. Do not put a student on the bus if there are any signs or symptoms of an allergic reaction.

Snack time/Lunchtime

- ☐ Follow procedures to ensure that the student with life-threatening food allergies eats only what she/he brings from home and/or is known to be safe.
 - Students open their lunch bags for the teacher to inspect.
 - After reviewing items, teacher gives students permission to begin eating.
 - Students who have a food product containing the food allergy will be moved to the furthest table away from the student with the allergy
 - Students must present any snacks from the snack table to the teacher to examine.
- ☐ Encourage hand washing before and after snacks and lunch. Be aware that alcohol based hand sanitizers are NOT effective in removing allergens from hands. Proper hand washing with soap and water or the use of hand wipes is necessary to remove the allergens.
- ☐ Prohibit students from sharing or trading snacks.
- ☐ Encourage parents/guardians to send a box of "safe" snacks for their child.
- ☐ Avoid cross-contamination of food by wiping down eating surfaces before and after eating.
- ☐ Wipe tables prior to first period in the classroom and after transitions.

Classroom Activities

- ☐ Avoid use of foods for classroom activities (e.g., arts and crafts, counting, science projects, parties, holidays and celebrations, cooking, or other projects).
- ☐ Welcome parental involvement in organizing class parties and special events. Consider non-food treats.
- ☐ Use non-food items such as stickers, pencils, etc. as rewards instead of foods.

Field Trips

Collaborate with the school nurse, or classroom teacher if school nurse is not available prior to planning a field trip to:

- ☐ Ensure EAPs and epinephrine auto-injectors are taken on all field trips and outings.
- ☐ Ensure a functioning communication device is taken on field trips.
- ☐ Collaborate with parents of students with food allergies when planning field trips.
- ☐ Review plans for field trips; avoid high risk places. Consider eating situations on field trips and plan for reduction of exposure to a student's life-threatening food allergy.
- ☐ Know the 911 procedures and ask EMS whether the ambulance carries epinephrine. After EMS has been contacted, notify school immediately and keep them updated.
- ☐ Invite parents of students at risk for anaphylaxis to accompany their child on school trips, and/or to act as chaperone.
- ☐ One to two staff members on the field trip should be trained in recognizing signs and symptoms of life-threatening allergic reactions, trained in use of epinephrine auto-injector and trained in emergency procedures.
- ☐ Consider ways to wash hands and encourage hand washing before and after eating (e.g. provision for hand wipes, etc.)

Responsibilities of the Food Preparation Staff

- ☐ Attend the campus food allergy management team (if established) meetings.
- ☐ Read all food labels and recheck routinely for potential food allergens.
- ☐ Train all food preparation staff and their substitutes to read product food labels and recognize food allergens.
- ☐ Review and follow sound food handling practices to avoid cross-contamination with potential food allergens.
- ☐ Strictly follow cleaning and sanitation protocol to avoid cross-contamination.
- ☐ Thoroughly clean all tables after each meal.
- ☐ Avoid the use of latex gloves by food service personnel. Use non-latex instead.

Responsibility of Aftercare Personnel

- ☐ Participate in campus food allergy management team (if established) meetings.
- ☐ With parent's consent, keep a copy of the EAP with a photo of the student with a life threatening food allergy in an easily accessed place.
- ☐ Make certain that an emergency communication device is always present.
- ☐ See that one to two people are present who are trained in emergency response and able to administer epinephrine auto-injectors.
- ☐ Establish emergency medical procedures with EMS.
- ☐ Clearly identify who is responsible for keeping the auto-injector(s) and EAPs for students with life threatening food allergies.