

FOOD ALLERGY PLAN



**Reviewed
August 21, 2012**

EUSTACE ISD

**FOOD ALLERGY
MANAGEMENT TEAM
2012-2014**

DISTRICT

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Rosemary Abbott, Food Service Manager, Eustace ISD
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CAMPUSES

PRIMARY

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Pam Martin, RN
Rebecca Cantrell, Cafeteria Mgr.
Classroom teacher of student(s)

MIDDLE SCHOOL

Truman Oakley, Principal
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Marquitta Saye, Nurse Aide
Carolyn Davis, Cafeteria Mgr.
Classroom teacher of student(s)

INTERMEDIATE

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Rebecca Cantrell, Cafeteria Mgr.
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HIGH SCHOOL

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Classroom teacher of student(s)

Eustace ISD is committed to providing for the care, welfare, and safety of all students and staff in the district. As part of the comprehensive health services offered by the district, the Food Allergy Plan provides guidance in providing the best care for those affected by this condition.

Definition of Food Allergy and Anaphylaxis

A *food allergy* is a potentially serious immune-mediated response that develops after ingesting or coming into contact with specific foods or food additives. A life-threatening allergic reaction to food usually takes place within a few minutes to several hours after exposure to the allergen. Eight foods account for over 90 percent of allergic reactions in affected individuals: milk, eggs, peanuts, tree nuts, fish, shellfish, soy and wheat (Sampson, 2004 & Sicherer S. , 2002). Although most allergic reactions are attributed 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 is defined as “a serious allergic reaction that is rapid in onset and may cause death” (Simons, 2008). Anaphylaxis includes a wide range of symptoms that can occur in many combinations and is highly unpredictable. It is estimated that four out of every 50 children have a food allergy (Gupta, R, 2011) and children with food allergies are more 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 the United States, nine of 32 fatalities occurred in school and were associated primarily with significant delays in administering epinephrine, the only life saving treatment for anaphylaxis (Sicherer S. & Mahr, T. 2010). Epinephrine is available through a physician’s 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 no life activity remains unaffected by the presence of a potentially fatal allergy (Greenhawt, M., 2011). Currently, management of food allergies consists of educating children, parents and care providers, including school personnel, about strict avoidance of the food allergen, recognizing the signs and symptoms of an allergic reaction, and initiating emergency treatment in case of an unintended ingestion or exposure. In order to address the complexities of food allergy management in schools, it is important that students, parents/caregivers, and school personnel work cooperatively to create a safe and supportive learning environment (National School Boards Association, 2011).

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 can all be affected. **The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock, which is potentially fatal.**

Signs and Symptoms of More Severe Food Allergy Symptoms (Anaphylaxis)

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
Nose/Eyes/Ears	Runny, itchy nose; redness and/or swelling of eyes; throbbing in ears
Lung	Shortness of breath; repetitive shallow cough; wheezing
Stomach	Nausea; vomiting; diarrhea; abdominal cramps
Skin	Itchy rash; hives; swelling of face or extremities; facial flushing
Heart	Thin weak pulse; rapid pulse; palpitations; fainting; blueness of lips, face or nail beds; paleness

Treatment of Anaphylaxis

When recommended by a physician, Epinephrine is the first-line treatment in cases of anaphylaxis. Other medications have 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 a late phase of symptoms is defined as a biphasic reaction. 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 epinephrine, the student be transported by emergency medical services (EMS) to the nearest hospital emergency department even if the symptoms appear to have resolved.

Because the risk of death or serious disability from anaphylaxis itself usually outweighs other concerns, existing studies clearly favor the benefit of epinephrine administration in most situations. There are no medical conditions which absolutely prohibit the use of epinephrine when anaphylaxis occurs (Boyce, 2010).

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 anaphylactic reaction. The tiered approach includes an “awareness training” for all staff and more “comprehensive training” for the campus food allergy management team and school staff members that will be responsible for the care of individual students. EISD will provide training annually to all staff members in recognizing allergic reactions and proper actions to be taken.

Awareness training is intended to give an overview of food allergies and anaphylaxis including the signs and symptoms of an allergic reaction, as well as treatment of anaphylaxis. The training will provide information about the most common food allergens, the hazards related to the use of food for instructional purposes, and the importance of environmental controls in protecting the health of students at risk for food allergy related anaphylaxis. The training will also provide information about how to respond when a child exhibits the signs and symptoms of an allergic reaction to food, provide information on implementing the FAAP/EAP, including the skills needed in administration of epinephrine, and notifying the local EMS utilizing the school’s emergency response policy and procedures. This generalized training gives an overview for all staff and basic instruction on how to identify and take emergency action in the event of an allergic reaction.

More comprehensive training will be conducted with the campus food allergy management team, 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 :

- 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.
- Development and implementation of IHPs/504 Plans.
- 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.

Post anaphylaxis debriefing and monitoring of the food allergy management plans on the campus.

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 will be reviewed and updated at least annually. Review may include looking at the following information:

- Current science on management of food allergies in the school setting.
- A review of the school district's annual incident report summaries.
- A review of current policies and administrative procedures.
- Recommendations brought forth by the campus food allergy management team, if established, or the local SHAC.

Review of the policy and procedures can help ensure that the most current information is utilized in providing care for food allergic students and align with current statute, rules and evidence-based practice.

For students who have experienced an allergic reaction at school, additional review will help in promoting safety upon the child's return to school. The approach taken by the school is dependent upon the severity of the reaction, the student's age and whether it was witnessed by their classmates. In the event the child had a moderate to severe reaction, and to prepare for the child's return to school, the superintendent's designee and/or the campus food allergy management team may wish to collaborate with the student's parents in collecting and reviewing information and implementing the following activities in order to prepare for the child's return to the classroom:

- Identify, if possible, the source of allergen exposure and take steps to prevent future reactions.
- Review accurate and updated information on the allergic reaction including any new medication(s) which would require new consent forms to be signed by the parents.
- Identifying and interviewing those who were involved in the emergency care of the student and those that witnessed the event.
- Meeting with school staff to dispel any rumors and review administrative regulations.
- Providing factual information to parents of other classroom students that complies with FERPA law and does not identify the individual student.
- If the allergic reaction is thought to be from food provided by the school food service, work with the school food service department to ascertain what potential food item was served/consumed, how to reduce risk in the cafeteria by reviewing food labels, minimizing cross-contamination and other strategies.
- Review of the FAAP/EAP, IHP, and/or the 504 Plan and amend to address any changes that were made by the student's healthcare provider.
- If an epinephrine auto-injector was utilized during the reaction, ensure that the parent/guardian replaces it with a new one.

In the rare but plausible event of a fatal reaction, the school's crisis plan for dealing with the death of a student should be implemented. Mental health professionals as well as healthcare providers with knowledge about food allergies should be on hand to answer questions that may come up.

Identification of Students With Food Allergy At-Risk for Anaphylaxis

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:

1. identify the child's food allergens;
2. specify the nature of the child's allergic reaction;
3. reduce risk of exposure to food allergens;
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
5. facilitate communication between the school and the student's healthcare provider.

In accordance with Texas Education Code Chapter 25, Section 25.0022 , upon enrollment of a child in Eustace ISD, the district shall request in writing, (see appendix, Form 1), that a parent or other person with legal control of the child under court order:

1. disclose whether the child has a food allergy or a 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 regulations (Texas Department of Agriculture, 2011) require substitutions or modifications in school meals for children 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 would meet the definition of "disability," and the substitutions prescribed by the licensed physician must be made. The school nutrition program must receive a signed statement by a licensed physician that identifies:

- the child's disability;
- an explanation of why the disability restricts the child's diet;
- the major life activity affected by the disability; and
- the food or foods to be omitted from the child's diet and the food or choice of foods that must be substituted.

Upon receipt of information from the parents of a known allergy, the parents will be given a form for their physician to complete directing the actions that the district should take in response to the child's allergies. An Individualized Health Care Plan will be developed for each documented student. The school nurse will be responsible for notifying the child's teachers, cafeteria workers, bus drivers, and any other pertinent personnel that come in daily contact with the student of a potential allergic reaction. Pertinent personnel will receive advanced training.

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 following organizations and reflect Texas law and Ad Hoc Committee input:

American Food Service Association
National Association of Elementary School Principals (NESP)
National Association of School Nurses (NASN)
National School Boards Association (NSBA); and
The Food Allergy & Anaphylaxis Network

Family's Responsibility

- Notify the school of the child's allergies in accordance with TEC, Section 25.0022. (See Appendix A for sample notification documents)
- Work with the campus Food Allergy Management Team, if established, to review the FAAP/EAP (provided by the physician or healthcare provider) and discuss accommodations the child will need throughout the school day, including the classroom, the cafeteria, in after-school programs sponsored by the school, during school-sponsored activities, and on the school bus.
- Provide written medical documentation, instructions, and medications as directed by a physician, using the FAAP/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.
- 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 carrying and 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 emergency contact information and update when needed.

School's Responsibility

- Be knowledgeable about and follow applicable federal laws including: ADA, IDEA, Section 504, and FERPA and any state laws or district policies that apply.
- 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 consisting of, but not limited to, school nurse (if available), teacher, principal, school food service and nutrition manager/director, janitor, and counselor (if available) to work with parents and the student (age appropriate) 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 of activity 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.
 - Work with the district transportation administrator to assure that the school bus driver training includes symptom awareness and what to do in an emergency should a food allergy reaction occur.
 - Recommend that all buses have communication devices for use in case of emergency.

- Enforce a “no eating” policy on school buses with exceptions made only to accommodate special needs under federal or state law, or school district policy.
- Discuss field trips with the family to decide appropriate strategies for managing the food allergy while the student is on a field trip.
- Take threats or harrassment against any child, including those with food allergy, seriously.

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.

Responsibilities of School Administration Designee

- Designee should serve as the point of contact for parents, healthcare providers, campus food allergy management team, if established by the campus, and other school staff.
- Designee should facilitate the development, implementation, and monitoring of comprehensive and coordinated administrative procedures by convening a multi-disciplinary team to develop the district food allergy management plan.
- Include in the school’s emergency response plan a written plan outlining emergency 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.
- 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 service personnel with child nutrition program.
- Provide emergency communication devices (two-way radio, intercom, walkie-talkie, cell phone) for all school activities including transportation that involve 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/Nurse Aide

- 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 FAAP/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, teachers, food service personnel, aides, physical education teacher, custodian, bus driver, local EMS.
- Familiarize teachers with the FAAP/EAP of their students. Other staff members who have contact with the students should be familiar with their FAAP/EAPs and be able to intervene if needed.
- After the campus food allergy management team (if established) meeting, remind parents to review the FAAP/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.** Consider obtaining standing orders for stock epinephrine for use in emergencies.
- Implement a periodic anaphylaxis drill as part of a periodic refresher course.
- 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 district's emergency protocol and have available all FAAP/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.
- Discuss with parents the possibility of keeping an epinephrine auto-injector in the classroom. This auto-injector can be used on field trips.
- Discuss with parents the possibility of student carrying his/her auto-injector during the school day.
- Arrange periodic follow-up on a regular basis, to review the FAAP/EAP and IHP.
- Make sure there is a contingency plan in place in the case there is a substitute school nurse.
- Meet with parents on a regular basis to discuss issues related to plan implementation.
- Ensure that a student suspected of having an allergic reaction is accompanied by a trained adult.
- 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.
- Provide health education to the food allergic student as needed.

Responsibilities of the Classroom Teacher/Specialist

- Review the FAAP/EAP of any student(s) in your classroom with life-threatening food allergies.
- Develop communication plan with the campus office and/or school nurse.
- Participate in the campus food allergy management team (if established) meetings and in-service trainings.

- Keep accessible the student's FAAP/EAP with photo in classroom.
- Be sure volunteers, student teachers, aides, specialists and substitute teachers are informed of the child's food allergy and take necessary safeguards.
- Leave information in an organized, prominent and accessible format for substitute teachers and other appropriate staff.
- Coordinate with parent and school nurse, if available, to provide a lesson plan for food allergies for the class and discuss anaphylaxis in age appropriate terms, with student's and parent's permission.
- Educate classmates to avoid endangering, isolating, stigmatizing or harassing students with food allergies. Be aware of how the student with food allergies is being treated; enforce school rules on bullying and threats.
- Work with the school nurse to educate other parents about the presence and needs of students with life-threatening food allergies in the classroom.
- Inform parents and school nurse, if available, of any school events where food will be served.
- Consider eliminating or limiting food in classrooms and other learning environments.
- Participate with the planning for student's re-entry into school after having an anaphylactic reaction.
- Avoid isolating or stigmatizing a student with food allergies and adhere to the school district's policy on bullying.
- Consider modifying the curriculum to ensure classroom learning is not impacted.
- 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

- Establish 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.
- 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.
- Have parents/guardians provide a non-perishable safe lunch in case their child forgets lunch one day.
- Avoid cross-contamination of food by wiping down eating surfaces before and after eating. Wash tables if there is an after-school activity held in the classroom the day before.
- Consider eliminating or limiting foods in the classroom which may cause a life-threatening reaction to a student in the class.

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 FAAP/EAPs and epinephrine auto-injectors are taken on all field trips and outings.
- Ensure a functioning two way radio, walkie-talkie, cell phone or other 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 closest medical facilities, 911 procedures and whether the ambulance carries epinephrine.
- Invite parents of students at risk for anaphylaxis to accompany their child on school trips, and/or to act as chaperone. However, the student's safety or attendance must not be a conditioned on the parent's presence.
- One to two people 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 Service Manager

- Attend the campus food allergy management team (if established) meetings.
- Post the FAAP/EAP (with a photo of the child) in prominent areas of the food service line, with parental permission.
- Review the legal protections for students with life-threatening allergies and ensure that students with severe food allergies that participate in the federally-funded school meal programs are given safe food items as outlined by the physician's signed statement.
- Read all food labels and recheck routinely for potential food allergens.
- Train all food service staff and their substitutes to read product food labels and recognize food allergens.
- Maintain contact information for manufacturers of food products (Consumer Hotline).
- 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.
- Set-up procedures for the cafeteria regarding food allergic students aligning them to the district food allergy management plan and campus food allergy management plan for students.
- Create specific areas that are allergen safe, such as dedicated tables/seating areas.
- Train cafeteria monitors on signs and symptoms of anaphylaxis and emergency treatment, including administration of epinephrine.
- Enforce hand washing for all students before and after meals.
- Thoroughly clean all tables and chairs after each meal.
- After receiving notice from healthcare provider, make appropriate substitutions or modifications for meals served to students with food allergies.
- Plan ahead to have safe meals for field trips.
- Avoid the use of latex gloves by food service personnel. Use non-latex instead.

- Provide advance copies of the menu to parents/guardians of students with food allergy, and notification if menu changes. Consider how to provide specific ingredient lists to parents upon request.
- Have at least two people in the eating area trained to administer epinephrine by auto-injector and be able to implement the FAAP/EAP and contact local EMS.
- Have auto-injectors in an accessible, secure location, but not under lock and key.
- Have functioning communication system in place to support emergencies.
- Take all complaints seriously from any student with life-threatening food allergies.
- Be prepared to take emergency action for a student in the cafeteria in the event of an allergic reaction.

Responsibility of Transportation Department

- Provide a representative to serve on the campus food allergy management (if established) team.
- Provide training for all school bus drivers on identifying the symptoms of life-threatening food allergies.
- Provide a functioning communication device for use on the bus or during transport.
- Know how to contact local EMS and follow the district FAAP/EAP while transporting children with life-threatening food allergies.
- Maintain policy of no consumption of food or drinks on the buses.

Responsibility of Coaches and Other On-Site Persons in Charge of Conducting School-Sponsored Activities

- Participate in campus food allergy management team (if established) meetings.
- Conduct the school sponsored activity in accordance with school policies and procedures regarding life threatening food allergies.
- With parent's consent, keep a copy of the FAAP/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.
- Maintain auto-injectors in a secure, unlocked yet easily accessible location where trained school staff can quickly access them and the child's FAAP/EAP.
- Establish emergency medical procedures with EMS.
- Clearly identify who is responsible for keeping the auto-injector(s) and FAAP/EAPs for students with life threatening food allergies.
- If for safety reasons medical alert identification needs to be removed during specific activities, the student should be reminded to place the identification back on immediately after the activity is complete. If it is not required to be removed, medic alert jewelry can be covered utilizing tape or wrist bands.

Responsibilities of Custodial Staff

- Participate in trainings on the identification of allergic reactions to food and emergency response procedures.
- Clean desks, tables and chairs and other surfaces with special attention to designated areas for students with food allergies at risk for anaphylaxis.
- Be aware that individual 504 Plans or IHPs may require specialized cleaning.

DEFINITIONS

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. (Texas Administrative Code, Chapter 153, Section 153.1021)

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) - A personalized emergency plan written by a healthcare provider that specifies the 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 - A 504 Plan is developed to outline the modifications and accommodations that will be needed for a student to perform at the same level as their peers.

Food Allergy - Food allergy is a group of disorders characterized by immunologic responses to specific food proteins. In the United States, the most likely common allergens in adults and children are cow's milk, eggs, peanuts, wheat, soy, fish, shellfish, and tree nuts.

Food Allergy Action Plan (FAAP) - A personalized plan written by a healthcare 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.

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 Texas State Board of Nursing as outlined in the Texas Administrative Code, §153.1021.

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



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

EUSTACE ISD REQUEST FOR FOOD ALLERGY INFORMATION

Dear Parent/Guardian:

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.

"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?

PLEASE CONTACT THE SCHOOL NURSE OR SCHOOL ADMINSTRATOR WHERE YOUR CHILD ATTENDS SCHOOL TO PROVIDE OTHER INFORMATION FROM YOUR DOCTOR ABOUT YOUR CHILD'S FOOD ALLERGY

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 FILE AT THE SCHOOL. THIS REQUIREMENT HAS BEEN ESTABLISHED BY THE STATE OF TEXAS.

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 and District policy.

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

Parent/Guardian Name: _____

Work Phone: _____ Mobile Phone: _____ Home Phone: _____

Parent/Guardian Signature: _____ Date: _____

Date form received by Campus: _____



EUSTACE ISD

Allergy/Anaphylaxis Physicians Orders

Student's Name: _____ DOB: _____ School _____

Grade _____ Teacher _____

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

ALLERGY

TO: _____

Asthmatic Yes* No

*Higher risk for severe reaction.

STUDENT _____

d.o.b. _____

STEP 1: TREATMENT

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject® 0.3 mg Twinject® 0.15 mg

Antihistamine:

give _____
Medication,/dose,/route

Other:

give _____
Medication,/dose,/route

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

STEP 2: EMERGENCY CALLS

1. Call 911. State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Dr. _____ Phone No. _____
3. Parent _____ Phone No. _____
Parent _____ Phone No. _____
4. Emergency Contacts:

NAME	RELATIONSHIP	PHONE NUMBER(S)
1.		
2.		

MODIFICATIONS TO SCHOOL DIET ACCORDING TO DR.'S ORDERS: (MUST STATE FOOD(S) TO BE ELIMINATED AND FOOD(S) TO BE SUBSTITUTED): _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/ Guardian's Signature _____
Date _____

Doctor's Signature (Required) _____
Date _____

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 _____

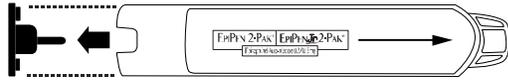
Date _____

TURN FORM OVER

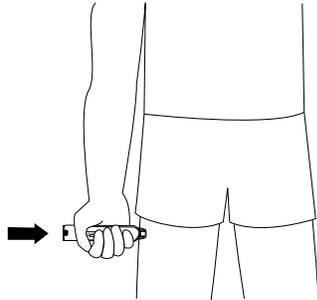
Form provided courtesy of the Food Allergy & Anaphylaxis Network (www.foodallergy.org) 9/2011

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



DEY® and the Dey 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 GREY caps labeled "1" and "2."



Place RED 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: () - _____

EPINEPHRINE COMPETENCY SKILL CHECKLIST

Name and Title of Staff Person: _____

The following competencies have been demonstrated by staff person:

Identifies common causes of allergic emergencies. _____

Describes general and student-specific warning signs of allergic emergency. _____

Demonstrates how to activate the school's plan for responding to emergencies. _____

Identifies student for whom the epinephrine is prescribed. _____

Interprets accurately the emergency medication administration plan. _____

Follows the directions on the medication administration plan. _____

Reads the label on the epinephrine auto-injector, assuring the correct dosage. _____

Identifies expiration date on the epinephrine auto-injector assuring medication is current. _____

Demonstrates safe handling of epinephrine auto-injector. _____

Demonstrates the correct procedure for giving epinephrine by auto-injector (5 R's)
(Right name, Right medication, Right Dosage, Right Frequency, Right route). _____

Describes how to access EMS, school nurse, student's parents (or other persons), student's physician
and provide emergency care while awaiting EMS. _____

Comments:

Signatures:

Supervised by: _____ RN Staff Person _____

Date: _____

Plan de Acción en Alergia a Alimentos

Plan de Emergencia

Nombre: _____ Fecha de Nacimiento: ____ / ____ / ____

Ponga la foto del estudiante aquí

Alergias: _____

Peso: _____ Kg./lbs. Asma: Sí (mayor riesgo de reacción severa) No

Extremadamente sensible a los siguientes alimentos:

COMO PROCEDER: _____

- Administrar Epinefrina inmediatamente ante CUALQUIER síntoma que se presente si se sospecha de haber ingerido el alérgeno.
- Administrar Epinefrina inmediatamente si se confirma la ingesta del alérgeno, aunque no se presente ningún síntoma.

SINTOMAS SEVEROS tras haber ingerido un alérgeno:

Uno o más de los siguientes:

PULMON: Falta de aire, sibilancias, tos repetitiva
CORAZON: palidez, cianosis (coloración azul de la piel), desmayo, pulso débil, mareo, confusión.

GARGANTA: ardor, dificultad para tragar o respirar.

BOCA: inflamación obstructiva (lengua y/o labios)

PIEL: sarpullido - reacción alérgica en la piel

O la combinación de síntomas en diferentes partes del cuerpo:

PIEL: urticaria/ronchas, picor, sarpullido, inflamación (ej: ojos, labios)

ESTOMAGO: vómito, dolor



1. INYECTAR EPINEFRINA INMEDIATAMENTE

2. Llamar al 911
3. Comenzar seguimiento del paciente (ver indicaciones abajo)
4. Administrar medicamentos adicionales:*
- a. Antihistamínicos
- b. Broncodilatador inhalado, en caso de asma

*Los antihistamínicos & inhaladores/broncodilatadores no están indicados para el tratamiento de una reacción alérgica severa (anafilaxia). USAR EPINEFRINA

SINTOMAS LEVES SOLAMENTE:

BOCA: picor en boca

PIEL: sarpullido alrededor de la boca o cara, picor leve

ESTOMAGO: náuseas leves, malestar general



1. ADMINISTRAR ANTIHISTAMINICO

2. Permanecer con el estudiante; alertar a un médico y avisar a los padres.
3. Si los síntomas progresan (ver arriba), USAR EPINEFRINA
4. Comenzar seguimiento (ver indicaciones abajo)

Medicación/Dosis

Epinefrina (marca y dosis): _____

Antihistamínico (marca y dosis): _____

Otro (por ej., inhalador-broncodilatador si es asmático): _____

Seguimiento

Permanecer con el estudiante; alertar a un médico y a los padres. Comunicar al personal de emergencias que se le administró epinefrina; Pedir una ambulancia que cuente con epinefrina; Anotar la hora en que se administró la epinefrina. Se puede administrar una segunda dosis de epinefrina a los 5 minutos o más de la primera dosis en caso de que los síntomas persistan o reaparezcan. En caso de reacción severa, procurar mantener al estudiante acostado boca arriba con las piernas levantadas. Se debe administrar la medicación aunque no se pueda contactar con los padres. Ver modo de administración del autoinyector al reverso/detrás.

Firma de los padres

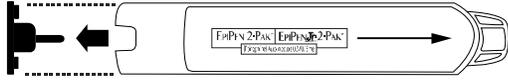
Fecha

Firma del médico

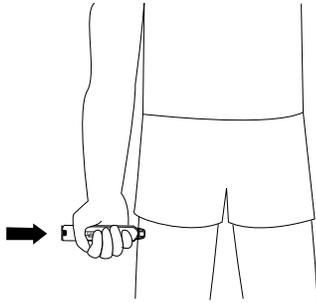
Fecha

Como aplicar el EpiPen Auto-inyector y el EpiPen Jr Auto-inyector

1. Primero, saque el EpiPen Auto-inyector del estuche de plástico donde está guardado.
2. Quite la tapa de seguridad azul



3. Sostenga el EpiPen con la punta naranja cerca de la parte externa del muslo (siempre aplicarlo en el muslo)



4. Aplique clavando enérgicamente la punta naranja contra el muslo. Manténgalo contra el muslo durante aproximadamente 10 segundos. Retire el EpiPen Auto-inyector y dé un masaje en la zona durante otros 10 segundos.



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

Pasos para aplicar Adrenaclick™ 0.3 mg y Adrenaclick™ 0.15 mg



Quitar las dos tapas **GRISES** marcadas como "1" y "2".



Colocar la punta redonda **ROJA** en la parte externa del muslo, presionar con fuerza hasta que penetre la aguja. Mantener 10 segundos, luego retirar.

Un Kit de tratamiento de emergencia ante reacciones alérgicas debe siempre contener al menos 2 dosis de epinefrina, otros medicamentos indicados por el médico del estudiante y una copia de su plan de acción ante reacciones alérgicas alimentarias.

El kit debe acompañar al estudiante si sale de la escuela (ej: viaje/excursión escolar).

Contactos

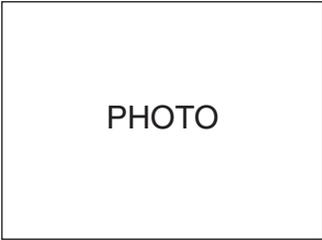
Llamar 911 (Servicio de Urgencias: () -) Médico: Número de teléfono: () -

Padres: Número de teléfono: () -

Otros contactos en caso de emergencia:

Nombre/Relación: Número de teléfono: () -

Nombre/Relación: Número de teléfono: () -



AUTHORIZATION OF EMERGENCY TREATMENT

_____ is allergic to: _____

1. If you suspect that a food allergen has been ingested (or insect sting), immediately determine the symptoms and treat the reaction as follows:

Symptoms:

- Mouth Itching, tingling, or swelling of lips, tongue, mouth
- Skin Hives, swelling on face or extremities, itchy rash
- Gut Nausea, abdominal cramps, vomiting, diarrhea
- Throat Tightening of throat, hoarseness, hacking cough
- Lung Shortness of breath, repetitive coughing, wheezing,
- Heart Thready pulse, passing out, fainting, pale, blueness
- General: Panic, sudden fatigue, chills, fear of impending doom

If a food allergen has been ingested, but *no symptoms*:

If a reaction is progressing (several of the above areas affected):

Give Medication checked "X"*

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> Antihistamine | <input type="checkbox"/> EpiPen | |
| <input type="checkbox"/> Antihistamine | <input type="checkbox"/> EpiPen | |
| <input type="checkbox"/> Antihistamine | <input type="checkbox"/> EpiPen | |
| <input type="checkbox"/> Antihistamine | <input type="checkbox"/> EpiPen | |
| <input type="checkbox"/> Antihistamine | <input type="checkbox"/> EpiPen | |
| <input type="checkbox"/> Antihistamine | <input type="checkbox"/> EpiPen | |
| <input checked="" type="checkbox"/> Antihistamine | <input type="checkbox"/> EpiPen | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Antihistamine | <input checked="" type="checkbox"/> EpiPen | |

Medication Doses:

Antihistamine (liquid diphenhydramine, Benadryl™ or cetirizine, Zyrtec™):

Give _____ Teaspoon(s), _____ cc (_____ mg) by mouth.

Epinephrine:

EpiPen™ [Epi-Pen _____ (_____ mg)] injected once into upper outer thigh

Epinephrine injection may need to be repeated if the child's symptoms persist or get worse.

Call 911 (or Ambulance service and phone number: _____)

State that the child had a severe allergic reaction, and additional epinephrine doses may be needed

Additional contact information:

Nearest Hospital _____ Phone _____ Address _____

Allergist Name _____ Phone _____

Pediatrician Name _____ Phone _____

Parent's Name (other contacts) and Contact Numbers

Name _____

Phone (1) _____ Phone (2) _____

Name _____

Phone (1) _____ Phone (2) _____

Other allergies, medication allergies, medical conditions: _____ Approximate Weight: _____ lbs

DO NOT HESITATE TO ADMINISTER MEDICATION OR TAKE THE CHILD TO A MEDICAL FACILITY EVEN IF PARENTS CANNOT BE REACHED!

*Additional boxes may be checked depending upon specific patient history

Physician's Signature _____

Date _____

Parent's Signature _____

Date _____



Provided by the Food Allergy Initiative, a national non-profit organization dedicated to finding a cure to life-threatening food allergies. For more information, please visit www.FoodAllergyInitiative.org or email Info@FoodAllergyInitiative.org

Dear Parents:

A student in your child's class has a food allergy to [insert allergen].

As many as 15 million Americans have food allergies, including an approximately 6 million children. Food allergies can be potentially fatal, and there is no cure. The only way to avoid a reaction is to avoid the offending food.

We know that many parents like to celebrate birthdays and other occasions with special treats. We encourage parents to celebrate with non-food items such as stickers, pencils, themed erasers, or other trinkets, rather than food. Any food sent in to share with students should be pre-packaged and contain an ingredient label. Please give these items to your child's teacher for distribution.

Please instruct your child to not share food with other classmates unless a teacher gives approval to do so.

We plan to provide a session with parents where we can educate everyone on how we manage food allergies to keep our students safe. We encourage you to join us at the session.

To learn more about food allergies, you may visit the Food Allergy & Anaphylaxis Network's website, www.foodallergy.org.

Thanks in advance for your cooperation. We look forward to a great school year!

National and State Resources for Developing Administrative Regulations and Staff Training

1. American Academy of Allergy, Asthma & Immunology
www.aaaai.org/conditions-and-treatments/allergies/food-allergies.aspx
(Main Web page on food allergies)
2. Department of State Health Services-School Health Program
www.dshs.state.tx.us/schoolhealth/pgtoc.shtm
(Main Web page for School Health Manual)
3. Food Allergy and Anaphylaxis Network
www.foodallergy.org/section/for-school-professionals-educators
(Main Web page for school professionals)
4. Food Allergy Initiative
www.faiusa.org/page.aspx?pid=622
(Main Web page for school staff training)
5. National Association of School Nurses
www.nasn.org/ToolsResources/FoodAllergyandAnaphylaxis
(Main Web page for Food Allergies Tools and Resources)
6. National School Board Association
www.nsba.org/Board-Leadership/SchoolHealth/Food-Allergy-Schools
(Main Web page for Food Allergies)
www.nsba.org/Board-Leadership/SchoolHealth/Food-Allergy-Schools/Food-Allergy-Videos
(Web page of Educational Video Clips)
7. Texas Allergy, Asthma and Immunology Society
www.taais.org/publiceducation/foodallergy.html
(Web page for Food Allergies)
8. Texas School Nurse Organization
<http://txsno.org>
(Main Web page)
9. Education and Advocacy Solutions
www.foodallergyadvocate.com/504Plan.htm
www.allergyready.com
www.allergyhome.org