



Student Food Allergy Guidelines Update

Senate Bill 27 (82nd Legislative Session) requires that all school boards and the governing bodies of open-enrollment charter schools adopt and administer a policy for the care of students with diagnosed food allergy at risk for anaphylaxis. This must be done by August 1, 2012.

The University of Texas Elementary School has systems in place to monitor students with food allergies and communicate their needs with staff. The following items will be added to UTES food allergen protocol to achieve compliance with the new DSHS guidelines.

- Food Allergy Action Plan (for identified students)
- Emergency Action Plan
- Food Allergy Planning Charts
- Outline of Family, School and Student Roles
- Staff Roles and Responsibilities
- Considerations for Administrative Regulations



The University of Texas Elementary School

Form is in compliance with SB27

Anaphylaxis Management Protocol

1.) School Nurse will determine if there is a student with a history of risk of anaphylaxis on campus by reviewing:

- Current school year student medical forms
- Previous school year student medical forms
- Previous school year IHCPs (Individualized Health Care Plans)

2.) School Nurse will schedule a meeting with parent or guardian of the student to determine:

- Previous medical history
- Type of level of care the parent is seeking for their child:
 - Epi-Pen kept in nurse's office
 - Benadryl kept in the nurse's office

3.) School Nurse will collaborate with student, parent/guardian and physician to:

- Obtain medical orders for Benadryl and Epi-Pen to be administered at school as needed
- Have Epi-Pens and Benadryl stored on campus per physician orders

4.) School Nurse will:

- Prepare Individualized Health Care Plan
- Notify appropriate school staff with a need to know of student's condition including general education teachers, Special Areas teachers, Cafeteria staff, cafeteria monitors, administrative staff
- Train designated staff on "Emergency Action Plan" and the use of the Epi-pen
- Educate staff that "Emergency Action Plan" and medications must accompany student on all field trips or short outings
- Provide retraining of staff as needed throughout the school year
- After an event, a review will take place between the campus nurse and administrative staff to determine what went well and what needs to be improved in the process



University of Texas Elementary School Food Allergy and Anaphylaxis Plan

Determine if student has a history or risk of serious food allergy or anaphylaxis while at school by reviewing student medical forms:

- Current Medical History Form
- Previous year's Medical History Form
- Previous Year Medical History Form



Schedule a meeting with parent/guardian to determine level of care student will need while at school.

- Review medical history
- Acquire physician's orders
- Anaphylaxis/allergy form from parent
- Parent authorization for medication
- MD order and parent authorization for self-administration
- Parent provides all supplies



Create Individualized Health Care Plan:

- Assess student
- Develop IHCP and give copy to appropriate faculty and staff
- Create Emergency Action Plan



Notify appropriate school staff



Train and document all trainings:

- Train designated staff on management of anaphylaxis
- Train staff on Emergency Action Plan and Epi-Pen
- Educate staff that Emergency Action Plan and medications must accompany student on field trips and outings
- Provide re-training of staff as needed throughout the school year



University of Texas Elementary School
Anaphylaxis/Allergy Information
(to be completed by parents)

Dear Parents,

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 school in order to enable the school staff to take necessary precautions to insure your child's safety.

“Severe food allergy” means a dangerous or life-threatening reaction of the human body to a food-borne allergen through inhalation, ingestion or skin contact that requires immediate medical attention.

Please list any food 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 (how child reacts)	Life-Threatening?

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

The University of Texas Elementary School will maintain the confidentiality of the information provided above and may disclose the information to teachers, café staff, transportation staff, administration and any other school personnel only within the limitations of the Family Educational Rights and Privacy Act and district policy.

Student Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

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

Parent/Guardian Signature: _____ Date: _____

Date Form Received by School Nurse: _____



The University of Texas Elementary School

Anaphylaxis/Allergy Emergency Action Plan

Student: _____ is allergic to: _____.

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

Table with 3 columns: Symptom, Description, and Give Medication checked with 'X'. Rows include Mouth, Skin, Gut, Throat, Lung, Heart, General, and specific reaction scenarios.

Medication Dosage

Benadryl or other Antihistamine: Give _____ teaspoon(s), _____ cc, _____ mg by mouth
Epinephrine/Epi-Pen: _____ mg injected into upper thigh
*Epinephrine injection may need to be repeated if reaction continues or worsens
*Call 911 if symptoms continue or worsen after additional medication has been provided
*State that the child has a severe allergic reaction, and additional epinephrine may be needed

Additional Contact Information:

Nearest Hospital: _____ Phone: _____
Allergist Name: _____ Phone: _____
Pediatrician's Name: _____ Phone: _____
Parent's Name and Contact Information:
Name (1): _____ Phone: _____
Name (2): _____ Phone: _____
Name (3): _____ Phone: _____

*If any emergency contact's phone number changes, please report new number to front office and nurse immediately

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

Physician's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____



The University of Texas Elementary School

Parent/Guardian Authorization for Self-Administration of Inhaler or Epi-Pen at School

(one form must be completed for each medication)

Student Name: _____ Date of Birth: _____

School: The University of Texas Elementary School Grade Level: _____

Only those medications that are medically necessary during school hours for a student's attendance or written in an IEP should be sent to school. UTES also requires the following:

- Medication is in the original, properly labeled container (name of medication with strength, dosage and directions; name of prescribing physician who is licensed in Texas; current date). Epi-Pen must not be expired.
- Medication labels must include the student's first and last names.
- All sharps are to be disposed of in an approved container.

Please complete the following:

Medication Name and Strength	Dosage	Times to be Given at School	Additional Comments

Medication Start Date: _____ Medication Stop Date: _____

- I request that the above medication be given during school hours as ordered by physician. I also request that the medication be given on field trips and outings as prescribed.
- I give permission for the school nurse to communicate with the student's teachers about the student's health condition(s) and the action(s) of the medication.
- I give permission for my child to carry a prescribed inhaler or Epi-Pen use it without supervision.
- I give permission for trained personnel to assist my child with an inhaler as needed.
- I have provided the following WRITTEN AUTHORIZATION FROM PHYSICIAN

I request that my child be provided authorization to carry a prescribed Epi-Pen or inhaler and to use it without adult supervision.

Parent Signature: _____ Date: _____

Physician Authorization:

- Student is knowledgeable about the asthma inhaler or Epi-Pen and how to use it safely.
- Student may administer medication with adult supervision.

Physician's Name: _____ Office Phone Number: _____

Physician's Signature: _____ Date: _____

Principal/Designee notified of self-carry ___yes ___no	IHCP on file ___yes ___no
School Nurse Signature: _____ Date: _____	



The University of Texas Elementary School

Epi-Pen Competency Checklist for Unlicensed Personnel

Person Trained: _____ Title: _____

Trainer: _____ Title: _____

How to Use an Epi-Pen:

- 1.) Pull off the safety cap.
- 2.) Place Epi-Pen tip hard against the out thigh. It should click when activated. Hold it in place for 10 seconds. It may be used through clothing.
- 3.) Remove Epi-Pen and massage area for 10 seconds.
- 4.) Student should be kept quiet and warm.
- 5.) Monitor student's condition (Airway, Breathing and Circulation) and begin CPR if necessary.
- 6.) Call 911 immediately. Tell EMS that an Epi-pen was administered. (Epi-pen only lasts 20-30 minutes)
- 7.) Notify parents/guardian or emergency contact person.
- 8.) Discard used Epi-Pen in appropriate sharps container in nurse's office.

I (trainer) _____ have trained the person as orientee in steps and skills listed above.

Trainer Signature: _____ Date: _____

I (orientee) _____ understand all steps and skills performed above and will consistently perform them properly as trained. I understand that I am to page the School Nurse, call 911 or call the student's parents/guardians if I have an questions about this procedure.

Orientee Signature: _____ Date: _____



**The University of Texas Elementary School
Post Anaphylaxis Reaction Review**

Date: _____ School: The University of Texas Elementary School

Student Information

Student Name: _____ Date of Birth: _____

Address: _____

Current Age: _____ Gender: _____ Female _____ Male

Person witnessing allergic reaction: _____

Time of allergic reaction: _____

Was the student breathing upon your arrival? _____ yes _____ no

Were there signs of circulation upon your arrival? _____ yes _____ no

Medication Given:

Benadryl _____ yes _____ no If yes, please list time given: _____

Epi-Pen #1 _____ yes _____ no If yes, please list time given: _____

Epi-Pen #2 _____ yes _____ no If yes, please list time given: _____

Call 911 _____ yes _____ no If yes, time called: _____ time of arrival: _____

Parent/Guardian Contacted: _____ Time of arrival: _____

Condition of student upon arrival of EMS:

Transported by: _____ Parent _____ EMS _____ Not transported off campus

Outcomes:

School Nurse Notified: _____ yes _____ no Date/Time: _____

Superintendent Notified: _____ yes _____ no Date/Time: _____

	YES	NO
1.) Student had a known allergy		
2.) Student had Individual Health Care Plan		
3.) Student had Emergency Action Plan		
4.) Student had medications and Parent Authorization		
5.) Medications are readily accessible		
6.) Trained staff responded appropriately (quickly activated plan, administered medications correctly, notified appropriately)		
7.) Student was closely monitored (VS, respiratory effort, color)		
8.) EMS arrived quickly (5-7 minutes)		
9.) Student was stable upon arrival		
10.) Student was transported by EMS and parents were notified		
11.) Student was transported by parents		

12.) Were there any barriers to delivery of care that resulted in a delay of care?

13.) Discuss and list challenges with clinical manager and areas to improve.

14.) Educate appropriate staff about any changes or updates to the protocol for responding to and/or treating students.