

HONDO ISD
STUDENT FOOD ALLERGY POLICY

HONDO I.S.D.

STUDENT FOOD ALLERGY POLICY

FOOD ALLERGY MANAGEMENT PLAN: The District student food allergy management plan includes the components below:

GENERAL PROCEDURES

Procedures to limit the risk posed to students with food allergies include:

1. Specialized training for employees responsible for the development, implementation, and monitoring of the District's food allergy management plan.
2. Awareness training for employees regarding signs and symptoms of food allergies and emergency response in the event of an anaphylactic reaction.
3. General strategies to reduce the risk of exposure to common food allergens.
4. Methods for requesting specific food allergy information from a parent of a student with a diagnosed food allergy.
5. Annual review of the District's food allergy management plan.

STUDENTS AT RISK FOR ANAPHYLAXIS

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

1. Development and implementation of food allergy action plans, emergency action plans, individualized health-care plans and Section 504 plans, as appropriate.
2. Training, as necessary, for employees and others to implement each student's care plan, including strategies to reduce the student's risk of exposure to the diagnosed allergen.
3. Review of individual care plans and procedures periodically and after an anaphylactic reaction at school or at a school-related activity.

DISTRIBUTION

Information regarding this policy and the District's food allergy management plan shall be distributed annually in the student handbook and made available at each campus.

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DEFINITIONS

In accordance with state guidelines, and for the purposes of these procedures, the following definitions will apply:

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. Food intolerance is not life-threatening.

ALLERGIC REACTION

An immune-mediated reaction to a protein. Allergic reactions are not normally harmful.

SEVERE FOOD ALLERGY

An allergy that might cause an anaphylactic reaction

ANAPHYLACTIC REACTION

A serious allergic reaction that is rapid in onset and may cause death.

FOOD ALLERGY MANAGEMENT PLAN
(FAMP)

A plan developed and implemented by the District that includes general procedures to limit the risk posed to students with food allergies and specific procedures to address the care of students with a diagnosed food allergy who are at risk for anaphylaxis.

FOOD ALLERGY ACTION PLAN
(FAAP)

A personalized plan written by a health-care provider that specifies the delivery of accommodations and services needed by a student with a food allergy and actions to be taken in the event of an allergic reaction.

EMERGENCY ACTION PLAN
(EAP)

A personalized plan written by a health-care provider that specifies the delivery of accommodations and services needed by a student in the event of a food allergy reaction.

INDIVIDUALIZED HEALTH-CARE PLAN
(IHP)

A plan written by a school nurse based on orders written by a health-care provider that details accommodations or nursing services to be provided to a student because of the student's medical condition.

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UPDATE 94

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DISTRICT FOOD ALLERGY COORDINATOR

The Superintendent designated the following staff person as the District food allergy

Coordinator for students:

Name: Rose Mary Mares

Position: Assistant Superintendent

Address: Hondo I.S.D.

Telephone: 830 426-3027

RESPONSIBILITIES The District food allergy coordinator will:

1. Coordinate the development and ensure implementation of the District's Food Allergy Management Plan.
2. Be responsible for disseminating applicable District policies, procedures, and the Food Allergy Management Plan.
3. Develop, or assist in the development of, food allergy letter to parent requesting additional documentation for student identified as having a severe food allergy notice for administration of medication at school, authorization to secure emergency medical treatment of a student, statement regarding meal substitutions or modifications, notice of student with a diagnosed severe food allergy for substitutes, notice of student with a diagnosed severe food allergy for others, anaphylaxis incident report form, as well as District-approved forms for Food Allergy Action Plans, Emergency Action Plans and Individual Health Care Plans.
4. Pursue ongoing, specialized training in the management of food allergies in the school setting.
5. Ensure specialized training is received by any other employees responsible for development, implementation, and monitoring of the District's Food Allergy Management Plan.
6. Provide general food allergy awareness training to employees.

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7. Develop general strategies for reducing exposure to common food allergens at District facilities and activities. See Environmental Controls.
8. Coordinate the composition, responsibilities and procedures of campus food allergy management through the school health advisory council (SHAC).
9. Ensure that employees and other individuals supervising a student with a diagnosed severe food allergy receive training, as necessary, regarding implementation of the student's Food Allergy Anaphylaxis Plan, Emergency Action Plan, Individual Health Plan, and/or Section 504 plan, as applicable, and on specific strategies to reduce the risk of the student's exposure to the diagnosed allergen.
10. Develop procedures related to student self-administration of allergy medicine, including epinephrine auto-injectors prescribed to a student.
11. Coordinate with the District's record management officer to develop and implement procedures for record retention.
12. Collect and maintain incident reports after a student's anaphylactic reaction at school or at a school-related activity.
13. Review individual student plans and procedures periodically and after an anaphylactic reaction by a student at school or at a school-related activity.
14. Review the Food Allergy Management Plan and related District policies and procedures annually, including any recommendations from school health advisory councils (SHAC).
15. Develop procedures for response to fatal reactions.

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FOOD ALLERGY MANAGEMENT PLAN

The District's Food Allergy Management Plan will include the following components:

GENERAL PROCEDURES

TRAINING

The District will provide specialized training to employees who are responsible for the development, implementation, and monitoring of the Food Allergy Management Plan. In addition, the District will provide general food allergy awareness training addressing:

1. The Food Allergy Management Plan and applicable District policies and procedures;
2. General strategies to reduce the risk of exposure to common food allergens;
3. Signs and symptoms of food allergies;
4. Emergency response in the event of an anaphylactic reaction at school or at a school-related activity; and
5. Bullying awareness and response reviewed annually with employees.

ENVIRONMENTAL CONTROLS

The District's general procedures to reduce the risk of Exposure to common food allergens will include:

1. Limiting, reducing, and/or eliminating food from classroom(s) and other learning environments used by students diagnosed with food allergies who are at risk for anaphylaxis.
2. Implementing appropriate cleaning protocols in the school, with special attention to identified high-risk areas.
3. Posting visual reminders promoting food allergy awareness.
4. Educating students about not trading or sharing food, snack, drinks, or utensils.
5. Implementing hand washing protocols that emphasize the use of soap and water before and after meals.
6. Assigning staff members who are trained in the administration of epinephrine auto-injectors as monitors in the food service area, as appropriate.

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7. Implementing appropriate risk reduction strategies for high-risk areas in the school, including, but not limited to, the cafeteria, classroom(s), and common area; the school bus; extracurricular activities; field trips; school-sponsored activities; and before- and after-school activities.

INFORMATION REQUEST

The District will use the following methods for requesting specific allergy information from the parent of a student with a diagnosed food allergy:

1. Food Allergy Action Plan
2. Statement Regarding Meal Substitutions or Modifications
3. Authorization to Secure Emergency Medical Treatment of a Student
4. Authorization for the Administration of Medication at school

REVIEW

The Food Allergy Management Plan and related District Policies will be reviewed at least annually.

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STUDENTS AT RISK FOR ANAPHYLAXIS

IDENTIFICATION

When a student is identified as having a severe food allergy, the Campus Nurse will request that the parent provide the following documents completed by a physician or other licensed health care provider.

1. The Food Allergy Action Plan
2. If the parent is requesting meal substitutions or modifications, the Statement Regarding Meal Substitutions or Modifications
3. The Authorization for Self-Administration of Asthma and/or Anaphylaxis Medication form, if applicable
4. The Request for the Administration of Medication at School form, if applicable
5. Additional information regarding the signs and symptoms of an anaphylactic reaction that the student might experience

The Campus Nurse will use documents completed by the physician or other licensed health-care provider to develop an Individual Health Care Plan for the student.

ELIGIBILITY FOR ACCOMODATIONS
UNDER FEDERAL LAW

Upon receipt of the identification information above, a student with a disability who is thought to be in need have special education and related services will be referred for formal evaluation in accordance with law. A Section 504 committee will convene to determine if accommodations, including substitutions and other school services, are necessary for the student to receive a free appropriate public education under Section 504 of the Rehabilitation Act. If the committee determines that the student needs these accommodations to participate successfully and safely in the learning environment, the committee will develop a Section 504 plan.

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To the extent the use of epinephrine for a food allergy is not a required service or support addressed in a student's Section 504 plan or individualized education program, a Food Allergy Action Plan, Emergency Action Plan, or Individual Health Care Plan does not constitute a service or accommodation under Section 504 or the Individuals with Disabilities Education Act (IDEA).

POST IDENTIFICATION

The nurse, principal or counselor will meet with the student and parent to review the documentation and to develop:

1. Specific strategies to reduce the student's risk of exposure to the diagnosed allergen;
2. Procedures related to the student's self-administration of his or her prescribed epinephrine auto-injector, if applicable;
3. Procedures for when the student is not able to self-administer anaphylaxis medication; and
4. Emergency procedures that will be implemented in the extend of an anaphylactic reaction at school or at a school-related activity

NOTIFICATION AND TRAINING

As necessary and in compliance with the Family Educational Rights and Privacy Act (FERPA) and district policy, notification will be provided to staff, classmates, parents, volunteers, and substitutes of a student with a diagnosed severe food allergy and the District Food Allergy coordinator, principal and or nurse will provide training addressing:

1. General and specific strategies to reduce the student's risk of exposure to the diagnosed allergen,
2. Signs and symptoms of the food allergy; and

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3. Emergency response in the event of the student's anaphylactic reaction at school or at a school-related activity.

REVIEW

Individual care plans and procedures will be reviewed periodically and after a student's anaphylactic reaction at school or at a school-related activity.

AFTER AN ANAPHYLACTIC REACTION

After a student's anaphylactic reaction at school or a school-related activity, employees involved with action taken to follow the Food Allergy Action Plan should submit an incident report to the District Food Allergy Coordinator, principal and nurse.

1. If known, the source of allergen exposure;
2. Emergency action taken, including whether an epinephrine auto-injector was used and whether the student or a staff member administered the epinephrine; and
3. Any recommended changes to procedures.

RESPONSE

After a student's anaphylactic reaction the District Food Allergy Coordinator, principal and nurse will

1. Meet with school staff to dispel any rumors and review administrative procedures.
2. Provide to parents of other classroom students factual information that complies with FERPA and District policy and does not identify the individual student.
3. 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 and how to reduce risk in the cafeteria by reviewing food labels, minimizing cross-contamination, and other strategies.
4. Review the Food Allergy Action Plan, Emergency Action Plan, and Individual Health Care Plan as

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applicable, and any other elements of the care plan to address any changes needed or made by the student's health-care provider.

5. If an epinephrine auto-injector was used during the reaction, ensure that the parent/guardian replaces it with a new one. If applicable, the Section 504 committee will convene to review the student's Section 504 plan.

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STUDENT HEALTH PLANS FOR OTHER MEDICAL CONDITIONS

If required for the student to remain in the school, an Individual Health Care Plan will be implemented.

NOTE: See FB for information regarding the application of Section 504 of the Rehabilitation Act to students who qualify for an Individual Health Care Plan. Information and procedures related to special health care plans can be found FFAF (LEGAL) and in Chapter 7 of the TDSHS Texas Guide to School Health Programs.

<http://www.dshs.state.tx.us/schoolhealth/shpguide/chap7.pdf>

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UPDATE 41

FFAF(EXHIBIT)-RRM

HONDO INDEPENDENT SCHOOL DISTRICT

**MANAGEMENT PLAN GUIDELINES AND POLICY TO
IMPLEMENT SENATE BILL 27**

STUDENTS AT RISK FOR ANAPHYLAXIS