



## FOOD AND SEVERE ALLERGY MANAGEMENT PLAN

### Purpose

The Allen Independent School District (Allen ISD) Health Services Food and Severe Allergy Management Plan will enable all staff to participate and collaborate with students, family members and primary care providers to maintain the health of and protect the safety of students with severe allergies during the school day. This document is dynamic in nature to reflect new information on treatments and on management planning for students with severe allergies. Management of students with life-threatening allergies at school will include allowing the student to participate in academic, non-academic and extracurricular school activities. Although the school cannot guarantee a food or other allergen-free environment, all attempts as outlined in this document will be made to allow for safety throughout the day. Interventions, individualized health plans (IHPs) and emergency action plans will be based on medically accurate information and evidence-based practices, and will comply with District policy and state laws.

### Rationale

Some allergens such as food, medication, insect stings and latex can trigger a severe, systemic allergic reaction called anaphylaxis. Anaphylaxis is a life-threatening allergic reaction, and is considered an emergency. Epinephrine (adrenaline) is a quick-acting hormone that works to relieve all of the physiological processes that occur with anaphylaxis. Epinephrine injection is the first-line treatment in cases of anaphylaxis.

Allergies, especially food allergies, are a significant issue in schools. The most common life-threatening allergies are to foods, but environmental allergies may also pose a health risk for some students. **The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock, which is potentially fatal.** The best way to prevent allergic reactions is to avoid the allergen. The risk of exposure to allergens, including accidental exposure to triggering foods, can be reduced in the school setting with cooperation between parents, students, healthcare providers, school nurses, and school staff.

### Objectives

- To define the process of identifying, managing and ensuring continuity of care for students with life-threatening allergies.
- To maintain the health and protect the safety of students who have life-threatening allergies during the school day
- To assure that interventions, individualized healthcare plans (IHPs), and emergency anaphylaxis action plans are based on medically accurate information and evidence-based practices, and comply with district policy and state laws (*FFAF LEGAL; TEC §38.015; TEC §38.0151; TEC §38.017; TEC §38.081; TEC §38.051; TEC §22.052; TEC §5.0022; Texas Family Code §32.001-32.003; Section 504 of the Rehabilitation Act 1973; ADA of 2008; IDEA; FERPA; HIPPA*)



## Procedural Guidelines

### Identification of Students with Food or Environmental Allergies at Risk for Anaphylaxis

- Notification of a food allergy
  1. In accordance with Texas Education Code Chapter 25, Section 25.0022, the District requests annual disclosure of all food allergies by the parent or guardian on the *Student Health and Medical History* form. This form will be available in online enrollment and from the school nurse. This form requests disclosure of a student's food allergies, risk of anaphylaxis and/or prescribed injectable epinephrine (EpiPen) or other medications in order for the District to take precautions regarding the student's safety.
  2. When a student's severe food allergy, risk of anaphylaxis and/or prescribed EpiPen is disclosed by the parent or guardian, an *Allergy/Anaphylaxis Action Plan* should be **completed and signed by the parent and the student's physician** and be submitted to the school nurse. Parents and guardians may obtain a copy of the *Allergy/Anaphylaxis Action Plan* from the school nurse or the District website Health Services page.
    - a. If no *Allergy/Anaphylaxis Action Plan* is returned, but the parent requests and provides allergy medication (TEC 22.052; FFAC Legal; FFAC Local):
      - i. Written parental authorization will be provided for all parent-provided medications;
      - ii. Medication will be provided in a properly labeled container and not expired.
  3. Modifications or substitutions of meals purchased through AISD cafeterias due to food allergies requires a *Disability/Severe Food Allergy Form* be completed and signed by the **parent and the student's physician**. This form is available on the Student Nutrition and Health Services website and must be returned to the school nurse and to Student Nutrition to initiate prescribed meal modifications. The form must be updated if there is a change in the student's condition affecting their diet.

### Communication, Development, Implementation and Monitoring

- Upon receipt of the completed *Allergy/Anaphylaxis Action Plan* (AAP) and medication the nurse will:
  1. Update the student health record to identify and document the food allergy. Add an alert box and critical indicator to the record as needed.
  2. Label medication and store emergency medication in a cart that is unlocked during the school day.
  3. Enter the documentation of the food allergy from the physician into the student's health file/Skyward Health record. The school RN may enter appropriate notes about a student's food allergy in the Skyward Health Record, including a notation that the parent has notified the school district of a student's possible food allergy. (TEC 22.0022)
  4. Develop an Emergency Action Plan (EAP) or Individual Health Plan (IHP) for management of the student's food/severe allergy.
    - a. EAP or IHP development shall include:

- i. contacting or meeting with the parent and student to collect any additional data or to clarify documentation
  - ii. selecting and documenting student interventions
  - iii. developing an IHP that includes accommodations and individualized student health goals
5. Initiate the 504 process, if appropriate.
6. Ensure that the Director of Student Nutrition and the campus cafeteria manager are notified that the student has a completed *Allergy Action Plan* and/or a *Disability/Severe Food Allergy Request Form*.

### **Student Self-Carry and Self-Administration of Medication**

According to the Texas Education Code §38.015 (FFAC), 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.

### **Reducing the Risk of Exposure through Environmental Controls**

- Children at risk for anaphylaxis should not be excluded from the classroom activities based on their food allergies
- Limit, reduce, and/or eliminate triggering food from classroom(s) and other learning environments used by children with food allergies at risk for anaphylaxis
- Develop procedures for the management of parent-provided classroom snacks as allowed by

Texas statute, with consideration given to students with food allergies at-risk of anaphylaxis. Refer to Birthday Treat Guidelines (CO Legal)

- Appropriate cleaning protocols will be followed on campuses, with special attention to identified high-risk food allergy areas ( i.e. cafeteria tables)
- Educating children about not trading or sharing food, snacks, drinks, or utensils
- Provide ready access to epinephrine in an accessible, secure but unlocked area
- A post exposure conference will be held if an anaphylactic event occurs
- Information concerning the AISD Food and Severe Allergy Management Plan will be included in the student handbook and will be available on the Health Services website, and from the Health Services Coordinator and/or the campus school nurse

### **Training for School Personnel**

All Campus staff will complete:

- Level 1 Training – Awareness Training for Food/Life-threatening Allergies
  - Most common food allergies and environmental allergies
  - Importance of environmental controls and avoidance
  - Signs and symptoms of anaphylactic reaction
  - Emergency actions in the event of a life-threatening allergy
  - View a demonstration on the administration of an epinephrine auto-injector

Designated staff responsible for students with a severe allergy during any part of their school day, including extra-curricular programs, and for principal-assigned staff trained to administer medications will complete:

- Level 2 Training – Specialized Training for Food/Life-threatening Allergies
  - More comprehensive Level 1 information
  - How to use an Allergy/Anaphylaxis Plan
  - Individualized information for each student with a food or other severe environmental allergy
  - Emergency response
  - Demonstration and return demonstration of how to use an epinephrine auto-injector
  - Avoidance measures and environmental controls, including handwashing
  - Substitute preparedness planning

## Actions for Anaphylaxis

<b>POSSIBLE SYMPTOMS OF AN ALLERGIC REACTION</b>
<p style="text-align: center;"><b>SEVERE SYMPTONS:</b></p> <p><b>LUNG:</b> Short of breath, wheeze, repetitive coughing  <b>HEART:</b> Pale, blue, faint, weak pulse, dizzy, confused  <b>THROAT:</b> Tight, hoarse, trouble breathing or swallowing, repetitive clearing of throat  <b>MOUTH:</b> Swelling (tongue or lips), drooling, blueness around mouth  <b>SKIN:</b> Many hives over body  <b>GUT:</b> Vomiting, diarrhea, crampy abdominal pain</p> <p style="text-align: center;"><b>MILD SYMPTOMS:</b></p> <p><b>MOUTH:</b> Itchy mouth  <b>NOSE:</b> Itchy/runny nose, sneezing  <b>SKIN:</b> A few hives around mouth/face, mild itching  <b>GUT:</b> Mild nausea/discomfort</p>
<b>RESPONSE TO AN ALLERGIC REACTION</b>
<p><b>Any staff member who becomes aware that a student is having an allergic reaction:</b></p> <ol style="list-style-type: none"> <li>1. Stay with the student. <b>NEVER LEAVE STUDENT UNATTENDED</b></li> <li>2. Administer EpiPen (call for School Nurse or trained personnel immediately). <b>It is important not to delay the administration of EpiPen.</b></li> <li>3. <b>Contact 911</b></li> <li>4. Contact the parents</li> <li>5. If the student is not conscious, turn student on his/her side to keep the airway clear and prevent aspiration of fluids into the lungs</li> <li>6. Allow the student to sit upright (or ease student to the floor, if necessary)</li> <li>7. Loosen tight clothing and place something soft and flat under head</li> <li>8. Move other students away from the area if possible</li> <li>9. Document incident and give to School Nurse</li> </ol> <p>Note: Effects of EpiPen last only 10-20 minutes. Emergency medical care (911) must be obtained immediately.</p>

### Annual and Post Anaphylaxis Review

- Annual review of policies and procedures should occur to stay current with the management of food and environmental allergies. Review can include:
  1. Current science on management of food allergies in the school setting.
  2. Summaries of any post-event anaphylaxis and epinephrine use incident reports.
  3. A review of current policies and administrative procedures.
  4. Recommendations brought forth by the campus emergency response team, campus food allergy



management team if established, or the local SHAC.

- An investigation of post-anaphylaxis or epinephrine use at school will be completed by the school nurse, appropriate campus staff, the Health Services Coordinator and/or appropriate district administrative staff.
  1. Identify the allergen source, if possible, and actions to take to prevent future exposures.
  2. Collaborate with the parent and student to prepare for the student's return to school.
  3. Obtain replacement epinephrine auto-injector from the parent, if discharged during the reaction.
  4. Review accurate and updated information on the allergic reaction including any new medication(s) or any new diagnosis of additional allergens. If needed, obtain a new *Allergy/Anaphylaxis Plan* and/or *Medication Authorization* forms with parent and physician signatures.
  5. Review the student's IHP, EAP, and/or 504 Plan and amend to address any changes.
  6. Identify and interview those who were involved in the emergency care or witnessed the event.
  7. Provide factual information to appropriate stakeholders while maintaining student confidentiality.
  8. If the allergic reaction is thought to be from a school meal, collaborate with Child Nutrition staff to ascertain food items served/consumed and how to reduce the risk of allergen exposure in the cafeteria:
    - a. Review of food labels
    - b. Review of food allergen alerts on the student's lunch account
    - c. Child Nutrition staff training on actions for removing allergen sources from a student's tray and offering other food choices to the student.
    - d. Allergen cross-contamination prevention strategies

## **Recommended Environmental Control Roles and Responsibilities**

### **Responsibilities of family and student include:**

1. Notifying the campus nurse of the student's allergies in accordance with TEC, Section 25.022. Use of the online *Student Health and Medical History* form is the preferred method of notification.
2. Completing the *Allergy/Anaphylaxis Action Plan*, including signatures from the parent and physician, and return the plan to the school nurse.
3. Contacting the school nurse to review the *Allergy/Anaphylaxis Action Plan* and provide input in developing the student's IHP. Discuss accommodations the student may need throughout the school day or during school-sponsored activities.
4. Collaborating with the school nurse regarding school sponsored before/after school activities your student participates in (i.e. after school program, athletics, , marching band, drama, cheer/drill etc.). Collaborate with the school nurse regarding any accommodations the student may need during these before/after school activities.
5. Providing properly labeled medications and replace medications after use or upon expiration.

6. Continuing to educate your child in the self-management of their food allergy including:
  - a. Safe and unsafe foods
  - b. Strategies for avoiding exposure to unsafe foods
  - c. Symptoms of allergic reactions
  - d. How and when to tell an adult they may be having an allergy-related problem
  - e. How to read food labels (age/developmentally appropriate)
  - f. If determined by physician, parent, and school nurse to be competent to self-administer emergency anaphylaxis or asthma medications including:
    - i. the importance of keeping their emergency medication(s) with them at all times.
    - ii. ongoing support of proper skills and knowledge of how to use their prescribed epinephrine auto-injector (TEC 38.015; FFAC Legal).
    - iii. the importance of not sharing their medication with anyone, not leaving their medication unattended, or using their emergency medication in a manner other than as prescribed.
7. Work with campus staff (teacher, administrator, nurse) for accommodations needed throughout the school day, including the classroom, the cafeteria, school-sponsored activities and on the school bus.
8. Provide school nurse/campus emergency contact information and update as needed.

**Responsibilities of the student include:**

1. No trading food with others.
2. Avoid eating anything with unknown ingredients or known to contain any allergen.
3. Be proactive in the management of their food allergy and reactions (as age/developmentally appropriate).
4. No sharing or inappropriate use of medication, if approved to carry their epinephrine auto-injector.
5. Immediately notify an adult if they eat something they believe may contain a food to which they are allergic.
6. Notify an adult immediately if they self-administer their epinephrine auto-injector.

**Responsibilities of campus administration**

1. Oversee the administration of the AISD Food and Severe Allergy Management Plan on the campus.
2. Designate staff (Level II) who will be trained by the school nurse to respond to exposure or allergic reactions and administer an epinephrine auto-injector or medications when a school nurse is not available.
3. Ensure that staff and designated staff complete Level I and/or Level II- Food/Life-threatening Allergies annually.
4. Offer professional development for staff regarding confidentiality and compliance with FERPA to prevent open discussion of specific students.
5. Communicate expectations to staff regarding treatment of students with food or other allergies.

A food-allergic student should not be referred to as “the peanut kid”, “the bee kid” or any other name related to the student’s condition.

6. Ensure that administrative staff, school nurse and nurse assistants, athletic coaches/sponsors, PE teacher(s), marching band director(s), cheerleading coach(s), athletic trainers and student athletic trainers are current in CPR/AED certification.
7. Ensure that a food-allergic student is included in all school activities (students should not be excluded from school activities solely based on their food allergy).
8. Ensure that teachers have a plan in place and it is adhered to in notifying substitute teachers that they have a student with food allergies who is at-risk for anaphylaxis in their classroom.
9. Ensure that an area is designated as allergy-aware (No Nut or No Allergen Zones) in the cafeteria if needed. Students should not be isolated from other students.
10. Ensure that appropriate cleaning of allergy-aware areas in cafeteria is being followed.

### **Responsibilities of the School Nurse (RN)**

1. Implement the administration of the AISD Food and Severe Allergy Management Plan on the campus in consultation with the campus administrators, Coordinator of Health Services, prescribing physicians, Special Education staff and 504 coordinators when appropriate.
2. Review submitted annual Student Health History forms in a timely manner. Contact parents/guardians who have indicated their student has a food allergy and have not submitted a completed Allergy/Anaphylaxis Action Plan for their student. Request completion of the action plan.
3. Provide Level I and Level II Food/Life-threatening Allergies annually for staff. Maintain documentation of staff training including principal designation forms and appropriate training/skills checklists (e.g. Oral Medications, Inhaled Medications, epinephrine auto-injectors, etc.).
4. Review submitted Allergy/Anaphylaxis Action Plans of students (or completed Permission to Administer Medication forms for those who haven’t submitted an allergy plan).
5. Collaborate as needed with the parents/guardians in reviewing Allergy/Anaphylaxis Action Plan/Medication Permission Forms and creating IHP’s.
6. Notify teachers on the student’s schedule, when an Allergy/Anaphylaxis Action Plan has been added or modified for a student.
7. Notify Child Nutrition and 504 coordinators of a student with a severe food or environmental allergy as needed and provide a copy of the Allergy/Anaphylaxis Action Plan as appropriate.
8. Review and modify IHPs, EAP, 504 plans and IEPs annually and as needed.
9. Train principal-designated Level II trained staff annually in responding to exposure or allergic reactions and administration of epinephrine auto-injectors and/or medications when a school nurse is not available.
10. Ensure that emergency life-saving medication (epinephrine auto-injector) is properly labeled and stored in an accessible (does not have to be locked during school hours) and dates have not expired.
11. Request a list of students participating in after school program. Coordinate with After School Program Site Coordinators and parents for plan of care for student with severe allergies (elementary and intermediate campuses). Additional medication may be requested; however if

not available a plan must be put into place for After School Program to have access to emergency medications.

12. Coordinate with coaches/trainers on plans of care for students with severe allergies and access to any emergency medications for student.
13. Ensure that a Level II trained staff member attends field trips or school outings if parents are not in attendance.
14. Participate in campus post anaphylaxis debriefing.
15. When appropriate, provide letter home to classroom regarding food or other severe allergies.
16. When appropriate, provide educational information to students in classroom regarding food or other severe allergies.

### **Responsibilities of Health Services Coordinator or Superintendent Designee**

1. Coordinate the management of food and life-threatening allergies within the district.
2. Serve as the point of contact for allergy management for parents, staff, and healthcare providers etc.
3. Coordinate training of administrators, staff, and departments on food allergy management.
4. Assist and support campus staff with implementing food allergy management strategies.
5. Review AISD Food and Severe Allergy Management Plan annually and recommend any changes needed to ensure that the most current information is utilized in providing care for food allergic students and align with current statutes, rules and evidence-based practice.
6. Coordinate with a Medical Advisor as needed regarding District's Food and Severe Allergy Management Plan.
7. Coordinate post anaphylaxis conferences and implement any needed changes to the AISD Food and Severe Allergy Management Plan to increase student safety.

### **Responsibilities of the classroom teacher/specialist**

1. Complete Level I and/or Level II Food/Life-threatening Allergies annually.
2. Review student(s)' Allergy/Anaphylaxis Action Plan and/or IHP with the school nurse. Understand and implement the Allergy/Anaphylaxis Action Plan for your student(s). Ask school nurse for any clarification needed regarding plan(s).
3. Ensure that all substitute individuals, pull out teachers (Special Ed, interventions, etc.) are informed of the student's food or severe allergy, including access to 1-page signs/symptoms of severe allergic reaction (anaphylaxis) form.
4. Assure a plan is in place for substitutes and access to emergency plans and signs/symptoms of severe allergic reaction are readily available.
5. Eliminate identified allergens in classroom of student with food allergies at risk for anaphylaxis.
6. As provided by the school nurse, send District letter to parents/guardians of classmates of a food-allergic student who is at risk for anaphylaxis, explaining any restricted allergen foods in the classroom. The letter explains the importance of restricting foods in the classroom while protecting student privacy.
7. Inform parents and campus nurse of any events where food will be served.
8. Enforce district policy on bullying related to food or other allergens.



9. Know the campus communication plan with the front office and/or campus nurse.
10. Ensure that student suspected of having an allergic reaction is accompanied by an adult to the clinic.
11. Do not put a student on the bus if there are any signs or symptoms of an allergic reaction, or if a potential exposure has occurred.

#### *Classroom Activities:*

1. Ensure that a food-allergic student, or any student with a life-threatening allergy is included in all school activities. Students should not be excluded from school activities solely based on their allergy.
2. Allow only food items either labeled with or accompanied by a complete ingredients list. This includes projects, activities and celebrations so that potential food allergens can be identified.
3. Use non-food items such as stickers, pencils, etc. as rewards instead of food.
4. Avoid or eliminate the use of non-food allergens, such as latex balloons.

#### *Snack time/Lunchtime:*

1. Assist students with life-threatening food allergies in monitoring that **ONLY** foods from home or foods purchased in the cafeteria are consumed. Visitors may only bring food for their own family members.
2. Promote and monitor good handwashing practices before and after snacks and lunch and anytime potential allergens may have been touched. **Alcohol-based hand sanitizers are NOT effective in removing allergens from hands.**
3. Prohibit students from sharing or trading food.
4. Encourage parents/guardians to send “safe” snacks for their child.

#### *Field Trips:*

1. Give the nurse at least a FIVE day notice prior to field trips for necessary preparation.
2. Ensure that the Allergy/Anaphylaxis Action Plan and the student’s prescribed epinephrine auto-injector are taken on field trips.
3. **Call 911 if an allergic reaction occurs and/or epinephrine is administered.**
4. Collaborate with parents of student with food allergies when planning field trips.
5. Consider eating on field trips and plan for reduction of exposure to a student’s life threatening food allergy.
6. Enforce no eating/drinking on the bus except for water. Special considerations may be given for trips of extended duration or unique circumstances involving meal schedules.
7. Invite parents of students at risk for anaphylaxis to accompany their child on school trips, and/or to act as a chaperone; however the student’s safety and/or attendance must be assured regardless of the parent’s presence on the trip.
8. Collaborate with the school nurse to ensure at least one staff member on the field trip is trained in recognizing signs and symptoms of life-threatening allergic reactions and is trained to use an epinephrine auto-injector.



9. Consider availability of handwashing facilities and encourage handwashing before and after eating. Provision of hand wipes is acceptable if handwashing facilities are not available.

### **Responsibilities of Student Nutrition Director**

1. Provide Level I- Food/Life-threatening Allergies Awareness training to food service staff annually. Maintain documentation of trained staff.
2. 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.
3. Upon receipt of diagnosis of a food allergy from a healthcare provider, make appropriate substitutions or modifications for meals served to students with food allergies, as specified by the healthcare provider/prescribing physician.
4. In cooperation with AISD Dietitian, train food service staff and their substitutes to read product food labels and recognize food allergen as needed.
5. Maintain contact information for manufacturers of food products (Consumer Hotline).
6. Review and follow sound food handling practices to avoid cross-contamination with potential food allergens.
7. Follow cleaning and sanitation protocol to avoid cross-contamination.
8. Maintain current menus via the website with notifications of any menu changes. Provide specific ingredient lists to parents upon request.
9. Be prepared to take emergency action for a student in the cafeteria in the event of an allergic reaction.

### **Responsibility of head coaches, trainers, sponsors and other persons in charge of school- sponsored activities**

1. Conduct the program or school sponsored activity in accordance with AISD policies and procedures regarding students with food or other severe allergies who are at-risk for anaphylaxis.
2. Provide Level I and Level II- Food/Life-threatening Allergies training for all coaches and other key staff annually. Maintain documentation of trained staff.
3. Ensure all coaches, trainers and student trainers are current in CPR/AED and 1st Aid certification.
4. Consult with school nurse to identify students in your care who have Allergy/Anaphylaxis Action Plans. Obtain a copy of the Allergy/Anaphylaxis Action Plans of students in your care and ask campus nurse for any clarification needed regarding plan.
5. Ensure all Coaches/Sponsors know if the student is self-carrying an epinephrine auto-injector and/or where the student's epinephrine auto-injector is located on the student or on campus.
6. Restrict the use of foods that are known allergens to students with food allergies at risk for anaphylaxis.
7. Enforce no eating/drinking on the bus except for water. Special considerations may be given for trips of extended duration or unique circumstances involving meal schedules.

### Responsibilities of Kid's Club After School Program Director and Site Coordinators

1. Conduct the program in accordance with District policies and procedures regarding students with food or other life-threatening allergies who are at risk for anaphylaxis.
2. Provide Level 1 Awareness training for all Kid's Club staff annually. Maintain documentation of trained staff.
3. Ensure staff member(s) have been assigned and trained to administer student-prescribed epinephrine auto-injectors and emergency allergy medications if students with life-threatening allergies attend the program.
4. Collaborate with school nurse or Health Services Coordinator to provide Level 2 Comprehensive training for Kid's Club staff assigned by the Kid's Club Director to administer medication.
5. Provide the school nurse with a list of students who are participating in Kid's Club.
6. Collaborate with school nurse to identify students in your care who have an Allergy/Anaphylaxis Plan. Ask school nurse for any clarification needed regarding implementation of plan.
7. Collaborate with the school nurse for access to student emergency medications.
8. Restrict the use of foods that are known allergens when students with food allergies participate in Kid's Club.
9. Promote and monitor good handwashing before and after snacks and when potential allergens may have been touched. **Alcohol-based hand sanitizers are NOT effective in removing allergens from hands.**

### Responsibility of Learn 'N Playday Preschool Administration and Staff

1. Conduct the program in accordance with Learn'N Playday policies and procedures regarding students with food or other life-threatening allergies who are at risk for anaphylaxis.
2. Provide AISD Level 1 Awareness training for all Learn 'N Playday staff annually. Maintain documentation of trained staff.
3. Collaborate with school nurse or with Health Services Coordinator to provide Level 2 Comprehensive training for Learn'N Playday staff assigned by the Learn'N Playday Director to administer medication.
4. Ensure staff member(s) have been assigned and trained to administer student-prescribed epinephrine auto-injectors and emergency allergy medications when students with life-threatening allergies attend the program.
5. Provide the campus school nurse with a list of students who are participating in Learn'N Playday that are at risk of anaphylaxis.
6. Ask school nurse for any clarification needed regarding the implementation of an Allergy/Anaphylaxis plan.
7. Collaborate with the school nurse or Health Services Coordinator on storing and administering student emergency medications.
8. Restrict the use of foods that are known allergens when students with food allergies participate in Learn'N Playday.
9. Promote and monitor good handwashing before and after snacks and when potential allergens may have been touched. **Alcohol-based hand sanitizers are NOT effective in removing allergens from hands.**

**Responsibility of transportation department**

1. Provide Level I - Food/Life-threatening Allergies Awareness training to all bus drivers annually. Maintain documentation of trained staff.
2. Ensure that bus drivers know how to contact EMS in the event of an emergency.
3. Enforce no consumption of food /drink (other than water).
  - a. Special considerations may be given for trips of extended duration or unique circumstances involving meal schedules.
  - b. Special considerations may be given to students with medical accommodations (i.e. students with diabetes). Work with Campus Nurse or Health Services Coordinator on plan for all students' safety if this issue occurs.

**Responsibilities of custodial staff**

1. Custodial staff will be provided the appropriate training by campus administration, custodial supervisors, or the school nurse, to ensure safety of students with life-threatening food allergies.