

(LOCAL) Policy Comparison Packet

Each marked-up (LOCAL) policy in this collection reflects an automated comparison of the updated policy with its precursor, as found in the TASB Policy Service records.

The comparison is generated by an automated process that shows changes as follows.

- *Deletions* are shown in a red strike-through font: ~~deleted text~~.
- *Additions* are shown in a blue, bold font: **new text**.
- Blocks of text that have been *moved* without alteration are shown in green, with double underline and double strike-through formatting to distinguish the text's destination from its origin: ~~moved text~~ becomes moved text.
- *Revision bars* appear in the right margin, as above.

While the annotation software competently identifies simple changes, large or complicated changes—as in an extensive rewrite—may be more difficult to follow.

For further assistance in understanding changes, please refer to the explanatory notes in your Localized Policy Manual update packet or contact your policy consultant.

WELLNESS AND HEALTH SERVICES
CARE PLANS~~INDIVIDUALIZED HEALTH PLAN~~

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FOOD ALLERGY ANAPHYLAXIS MANAGEMENT PLAN

The District shall develop and implement ~~When~~ a student ~~food has a life-threatening~~ allergy management plan that includes the components below.

GENERAL PROCEDURES

Procedures to limit the risk posed to students with food allergies shall 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. [See FD]
5. Annual review of the District's food allergy management plan.

STUDENTS AT RISK MAY REQUIRE TREATMENT FOR ANAPHYLAXIS

Procedures regarding the care of students with diagnosed food allergies who 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.

Review of individual care plans and procedures periodically and after an anaphylactic reaction ~~while~~ at school or ~~at~~ a school-related activity, ~~sponsored event, the student's physician, student's parent or guardian, and the student if age appropriate, shall develop a medical plan for prevention and treatment. The plan shall include the following:~~

DISTRIBUTION INFORMATION REGARDING THIS POLICY REQUIRED ELEMENTS

1. ~~Identify the life-threatening allergen(s);~~
2. ~~Evaluate the student's knowledge of the potential exposure risks at school, the ability to avoid those when possible, and the District's food allergy management skill level present to administer epinephrine; [See FFA (LEGAL)] and~~
3. ~~Be signed by the parent/guardian and the physician.~~

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SUBMISSION TO SCHOOL	The parent/guardian shall submit the medical plan to the school before the beginning of each school year. A student who enrolls after the beginning of the school year shall submit the medical plan at the time of enrollment. A student who is diagnosed with a life-threatening allergy during the school year shall submit a medical plan as soon as the diagnosis is confirmed.
INDIVIDUALIZED HEALTH PLAN	<p>Upon receiving the student's medical plan, the school nurse shall develop an individualized health plan (IHP) for the student. The IHP shall be distributed annually developed in the student handbook and made collaboration with the student's parent/guardian, the student when age appropriate, and the physician responsible for the student's health care. Input from school administrators and the student's teachers may also be sought in the development of the plan, as well as cafeteria managers, bus drivers, and extracurricular sponsors when appropriate.</p> <p>The student's IHP must include the medical plan of care as outlined above, as well as a defined emergency plan for the regular school day, school transportation to and from school, and any required field trips or cocurricular activities. Written consent from a parent/guardian is required to implement each phase of the plan, including the sharing of information with other employees, classmates, and the student's physician.</p>
REQUIRED CARE	Each campus shall adopt a procedure to ensure that a school nurse and at least one other person are present and available at each campus to administer epinephrine when a student with a life-threatening allergy is in attendance at school. Other District employees involved with the care of that student (bus driver, activity sponsors, etc.) shall also be taught how to recognize the signs and symptoms of impending anaphylaxis and follow the emergency plan in the IHP developed for that student.
ANNUAL EMPLOYEE TRAINING	<p>The District shall provide annual training to all employees on life-threatening allergies and anaphylaxis. Information in the training shall include:</p> <ol style="list-style-type: none">1. Most prevalent allergens (food, latex, etc.);2. Signs and symptoms of anaphylaxis; and3. Usual emergency treatment procedures (administer epinephrine and call 911).